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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SHARE OUR STRENGTH INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1030 15TH STREET NW NO 1100W

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
52-1367538

E Telephone number
(202) 393-2925

G Gross receipts $ 63,131,141

F Name and address of principal officer
WILLIAM H SHORE
1030 15TH STREET NW NO 1100W
WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW STRENGTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile DC

Part I Summary

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 ▶ ☐ 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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	320
6	Total number of volunteers (estimate if necessary)	**6**	3,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	53,054,370	60,290,994
9	Program service revenue (Part VIII, line 2g)	58,935	38,060
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,426,519	45,292
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,135,719	-4,193,989
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,404,105	56,180,357
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,936,589	8,882,281
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)	19,112,795	21,428,376
16a	Professional fundraising fees (Part IX, column (A), line 11e)	665,836	721,590
b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,712,291		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,871,319	20,024,519
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,586,539	51,056,766
19	Revenue less expenses Subtract line 18 from line 12	6,817,566	5,123,591

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,107,002	31,857,505
21	Total liabilities (Part X, line 26)	9,616,853	9,188,810
22	Net assets or fund balances Subtract line 21 from line 20	17,490,149	22,668,695

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

****** 2018-03-22
Signature of officer Date

JESSICA SHERRY MANAGING DIR OF FIN/CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANK H SMITH	FRANK H SMITH	2018-03-22		P00639053

Firm's name ▶ RAFFA PC — Firm's EIN ▶ 52-1511275

Firm's address ▶ 1899 L STREET NW SUITE 850
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 . . . . . ☑

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 THE NO KID HUNGRY AND COOKING MATTERS CAMPAIGNS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 24,977,167 including grants of $ 8,235,532) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 10,203,095 including grants of $ 646,749) (Revenue $ 38,060)

See Additional Data

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** ▶ 35,180,262

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	307		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	320		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ AL , 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 1030 15TH STREET NW 1100W WASHINGTON, DC 20005 (202) 393-2925

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,701,293	0	303,094

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 ▶ 35

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

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
RTI INTERNATIONAL PO BOX 900002 RALEIGH, NC 27675	EXTERNAL PROGRAM EVAL CONSULTING	783,548
CALAGAZ DIGITAL PRINTING 3001 MILL STREET MOBILE, AL 36607	COOKING MATTERS CURRICU & MATERIALS	758,055
SHOWTIME ON THE PIERS LLC 711 12TH AVENUE NEW YORK, NY 10019	NEW YORK CITY WINE AND FOOD FESTIVAL - U	721,000
CORNUCOPIA INC DBA BOND EVENTS 7510 HAMILTON SPRING ROAD BETHESDA, MD 20817	EVENT MGMT & PRODUCTION SERVICES	674,009
MAL WARWICK ASSOCIATES INC 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	DIRECT MAIL FUNDRAISING SUPPORT	427,513

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 ▶ 45

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c	6,901,556			
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,825,120			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,564,318			
	g Noncash contributions included in lines 1a-1f $ 1,143,412					
	h Total. Add lines 1a-1f . . . . . ▶		60,290,994			

Program Service Revenue		Business Code				
	2a CLASS FEES	900099	38,060	38,060		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		38,060			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		43,534			43,534
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		6,063			6,063
		(i) Real	(ii) Personal			
	6a Gross rents	272,022				
	b Less rental expenses	0				
	c Rental income or (loss)	272,022				
	d Net rental income or (loss) . . . . . ▶		272,022			272,022
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	14,569				
	b Less cost or other basis and sales expenses	12,811				
	c Gain or (loss)	1,758				
	d Net gain or (loss) . . . . . ▶		1,758			1,758
	8a Gross income from fundraising events (not including $ 6,901,556 of contributions reported on line 1c) See Part IV, line 18 . . . . a	2,226,391				
	b Less direct expenses . . . b	6,916,873				
	c Net income or (loss) from fundraising events . . ▶		-4,690,482			-4,690,482
	9a Gross income from gaming activities See Part IV, line 19 . . . a	84,399				
	b Less direct expenses . . . b	21,100				
	c Net income or (loss) from gaming activities . . ▶		63,299			63,299
	10a 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				
	11a INCOME TAX REFUND	900099	189,422			189,422
	b EQUITY LOSS OF SUB	900099	-16,128			-16,128
	c MISCELLANEOUS	900099	-18,185			-18,185
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶		155,109			
	12 Total revenue. See Instructions . . . . . ▶		56,180,357	38,060	0	-4,148,697

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,882,281	8,882,281		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,939,909	1,157,262	388,319	394,328
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	16,140,143	10,089,777	1,635,393	4,414,973
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	284,155	177,714	29,873	76,568
9 Other employee benefits	1,773,436	1,136,033	176,022	461,381
10 Payroll taxes	1,290,733	816,946	142,851	330,936
11 Fees for services (non-employees)				
a Management				
b Legal	37,601	21,769	15,832	
c Accounting	69,598		69,598	
d Lobbying	190,500	190,500		
e Professional fundraising services See Part IV, line 17	721,590			721,590
f Investment management fees	12,555		12,555	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,659,281	3,755,131	410,274	493,876
12 Advertising and promotion	1,842,094	1,031,387	74,246	736,461
13 Office expenses	829,733	492,853	72,689	264,191
14 Information technology	1,903,869	1,368,824	89,218	445,827
15 Royalties				
16 Occupancy	2,263,318	1,429,166	216,497	617,655
17 Travel	1,436,188	888,791	75,965	471,432
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,594,969	3,324,094	128,426	2,142,449
20 Interest	90	90		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	426,073	291,136	44,873	90,064
23 Insurance	199,436	126,508	22,368	50,560
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	530,331		530,331	
b BAD DEBT	28,883		28,883	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	51,056,766	35,180,262	4,164,213	11,712,291
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 ▶ ☑ if following SOP 98-2 (ASC 958-720)	2,820,819	1,260,867	0	1,559,952

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	9,194,542	1	9,538,055
	2	Savings and temporary cash investments	1,916,783	2	443,689
	3	Pledges and grants receivable, net	10,714,063	3	12,194,439
	4	Accounts receivable, net	560,087	4	653,602
	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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	11,558	8	11,965
	9	Prepaid expenses and deferred charges	1,215,624	9	1,479,364
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 4,013,270			
	b	Less accumulated depreciation — 10b: 1,805,317	2,240,897	10c	2,207,953
	11	Investments—publicly traded securities	150,920	11	4,258,786
	12	Investments—other securities See Part IV, line 11	1,023,898	12	1,007,770
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	78,630	15	61,882
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	27,107,002	16	31,857,505
Liabilities	17	Accounts payable and accrued expenses	3,666,464	17	3,964,158
	18	Grants payable	1,014,269	18	780,644
	19	Deferred revenue	1,000,849	19	802,408
	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	
	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	3,935,271	25	3,641,600
	26	**Total liabilities.** Add lines 17 through 25	9,616,853	26	9,188,810
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,944,280	27	4,366,781
	28	Temporarily restricted net assets	14,545,869	28	18,301,914
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	17,490,149	33	22,668,695
	34	Total liabilities and net assets/fund balances	27,107,002	34	31,857,505

Part XI Reconcilliation 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	56,180,357
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,056,766
3	Revenue less expenses Subtract line 2 from line 1	3	5,123,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,490,149
5	Net unrealized gains (losses) on investments	5	54,955
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	22,668,695

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1367538

Name: SHARE OUR STRENGTH INC

Form 990 (2016)

Form 990, Part III, Line 4a:

NO KID HUNGRY ACCESS AND ADVOCACY SINCE LAUNCHING THE NO KID HUNGRY CAMPAIGN, SHARE OUR STRENGTH HAS CONNECTED KIDS STRUGGLING WITH HUNGER WITH MORE THAN 775 MILLION MEALS AND 1/3 FEWER CHILDREN ARE NOW STRUGGLING WITH HUNGER BY WORKING WITH OUR PARTNERS AND INVESTING IN PRACTICAL SOLUTIONS TO END HUNGER, WE ARE FEEDING MORE KIDS EVERY DAY, MAKING SURE THEY HAVE THE FOOD THEY NEED TO LEARN AND GROW SCHOOLS ARE MAKING BREAKFAST PART OF THE SCHOOL DAY WITH THE HELP OF NO KID HUNGRY WE'VE SUCCESSFULLY ADVOCATED FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN AND, WE'RE FINDING NEW WAYS TO REACH KIDS WITH MEALS DURING THE SUMMER AND AFTER THE SCHOOL DAY, 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

Form 990, Part III, Line 4b:

NO KID HUNGRY NUTRITION EDUCATION SHARE OUR STRENGTH HAS MORE THAN 20 YEARS OF EXPERIENCE IN DELIVERING QUALITY NUTRITION EDUCATION THROUGH COOKING MATTERS, A CAMPAIGN TO EMPOWER LOW-INCOME FAMILIES WITH THE SKILLS TO STRETCH THEIR FOOD BUDGETS SO THEIR CHILDREN GET HEALTHY MEALS AT HOME COOKING MATTERS SERVES FAMILIES AT MORE THAN 1,200 LOCATIONS ACROSS THE COUNTRY THROUGH HANDS-ON, SIX-WEEK COOKING COURSES, INTERACTIVE GROCERY STORE TOURS, AND MOBILE, ONLINE AND EDUCATIONAL TOOLS PARTICIPANTS LEARN TO SHOP SMARTER, USE NUTRITION INFORMATION TO MAKE HEALTHIER CHOICES, AND COOK DELICIOUS, AFFORDABLE MEALS IN 2017, WE REACHED A MAJOR MILESTONE MORE THAN 500,000 FAMILIES HAVE LEARNED HOW TO PURCHASE AND PREPARE NUTRITIOUS FOOD THROUGH OUR PROGRAMMING

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
WILLIAM H SHORE FOUNDER, EXECUTIVE CHAIRMAN, DIR	40 00	X		X				284,620	0	40,107
SID ABRAMS DIRECTOR	2 00	X						0	0	0
JAMES BAREUTHER DIRECTOR	1 00	X						0	0	0
JIM BERRIEN DIRECTOR	1 00	X						0	0	0
JUDYANN BIGBY DIRECTOR	1 00	X						0	0	0
NEIL BRAUN DIRECTOR	2 00	X						0	0	0
JONI DOOLIN DIRECTOR	1 00	X						0	0	0
WALLY DOOLIN DIRECTOR	3 00	X						0	0	0
NOAH GLASS DIRECTOR	1 00	X						0	0	0
MICHAEL GORDON DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
BOB GREENSTEIN DIRECTOR	1 00	X						0	0	0
ROZ MALLETT DIRECTOR	2 00	X						0	0	0
MIKE MCCURRY DIRECTOR	1 00	X						0	0	0
DANNY MEYER DIRECTOR	1 00	X						0	0	0
MARY SUE MILLIKEN DIRECTOR	1 00	X						0	0	0
DONNA MOREA DIRECTOR	2 00	X						0	0	0
JEANNE NEWMAN DIRECTOR	1 00	X						0	0	0
KEN PELLETIER DIRECTOR (UNTIL 03/2017)	1 00	X						0	0	0
MARK RODRIGUEZ DIRECTOR	2 00	X						0	0	0
STEVE ROMANIELLO DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
SCOTT SCHOEN DIRECTOR (UNTIL 03/2017)	1 00	X						0	0	0
DEBBIE SHORE CO-FOUNDER	40 00			X				214,035	0	14,131
THOMAS NELSON PRESIDENT & CEO, SECRETARY	40 00			X				386,107	0	90,733
JOHN GREEN CFO & COO (UNTIL 12/2016)	40 00			X				242,196	0	18,844
JESSICA SHERRY MANAGING DIR OF FIN/CONTROLLER	40 00			X				125,376	0	9,791
PETER KAYE CHIEF REVENUE & MARKETING OFFICER	40 00				X			267,370	0	21,998
CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	40 00				X			242,886	0	17,960
DIANA HOVEY SENIOR VP, DINE OUT, NO KID HUNGRY	40 00					X		209,081	0	16,369
CLAY DUNN SENIOR VP, CHIEF COMM OFFICER	40 00					X		191,997	0	17,770
DUKE STOREN SENIOR VP, RELATIONS & PROG	40 00					X		182,760	0	22,141

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
JILL DAVIS SENIOR VP, CORPORATE PARTNERSHIPS	40 00					X		177,922	0	11,215
SERENA WILLIAMS SENIOR VP, CHIEF PEOPLE OFFICER	40 00					X		176,943	0	22,035

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SCHEDULE A (Form 990 or 990EZ)

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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	44,833,246	13,854,522	51,227,491	53,054,370	60,290,994	223,260,623
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	44,833,246	13,854,522	51,227,491	53,054,370	60,290,994	223,260,623
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)						21,848,049
6 **Public support.** Subtract line 5 from line 4						201,412,574

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	44,833,246	13,854,522	51,227,491	53,054,370	60,290,994	223,260,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,100	23,026	190,092	275,225	321,619	835,062
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)	375,035	477,505	559,456	797		1,412,793
11 **Total support.** Add lines 7 through 10						225,508,478

12 Gross receipts from related activities, etc (see instructions)	12	8,548,579

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	89 310 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	89 530 %

16a **33 1/3% support test—2016.** 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 ▶ ☑

b **33 1/3% support test—2015.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

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 ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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)	1		
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 ☐ 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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER - 2012 AMOUNT $ 367,190 2013 AMOUNT $ 102,774 2014 AMOUNT $ 252,916 2015 AMOUNT $ -5,703 BOOK/PRODUCT SALES - 2012 AMOUNT $ 7,845 2013 AMOUNT $ 730 2014 AMOUNT $ 2,406 HONORARIUM - 2013 AMOUNT $ 500 OTHER EVENT REVENUE - 2013 AMOUNT $ 370,501 2014 AMOUNT $ 298,134 INTERCOMPANY REVENUE - 2013 AMOUNT $ 3,000 2014 AMOUNT $ 6,000 2015 AMOUNT $ 6,500

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political 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-
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	112,058	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	444,216	
c Total lobbying expenditures (add lines 1a and 1b)	556,274	
d Other exempt purpose expenditures	49,778,902	
e Total exempt purpose expenditures (add lines 1c and 1d)	50,335,176	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	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	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	84,355	606,574	677,800	556,274	1,925,003
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	24,789	87,847	177,625	112,058	402,319

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an 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 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		2,409,554	770,713	1,638,841
d Equipment				
e Other		1,603,716	1,034,604	569,112
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,207,953

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT AND LEASEHOLD INCENTIVES	3,641,600
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,641,600

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	114,345,765
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	54,955		
b	Donated services and use of facilities	2b	51,185,035		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,937,973		
e	Add lines **2a** through **2d**			2e	58,177,963
3	Subtract line **2e** from line **1**			3	56,167,802
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	12,555		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	12,555
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	56,180,357

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

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

1	Total expenses and losses per audited financial statements			1	109,167,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	51,185,035		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	6,937,973		
e	Add lines **2a** through **2d**			2e	58,123,008
3	Subtract line **2e** from line **1**			3	51,044,211
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	12,555		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	12,555
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	51,056,766

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1367538
Name: SHARE OUR STRENGTH INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	SHARE OUR STRENGTH EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2 017, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINAN CIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 6,916,873 GAMING EVENT EXPENSES 21,100

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 6,916,873 GAMING EVENT EXPENSES 21,100

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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" on 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

2016

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	(iii) No	(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
AGENCY 21 CONSULTING 1428 BRICKELL AVENUE SUITE 303 MIAMI, FL 33131	FUNDRAISING		No	1,681,500	396,209	1,285,291
TYPE A DEVELOPMENT LLC (ALLISON PALLESTRINI) 1343 TERRELL MILL ROAD SUITE 372 MARIETTA, GA 30067	SPECIAL EVENT FUNDRAISING & MANAGEMENT/PRODUCTION		No	902,560	102,000	800,560
MAL WARWICK ASSOCIATES INC 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	DIRECT MAIL FUNDRAISING CONSULTING		No	596,517	67,800	528,717
SEA CHANGE STRATEGIES 7409 BIRCH AVENUE TAKOMA PARK, MD 20912	ONLINE FUNDRAISING CONSULTING		No	535,461	121,000	414,461
JUDY WALKER GROUP (JUDY WALKER) 30251 GOLDEN LANTERN SUITE E313 LAGUNA NIGUEL, CA 92677	SPECIAL EVENT FUNDRAISING & MANAGEMENT/PRODUCTION		No	135,680	84,996	50,684
SKY ADVISORY GROUP (LINDSAY RACHELEFSKY) 9713 SANTA MONICA BOULEVARD SUITE BEVERLY HILLS, CA 90210	STRATEGY & FUNDRAISING		No	122,340	66,000	56,340
BOWIE CONSULTING LLC (MICHAEL DOER) 6513 KENSINGTON AVENUE RICHMOND, VA 23226	STRATEGY & FUNDRAISING		No	92,000	20,000	72,000
SANKY COMMUNICATIONS INC 599 11TH AVENUE 6TH FLOOR NEW YORK, NY 10036	ONLINE FUNDRAISING CONSULTING		No	87,114	58,940	28,174
STOTT DEVELOPMENT SOLUTIONS GROUP 4516 WOODDALE AVENUE EDINA, MN 55424	FUNDRAISING TEAM DESIGN, STRATEGY & PLANNING, FUNDRAISING		No	0	152,500	-152,500
YOST GOLD CONSULTING INC (SHARI YOST GOLD) 2741 BRANDYWINE STREET NW WASHINGTON, DC 20008	STRATEGY & FUNDRAISING		No	0	40,000	0
Total ▶				4,153,172	1,109,445	3,083,727

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

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

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

		(a) Event #1 NYCWFF (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,127,947			9,127,947
	2 Less Contributions	6,901,556			6,901,556
	3 Gross income (line 1 minus line 2)	2,226,391			2,226,391
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	790,708			790,708
	7 Food and beverages	958,217			958,217
	8 Entertainment	44,984			44,984
	9 Other direct expenses	5,122,964			5,122,964
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				6,916,873
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,690,482

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			84,399	84,399
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			21,100	21,100
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				21,100
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				63,299

9 Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1367538
Name: SHARE OUR STRENGTH INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	CA, CT, DC, FL, IL, ME, MN, NY, OH

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 180

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ORGANIZATIONS MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH FOR EXAMPLE, ALL ORGANIZATIONS MUST PROVIDE US WITH A COPY OF THEIR CERTIFICATE OF TAX EXEMPTION OR TAX EXEMPTION IS CONFIRMED VIA GUIDESTAR, THEIR EMPLOYER IDENTIFICATION NUMBER AND OTHER ORGANIZATIONAL INFORMATION, INCLUDING ADDITIONAL PROGRAMMATIC AND FINANCIAL INFORMATION SHARE OUR STRENGTH USES A COMBINATION OF STRATEGIES TO ENSURE THAT OUR GRANTEE ORGANIZATIONS ARE IN COMPLIANCE WITH OUR GRANT AWARD GUIDELINES THESE STRATEGIES INCLUDE QUARTERLY, SEMI-ANNUAL AND/OR ANNUAL REPORTING OF PROGRESS AGAINST GOALS, SITE VISITS TO GRANTEE ORGANIZATIONS TO MONITOR ACTIVITIES BEING FUNDED, REVERSE SITE VISITS WHERE GRANTEES VISIT OUR OFFICES TO SHARE INFORMATION ABOUT THEIR PROJECTS, PROGRESS AND IMPACT, AND TELEPHONE CALLS TO DISCUSS FUNDED PROJECTS REPORTS ARE STORED ELECTRONICALLY USING AN ONLINE GRANTS MANAGEMENT SYSTEM

Additional Data

Software ID:
Software Version:
EIN: 52-1367538
Name: SHARE OUR STRENGTH INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR UNIVERSITY ONE BEAR PLACE 97060 WACO, TX 767987060	74-1159753	501(C)(3)	545,391				NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE, CHILDHOOD HUNGER PROGRAMS, SUMMER MEALS PROGRAM SUPPORT
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	496,319				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARKANSAS HUNGER RELIEF ALLIANCE 1400 W MARKHAM STREET SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	364,268				NO KID HUNGRY STATE PARTNER GRANT
UNITED WAY OF KING COUNTY 720 2ND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	361,421				NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY FOR SOUTHEAST MICHIGAN 660 WOODWARD AVENUE SUITE 300 DETROIT, MI 482261899	20-3099071	501(C)(3)	332,575				NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE, SCHOOL BREAKFAST PROGRAM SUPPORT
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	332,000				NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL GOVERNORS ASSOCIATION 444 NORTH CAPITOL ST NW 267 WASHINGTON, DC 20001	23-7391796	501(C)(3)	300,443				CHILDHOOD HUNGER PROGRAMS
FLORIDA IMPACT 1331 EAST LAFAYETTE STREET STE A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	284,156				NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE, CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BOULEVARD ATLANTA, GA 30318	58-1376648	501(C)(3)	283,689				CHILDHOOD HUNGER PROGRAMS
HUNGER TASK FORCE INC 201 S HAWLEY COURT MILWAUKEE, WI 532141966	39-1345847	501(C)(3)	247,957				NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONTANA DEPT OF PUBLIC HEALTH AND HUMAN SERVICES PO BOX 4210 HELENA, MT 59604	81-0302402	N/A	237,000				NO KID HUNGRY STATE PARTNER GRANT
THREE SQUARE FOOD BANK 4190 N PECOS ROAD LAS VEGAS, NV 891150187	30-0396918	501(C)(3)	231,847				NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 1700 MARTIN LUTHER KING JR BOULEVARD CB 7426 CHAPEL HILL, NC 275997426	56-6001393	501(C)(3)	220,119				NO KID HUNGRY STATE PARTNER GRANT
FAIRFAX COUNTY PUBLIC SCHOOL DISTRICT 8115 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0805373	N/A	185,424				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 551092020	23-7417654	501(C)(3)	190,806				NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS
JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH 415 N WASHINGTON STREET 4TH FLOOR BALTIMORE, MD 21231	52-0595110	501(C)(3)	150,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CALIFORNIA FOOD POLICY ADVOCATES 438 14TH STREET SUITE 1220 OAKLAND, CA 94612	94-3163142	501(C)(3)	117,917				SUMMER MEALS PROGRAM SUPPORT, CHILDHOOD HUNGER PROGRAMS
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC 1140 GERVAIS AVENUE ORLANDO, FL 32808	59-2142315	501(C)(3)	87,652				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 STREET BOX 315 SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	76,277				COOKING MATTERS PROGRAMMING, CHILDHOOD HUNGER PROGRAMS
FAMILY LEAGUE OF BALTIMORE CITY 2305 NORTH CHARLES STREET 200 BALTIMORE, MD 21218	52-1734848	501(C)(3)	75,500				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE 127 DILLON COURT GRAY, TN 376153555	62-1303822	501(C)(3)	67,909				NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA INC 639 WEST CENTRAL BOULEVARD ORLANDO, FL 328012542	59-2814255	501(C)(3)	62,608				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN STREET DUQUESNE, PA 15110	25-1420599	501(C)(3)	60,704				NO KID HUNGRY STATE PARTNER GRANT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE NORTH CHARLESTON, SC 29405	57-0751835	501(C)(3)	56,140				NO KID HUNGRY STATE PARTNER GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARTNERS FOR A HUNGER FREE OREGON 712 SE HAWTHORNE BLVD SUITE 202 PORTLAND, OR 97214	20-4970868	501(C)(3)	53,000				NO KID HUNGRY STATE PARTNER GRANT
ASSOCIATION OF ARIZONA FOOD BANKS 2100 NORTH CENTRAL AVE SUITE 230 PHOENIX, AZ 85004	86-0507679	501(C)(3)	51,651				NO KID HUNGRY STATE PARTNER GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUNGER FREE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501(C)(3)	50,718				NO KID HUNGRY STATE PARTNER GRANT
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	65,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	50,000				NO KID HUNGRY STATE PARTNER GRANT
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY SUITE 680 OAKLAND, CA 94607	94-6000385	N/A	43,996				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	41,000				COOKING MATTERS PROGRAMMING, CHILDHOOD HUNGER PROGRAMS
OPERATION FOOD SEARCH 6282 OLIVE BOULEVARD ST LOUIS, MO 63130	43-1241854	501(C)(3)	40,000				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDS OF WORLD FOOD PROGRAM INC 1725 I STREET NW SUITE 510 WASHINGTON, DC 20006	13-3843435	501(C)(3)	40,000				INTERNATIONAL AID
HARRISONBURG CITY SCHOOL NUTRITION PROGRAM 1 COURT SQUARE HARRISONBURG, VA 22801	54-0885804	N/A	40,000				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KENTUCKY ASSOCIATION OF FOOD BANKS PO BOX 1824 BEREA, KY 40403	61-1398656	501(C)(3)	40,000				NO KID HUNGRY STATE PARTNER GRANT
BEHAVIORAL IDEAS LAB INC DBA IDEAS 42 80 BROAD STREET 30TH FLOOR NEW YORK, NY 10004	27-1678009	501(C)(3)	38,414				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRAIRIE FAMILY CENTER 390 14TH STREET BURLINGTON, CO 80807	84-1355666	501(C)(3)	38,357				SUMMER MEALS PROGRAM SUPPORT
FEEDING INDIANA'S HUNGRY 8425 KEYSTONE CROSSING SUITE 220A INDIANAPOLIS, IN 46240	20-3073635	501(C)(3)	37,689				NO KID HUNGRY STATE PARTNER GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW HAMPSHIRE FOOD BANK 62 WEST BROOK STREET MANCHESTER, NH 03101	02-0222163	501(C)(3)	35,678				SUMMER MEALS PROGRAM SUPPORT
ARLINGTON FOOD ASSISTANCE CENTER 2708 S NELSON STREET ARLINGTON, VA 22206	54-1473207	501(C)(3)	35,285				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
URBAN SCHOOL ALLIANCE C/O NYC DOE SCHOOL SUPPORT 44-36 VERNON BLVD ROOM 411 LONG ISLAND CITY, NY 11101	46-5754490	501(C)(3)	35,000				CHILDHOOD HUNGER PROGRAMS
WORLD CENTRAL KITCHEN 1250 24TH STREET NW SUITE 300 WASHINGTON, DC 20037	27-3521132	501(C)(3)	35,000				INTERNATIONAL AID

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	35,000				INTERNATIONAL AID
SCHOOL NUTRITION ASSOCIATION 120 WATERFRONT STREET SUITE 300 NATIONAL HARBOR, MD 20745	84-0445578	501(C)(4)	34,717				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PREBLE STREET PO BOX 1459 PORTLAND, ME 041041459	01-0418917	501(C)(3)	32,000				NO KID HUNGRY STATE PARTNER GRANT
SECOND HARVEST FOOD BANK OF METROLINA 500 B SPRATT STREET CHARLOTTE, NC 282062913	56-1352593	501(C)(3)	31,344				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAPTAIN PLANET FOUNDATION 133 LUCKIE STREET NW 2ND FLOOR ATLANTA, GA 30303	58-1959421	501(C)(3)	30,562				CHILDHOOD HUNGER PROGRAMS
OUR HOUSE INC PO BOX 34155 LITTLE ROCK, AR 72203	58-1743333	501(C)(3)	30,562				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NY COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	30,500				COOKING MATTERS PROGRAMMING
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 11870 MONARCH STREET GARDEN GROVE, VA 928413902	95-2452787	501(C)(3)	30,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND HARVEST ORANGE COUNTY FOOD BANK 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501(C)(3)	30,000				CHILDHOOD HUNGER PROGRAMS
HEALTHMPOWERS INC 250 SCIENTIFIC DRIVE SUITE 500 NORCROSS, GA 30307	58-2524601	501(C)(3)	30,000				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVER 3 FOUNDATION 400 E SECOND AVENUE FRANKLIN, VA 23851	27-1957755	501(C)(3)	29,500				SUMMER MEALS PROGRAM SUPPORT
LOUDOUN CO PUBLIC SCHOOL DISTRICT 21000 EDUCATION COURT ASHBURN, VA 20148	54-6001395	N/A	29,030				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROJECT OPEN HAND 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501(C)(3)	28,350				CHILDHOOD HUNGER PROGRAMS
CARING COMMUNITIES INC 114 B EAST HIGH STREET JEFFERSON CITY, MO 65101	49-9686506	501(C)(3)	28,337				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OREGON FOOD BANK PO BOX 55370 PORTLAND, OR 972385370	93-0785786	501(C)(3)	25,000				COOKING MATTERS PROGRAMMING
HENRY COUNTY SCHOOL DISTRICT PO BOX 8958 COLLINSVILLE, VA 24078	54-1208368	N/A	25,000				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE STOREHOUSE NEW MEXICO 106 BROADWAY BOULEVARD SE ALBUQUERQUE, NM 871023423	35-2511614	501(C)(3)	25,000				COOKING MATTERS PROGRAMMING
AURORA PROJECT INC 1035 NORTH SUPERIOR STREET TOLEDO, OH 436041960	34-1517827	501(C)(3)	23,426				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TOLEDO DAY NURSERY 2211 JEFFERSON AVENUE TOLEDO, OH 43604	34-4465880	501(C)(3)	22,407				CHILDHOOD HUNGER PROGRAMS
HELENA SCHOOL DISTRICT #1 55 SOUTH RODNEY HELENA, MT 596015763	81-6000557	N/A	22,100				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	22,000				COOKING MATTERS PROGRAMMING
GOOD SHEPHERD FOOD BANK 111 PINE TREE PARKWAY PORTLAND, ME 04102	22-2988609	501(C)(3)	21,900				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALL FAITHS FOOD BANK INC 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	21,665				COOKING MATTERS PROGRAMMING
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN 2131 BEAUFAIT STREET DETROIT, MI 48207	38-2156255	501(C)(3)	21,397				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILD CARE RESOURCES INC 203 HULL STREET SUITE A RICHMOND, VA 23224	54-1647608	501(C)(3)	21,294				SUMMER MEALS PROGRAM SUPPORT
LEGAL SERVICES ADVOCACY PROJECT 2324 UNIVERSITY AVE WEST STE 101 SAINT PAUL, MN 55114	41-1412710	501(C)(3)	20,526				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JACKSONVILLE NORTH PULASKI SCHOOL DIST 1414 WEST MAIN JACKSONVILLE, FL 72076	54-6001542	N/A	20,020				SCHOOL BREAKFAST PROGRAM SUPPORT
LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET LOS ANGELES, CA 900581502	95-3135649	501(C)(3)	20,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DC HUNGER SOLUTIONS 1875 CONNECTICUT AVENUE NW 540 WASHINGTON, DC 200095738	23-7200739	501(C)(3)	20,000				CHILDHOOD HUNGER PROGRAMS
ALLIANCE TO END HUNGER 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	20-2803848	501(C)(3)	20,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BUILD HEALTH INTERNATIONAL 100 CUMMINGS CENTER SUITE 120H BEVERLY, MA 01915	46-4300024	501(C)(3)	20,000				INTERNATIONAL AID
GRAND RAPIDS PUBLIC SCHOOL DISTRICT PO BOX 117 GRAND RAPIDS, MI 49501	38-6002019	N/A	20,000				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER BATON ROUGE FOOD BANK 10600 SOUTH CHOCTAW DRIVE BATON ROUGE, LA 708151826	72-1065318	501(C)(3)	20,000				DISASTER RELIEF GRANT
MICHIGAN STATE UNIVERSITY EXTENSION 426 AUDITORIUM ROAD LANSING, MI 48824	38-6005984	501(C)(3)	20,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 021142206	23-7069110	501(C)(3)	20,000				INTERNATIONAL AID
TANNER MEDICAL CENTER INC 303 AMBULANCE DRIVE CARROLLTON, GA 30117	58-1790149	501(C)(3)	20,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HAMPTON CITY SCHOOL DISTRICT 1 FRANKLIN STREET FLOOR 2 HAMPTON, VA 23669	54-6001338	N/A	19,150				SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY CULINARY SCHOOL OF CHARLOTTE 2401-A DISTRIBUTION STREET CHARLOTTE, NC 282035025	56-2051086	501(C)(3)	18,806				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JANNUS INC 1607 WEST JEFFERSON STREET BOISE, ID 83702	81-6035382	501(C)(3)	18,245				COOKING MATTERS PROGRAMMING
WEST SIDE CENTER FOR COMMUNITY LIFEWEST SIDE CAMPAIGN AGAIN 263 WEST 86TH STREET NEW YORK, NY 10024	71-0908184	501(C)(3)	18,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STAUNTON CITY SCHOOL DISTRICT 116 WEST BEVERLY STREET STAUNTON, VA 24401	54-0720688	N/A	17,300				CHILDHOOD HUNGER PROGRAMS
SPOTSYLVANIA SCHOOL DISTRICT 8020 RIVER STONE ROAD FREDERICKSBURG, VA 22407	54-6001624	N/A	17,157				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF MINNESOTA EXTENSION 1420 ECKLES AVENUE SAINT PAUL, MN 55108	41-6042488	501(C)(3)	17,105				CHILDHOOD HUNGER PROGRAMS
LOCAL MATTERS 731 E BROAD STREET 3RD FLOOR COLUMBUS, OH 43205	06-1819644	501(C)(3)	17,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SELF HELP ENTERPRISES PO BOX 6520 VISALIA, CA 93290	94-1592676	501(C)(3)	16,668				SUMMER MEALS PROGRAM SUPPORT
EAST BATON ROUGE PARISH SCHOOL DISTRICT 3000 NORTH SHERWOOD FOREST DRIVE BATON ROUGE, LA 70814	72-6000353	N/A	16,500				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GILES CO SCHOOL DISTRICT 151 SCHOOL ROAD PEARISBURG, VA 24134	54-6001307	N/A	16,375				SCHOOL BREAKFAST PROGRAM SUPPORT
PULASKI CO SCHOOL DISTRICT 202 NORTH WASHINGTON AVENUE PULASKI, VA 24301	54-6001542	N/A	15,300				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEORGIA BUDGET & POLICY INSTITUTE 100 EDGEWOOD AVENUE SUITE 950 ATLANTA, GA 303033066	55-0860376	501(C)(3)	15,281				CHILDHOOD HUNGER PROGRAMS
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501(C)(3)	15,281				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEORGIA CITIZENS COALITION ON HUNGER 9 GAMMON AVENUE SW ATLANTA, GA 303152711	23-7422289	501(C)(3)	15,281				CHILDHOOD HUNGER PROGRAMS
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO, OH 436152803	34-1350559	501(C)(3)	15,278				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAPITAL AREA FOOD BANK 645 TAYLOR STREET NE WASHINGTON, DC 200172063	52-1167581	501(C)(3)	15,000				CHILDHOOD HUNGER PROGRAMS
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 801 SOUTH 16TH STREET COUNCIL BLUFFS, IA 51501	42-6001281	N/A	15,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRESNO METRO MINISTRY 4270 NORTH BLACKSTONE AVE 212 FRESNO, CA 93726	94-2181848	501(C)(3)	15,000				COOKING MATTERS PROGRAMMING
TALLAHATCHIE GENERAL HOSPITAL MEDICAL FOUNDATION 201 S MARKET STREET CHARLESTON, MS 38921	45-1284016	501(C)(3)	15,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTH CONWAY SCHOOL DISTRICT 100 BARAMORE STREET MORRILTON, AR 72110	71-0536414	N/A	14,555				SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTHERN NEW HAMPSHIRE SERVICES PO BOX 5040 MANCHESTER, NH 03108	02-0268285	501(C)(3)	13,995				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ACTION PARTNERSHIP OF STRAFFORD COUNTY PO BOX 160 DOVER, NH 038210160	02-0268636	501(C)(3)	13,995				CHILDHOOD HUNGER PROGRAMS
HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	13,950				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RUSSELLVILLE SCHOOL DISTRICT PO BOX 928 RUSSELLVILLE, AR 72811	71-6020690	N/A	13,570				SCHOOL BREAKFAST PROGRAM SUPPORT
FREDERICKSBURG PUBLIC SCHOOL DISTRICT 2300 WASHINGTON AVENUE FREDERICKSBURG, MD 22401	54-6001296	N/A	12,500				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YWCA ADAMS COUNTY 604 NORTH ST JOSEPH AVENUE HASTINGS, NE 68901	47-0386539	501(C)(3)	12,500				COOKING MATTERS PROGRAMMING
YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	12,400				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHICKASAW NATION 520 EAST ARLINGTON BOX 1548 ADA, OK 74821	73-1374986	501(C)(3)	12,400				SUMMER MEALS PROGRAM SUPPORT
EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD ROOM 2906 GREENVILLE, NC 27858	56-6000403	501(C)(3)	12,100				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KEWANEE COMMUNITY UNIT SCHOOL DISTRICT 229 210 LYLE STREET KEWANEE, IL 614432951	36-6004649	N/A	11,250				CHILDHOOD HUNGER PROGRAMS
COMMUNITY KITCHEN OF MONROE COUNTY INC PO BOX 3286 BLOOMINGTON, IN 47402	31-1101408	501(C)(3)	11,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GARRETT CO PUBLIC SCHOOLS 40 SOUTH 2ND STREET OAKLAND, MD 21550	52-6000952	N/A	10,964				CHILDHOOD HUNGER PROGRAMS
ISLE OF WIGHT SCHOOL DISTRICT 820 WEST MAIN STREET SMITHFIELD, VA 23430	54-6001363	N/A	10,500				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREENSVILLE COUNTY SCHOOL DISTRICT 105 RUFFIN STREET EMPORIA, VA 23847	54-6001326	N/A	10,500				CHILDHOOD HUNGER PROGRAMS
COMMUNITY HEALTH NETWORK OF CT FOUNDATION 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492	20-0395748	501(C)(3)	10,401				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 060021342	22-2474771	501(C)(3)	10,401				CHILDHOOD HUNGER PROGRAMS
CATHOLIC CHARITIES FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	10,270				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TOLEDO NORTHWESTERN OHIO FOOD BANK 24 EAST WOODRUFF AVENUE TOLEDO, OH 436045263	34-1441016	501(C)(3)	10,185				CHILDHOOD HUNGER PROGRAMS
EVERTHRIVE ILLINOIS 1256 W CHICAGO AVENUE CHICAGO, IL 60642	36-3651051	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROJECT BREADWALK FOR HUNGER 145 BORDER STREET EAST BOSTON, MA 021281903	04-2931195	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER PHILADELPHIA COALITION AGAINST HUNGER 1725 FAIRMONT AVENUE 102 PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS
MARY'S CENTER MATERNAL AND CHILD CARE 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUNGER FREE AMERICA 50 BROAD STREET SUITE 1103 NEW YORK, NY 10004	13-3471350	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS
EBLEN CHARITIES 50 WESTGATE PARKWAY ASHEVILLE, NC 28806	56-1758077	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO 721 NORTH LASALLE STREET CHICAGO, IL 60654	36-2170821	501(C)(3)	10,000				COOKING MATTERS PROGRAMMING
HALIFAX CO PUBLIC SCHOOLS PO BOX 1849 HALIFAX, VA 24558	54-6001335	N/A	10,000				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANTELOPE VALLEY PARTNERS FOR HEALTH 44226 10TH STREET WEST LANCASTER, CA 93534	47-0957404	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS
CHILDREN'S HEALTH FUND PO BOX 572 NEW YORK, NY 10030	13-3468427	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305	42-1177880	501(C)(3)	10,000				SUMMER MEALS PROGRAM SUPPORT
INDIANA ALLIANCE OF BOYS & GIRLS CLUBS 1590 NORTH SEXTON STREET RUSHVILLE, IN 46173	35-0888754	501(C)(3)	10,000				AFTERSCHOOL MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TANGIPAHOA PARISH GOVERNMENT 206 EAST MULBERRY STREET AMITE, LA 70422	72-6001371	N/A	10,000				SUMMER MEALS PROGRAM SUPPORT
THE FAMILY AND COMMUNITY TRUST 114B EAST HIGH STREET 202 JEFFERSON CITY, MO 65101	49-9686506	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Y2Y HARVARD SQUARE 1 NORTH HARVARD YARD CAMBRIDGE, MA 02138	04-6046123	501(C)(3)	10,000				CHILDHOOD HUNGER PROGRAMS
PRAIRIE HILLS ELEMENTARY SCHOOL DISTRICT 144 3701 168TH STREET COUNTRY CLUB HILLS, IL 60478	36-6004359	N/A	9,950				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD NW WASHINGTON, DC 20007	52-2218584	501(C)(3)	9,900				CHILDHOOD HUNGER PROGRAMS
WAUKEGAN COMMUNITY UNIFIED SCHOOL DISTRICT 60 520 HELMHOLZ AVENUE WAUKEGAN, IL 60085	36-2703832	N/A	9,900				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW ORLEANS RECREATION DEVELOPMENT FOUNDATION PO BOX 791509 NEW ORLEANS, LA 70179	27-4513946	501(C)(3)	9,500				AFTERSCHOOL MEALS PROGRAM SUPPORT
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, MO 197133450	51-0258984	501(C)(3)	9,000				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
J STERLING MORTON HIGH SCHOOL DISTRICT 201 1801 SOUTH 55TH AVENUE CICERO, MA 60804	36-6004392	N/A	9,000				SCHOOL BREAKFAST PROGRAM SUPPORT
END HUNGER CONNECTICUT 102 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	8,915				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MANASSAS CITY SCHOOL DISTRICT PO BOX 520 MANASSAS, VA 20108	54-1207347	N/A	8,914				SCHOOL BREAKFAST PROGRAM SUPPORT
LYNCHBURG CITY SCHOOL DISTRICT PO BOX 2497 LYNCHBURG, VA 24505	54-1385200	N/A	8,861				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST VINCENT DE PAUL 604 2ND STREET CLARKSTOWN, WA 99403	27-3146614	501(C)(3)	8,750				SUMMER MEALS PROGRAM SUPPORT
FOOTPRINTS FOOD PANTRY PO BOX 246 KITTERY, ME 039040246	22-3149937	501(C)(3)	8,233				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RUSSELL CO SCHOOL DISTRICT 105 CHARLES C LONG DRIVE LEBANON, VA 24266	54-6001591	N/A	8,200				AFTERSCHOOL MEALS PROGRAM SUPPORT
BUFFALO ISLAND CENTRAL SCHOOL DISTRICT 40 PO BOX 730 MONETTE, AR 72447	71-0598044	N/A	8,100				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CALIFORNIA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET SUITE 722 OAKLAND, CA 94612	68-0392816	501(C)(3)	8,000				CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 219 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	52-6002052	501(C)(3)	8,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF HYATTSVILLE 4310 GALLATIN STREET HYATTSVILLE, MD 20781	52-6000797	501(C)(3)	8,000				COOKING MATTERS PROGRAMMING
COMMUNITY HARVEST FOOD BANK OF NORTHEAST INDIANA INC 999 EAST TILLMAN ROAD FORT WAYNE, IN 46816	31-1100607	501(C)(3)	8,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER MINNEAPOLIS COUNCIL OF CHURCHES 1001 EAST LAKE STREET MINNEAPOLIS, MN 554071616	41-0693933	501(C)(3)	7,982				CHILDHOOD HUNGER PROGRAMS
CHILDREN OF SHELTERS 2269 CHESTNUT STREET SUITE 439 SAN FRANCISCO, CA 941232600	94-3192608	501(C)(3)	7,787				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501(C)(3)	7,500				SUMMER MEALS PROGRAM SUPPORT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	7,500				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-6000746	N/A	7,450				SCHOOL BREAKFAST PROGRAM SUPPORT
ROANOKE CITY SCHOOL DISTRICT PO BOX 13145 ROANOKE, VA 24031	54-6001570	N/A	7,400				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRESH FOOD FACTOR 4152 CANAL STREET NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	7,300				SUMMER MEALS PROGRAM SUPPORT
NORFOLK PUBLIC SCHOOLS 974 BELLMORE AVENUE NORFOLK, VA 23504	54-6001460	N/A	7,220				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BUENA VISTA CITY PUBLIC SCHOOL DISTRICT 100 BRADFORD DRIVE BUENA VISTA, VA 24416	54-6001180	N/A	7,000				CHILDHOOD HUNGER PROGRAMS
HEALTHY SCHOOL FOOD COLLABORATIVE 727 CARONDELET STREET NEW ORLEANS, LA 70130	47-3360048	501(C)(3)	6,509				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AT THE CORE 4903 E PEONE PINES DRIVE MEAD, WA 99201	46-2937061	501(C)(3)	6,500				CHILDHOOD HUNGER PROGRAMS
SECOND HARVEST FOOD BANK OF THE INLAND NORTHWEST 1234 EAST FRONT AVENUE SPOKANE, WA 99202	23-7173826	501(C)(3)	6,500				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GRAVETTE SCHOOLS DISTRICT 20 609 BIRMINGHAM STREET SE GRAVETTE, AR 72736	71-6021336	N/A	6,300				CHILDHOOD HUNGER PROGRAMS
SOMERSET CO PUBLIC SCHOOL DISTRICT 7982A TAWES CAMPUS DRIVE WESTOVER, MD 21871	52-6001022	N/A	6,200				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OHIO ASSOCIATION OF SECOND HARVEST FOOD BANKS 51 NORTH HIGH STREET 761 COLUMBUS, OH 432153151	34-1677838	501(C)(3)	6,111				CHILDHOOD HUNGER PROGRAMS
WILLIAM A HUNTON YMCA 1139 EAST CHARLOTTE STREET NORFOLK, VA 23504	54-0663046	501(C)(3)	6,000				COOKING MATTERS PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KIDS MEALS INC 205 WEST CROSSTIMBERS STREET HOUSTON, TX 770185631	76-0330447	501(C)(3)	6,000				CHILDHOOD HUNGER PROGRAMS
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRANCE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	6,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INDY HUNGER NETWORK 9080 DEWBERRY COURT INDIANAPOLIS, IN 462601527	45-4833492	501(C)(3)	6,000				CHILDHOOD HUNGER PROGRAMS
LODGE GRASS SCHOOL DISTRICT 27 & 2 PO BOX 810 LODGE GRASS, MT 59050	81-6000034	N/A	6,000				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MY REDEEMER MISSIONARY BAPTIST CHURCH 2829 WASHINGTON AVENUE NEW ORLEANS, LA 70113	72-0970801	501(C)(3)	6,000				SUMMER MEALS PROGRAM SUPPORT
YORK COUNTY SCHOOL DISTRICT 403 GRAFTON DRIVE YORKTOWN, VA 23692	54-6001696	N/A	6,000				SCHOOL BREAKFAST PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CORNELL COOPERATIVE EXTENSION IN TOMPKINS 615 WILLOW AVENUE ITHACA, NY 14850	16-6072897	501(C)(3)	5,925				CHILDHOOD HUNGER PROGRAMS
LEE CO SCHOOL DISTRICT 153 SCHOOL BOARD PLACE JONESVILLE, VA 24263	54-6001389	N/A	5,600				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREENBRIER SCHOOL DISTRICT 4 SCHOOL DRIVE GREENBRIER, AR 72058	71-6020570	N/A	5,500				SCHOOL BREAKFAST PROGRAM SUPPORT
UNH FOUNDATION 51 COLLEGE ROAD 2ND FL ROOM 111 DURHAM, NH 038242334	02-0437506	501(C)(3)	5,347				CHILDHOOD HUNGER PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WYOMING DEPARTMENT OF EDUCATION 2300 CAPITOL AVENUE CHEYENNE, WY 82002	83-0208667	N/A	5,300				SUMMER MEALS PROGRAM SUPPORT
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501(C)(3)	5,200				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STAR CITY SCHOOL DISTRICT 11 400 EAST ARKANSAS STREET STAR CITY, AR 71667	71-6020906	N/A	5,155				SUMMER MEALS PROGRAM SUPPORT
QUEEN ANNE'S COUNTY SCHOOLS 631 MAIN STREET CHURCH HILL, MD 21623	52-6001005	N/A	5,154				SUMMER MEALS PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ORANGE COUNTY SCHOOL DISTRICT 200 DAILEY DRIVE ORANGE, VA 22960	54-6001489	501(C)(3)	5,150				CHILDHOOD HUNGER PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SHARE OUR STRENGTH INC

Employer identification number
52-1367538

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 52-1367538
Name: SHARE OUR STRENGTH INC

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 1A	BEGINNING IN JANUARY 2017, A HOUSING ALLOWANCE OF $3,000 PER MONTH IS PROVIDED TO WILLIAM H SHORE, FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD DIRECTOR

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4B	THOMAS NELSON, PRESIDENT, RECEIVED A CONTRIBUTION OF $57,000 TO HIS 457(F) RETIREMENT PLAN

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 5	STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS UNRESTRICTED REVENUE GROWTH, ADDITIONS TO NET ASSETS, AS WELL AS PROGRAM-RELATED TARGETS

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 6	STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS UNRESTRICTED REVENUE GROWTH, ADDITIONS TO NET ASSETS, AS WELL AS PROGRAM-RELATED TARGETS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1WILLIAM H SHORE FOUNDER, EXECUTIVE CHAIRMAN, DIR	(I)	268,308	16,312	0	4,147	35,960	324,727	0
	(II)	0	0	0	0	0	0	0
1DEBBIE SHORE CO-FOUNDER	(I)	202,150	11,885	0	3,002	11,129	228,166	0
	(II)	0	0	0	0	0	0	0
2THOMAS NELSON PRESIDENT & CEO, SECRETARY	(I)	368,940	17,167	0	86,803	3,930	476,840	0
	(II)	0	0	0	0	0	0	0
3JOHN GREEN CFO & COO (UNTIL 12/2016)	(I)	227,585	14,611	0	892	17,952	261,040	0
	(II)	0	0	0	0	0	0	0
4PETER KAYE CHIEF REVENUE & MARKETING OFFICER	(I)	244,092	23,278	0	4,220	17,778	289,368	0
	(II)	0	0	0	0	0	0	0
5CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	(I)	228,739	14,147	0	0	17,960	260,846	0
	(II)	0	0	0	0	0	0	0
6DIANA HOVEY SENIOR VP, DINE OUT, NO KID HUNGRY	(I)	193,261	15,820	0	3,613	12,756	225,450	0
	(II)	0	0	0	0	0	0	0
7CLAY DUNN SENIOR VP, CHIEF COMM OFFICER	(I)	181,131	10,866	0	5,400	12,370	209,767	0
	(II)	0	0	0	0	0	0	0
8DUKE STOREN SENIOR VP, RELATIONS & PROG	(I)	174,931	7,829	0	5,314	16,827	204,901	0
	(II)	0	0	0	0	0	0	0
9JILL DAVIS SENIOR VP, CORPORATE PARTNERSHIPS	(I)	170,606	7,316	0	5,075	6,140	189,137	0
	(II)	0	0	0	0	0	0	0
10SERENA WILLIAMS SENIOR VP, CHIEF PEOPLE OFFICER	(I)	168,219	8,724	0	4,981	17,054	198,978	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

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	X	12	318,162	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	64	825,250	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the 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?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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			

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS

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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

2016

Open to Public Inspection

Name of the organization
SHARE OUR STRENGTH INC

Employer identification number
52-1367538

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WALLY DOOLIN, BOARD DIRECTOR, IS MARRIED TO JONI DOOLIN, WHO IS ALSO A BOARD DIRECTOR WIL LIAM H SHORE, FOUNDER, CHAIRMAN, CEO, AND BOARD DIRECTOR, IS THE BROTHER OF DEBBIE SHORE, CO-FOUNDER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FEDERAL FORM 990 IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT COMMITTEE AND DISTRIB UTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 ATTENTI ON AND MAKE PROMPT AND FULL DISCLOSURE IN WRITING ANY POTENTIAL SITUATIONS THAT MAY INVOLV E A CONFLICT OF INTEREST THE POLICY IS INCLUDED IN OUR EMPLOYEE HANDBOOK AND WHISTLEBLOWE R POLICY EACH MEMBER OF THE BOARD OF DIRECTORS ALSO SIGNS SHARE OUR STRENGTH'S CONFLICT O F INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT DIRECTORS REVIEWS MARKET DATA ANNUALLY, F OR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB FUNCTIONS AND RECOMMENDS THE FOUNDER & EXEC UTIVE CHAIRMAN'S COMPENSATION TO THE FULL BOARD OF DIRECTORS FOR APPROVAL IN EXECUTIVE SES SION WITHOUT THE FOUNDER & EXECUTIVE CHAIRMAN PRESENT IN-DEPTH MARKET SURVEYS ARE EXECUTE D EVERY THREE YEARS USING AN OUTSIDE CONSULTANT, AND THE MOST RECENT STUDY WAS CONDUCTED I N APRIL 2017 FURTHER, THE PRESIDENT & CEO, CHIEF PEOPLE OFFICER, AND MANAGING DIRECTOR OF FINANCE & CONTROLLER SPEAK WITH THE INDEPENDENT COMPENSATION CONSULTANT EVERY YEAR TO GET UPDATES ON ANY SIGNIFICANT COMPENSATION TREND CHANGES THE PRESIDENT & CEO, CHIEF PEOPLE OFFICER, AND MANAGING DIRECTOR OF FINANCE & CONTROLLER DETERMINE COMPENSATION FOR THE OTHE R OFFICERS IN CONSULTATION WITH THE COMPENSATION COMMITTEE, USING THE SAME MARKET DATA DEV ELOPED AND USED TO EVALUATE THE COMPENSATION FOR THE FOUNDER & EXECUTIVE CHAIRMAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SHARE OUR STRENGTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCI AL STATEMENTS AVAILABLE TO THE PUBLIC VIA EMAIL OR US MAIL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX	SHARE OUR STRENGTH IS A CO-BENEFICIARY ALONG WITH THE FOOD BANK FOR NEW YORK CITY OF THE N ET PROCEEDS RAISED BY THE NEW YORK CITY WINE & FOOD FESTIVAL (NYCWFF) THIS IS A FOUR-DAY EVENT HELD IN OCTOBER EACH YEAR AND IS DIRECTED BY SOUTHERN GLAZER'S WINE AND SPIRITS, LLC SHARE OUR STRENGTH'S ROLE IS TO PROVIDE CONTRACT REVIEW, FINANCIAL REPORTING AND ACCOUNT ING SUPPORT THE ORGANIZATION CONSOLIDATES THE FESTIVAL'S ENTIRE FINANCIALS WITHIN SHARE O UR STRENGTH THE PRESENTATION OF SHARE OUR STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION AND BU SINESS MODEL IS MOST ACCURATELY REFLECTED WITH NYCWFF COSTS EXCLUDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 26	SHARE OUR STRENGTH IS COMMITTED TO EFFICIENCY AND TRANSPARENCY IN APPLYING THE ACCOUNTING STANDARDS FROM THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND THE INTERNAL REVENUE S ERVICE (IRS) RELATED TO JOINT COSTS OF INFORMATIONAL MATERIALS AND ACTIVITIES THAT INCLUDE A FUNDRAISING APPEAL, SHARE OUR STRENGTH IDENTIFIED ACTIVITIES AS PROGRAM, MANAGEMENT AND GENERAL, AND FUNDRAISING IN THE FOLLOWING CATEGORIES A) EDUCATION AND AWARENESS ABOUT HU NGER AND FOOD INSECURITY AND B) VOLUNTEER RECRUITMENT, MOBILIZATION AND MANAGEMENT TASTE OF THE NATION, NO KID HUNGRY DINNERS, CHEFS CYCLE, AND THE LIKE ARE PLATFORMS OR VEHICLES USED TO ACCOMPLISH ONE OR MORE OF THE GOALS DEFINED ABOVE (EDUCATION AND AWARENESS, VOLUNT EERS) AS SUCH, THE ACTIVITIES PERFORMED FOR EACH PLATFORM MAY BE PROGRAM-SPECIFIC, FUNDRA ISING, MANAGEMENT AND GENERAL, OR JOINT (I E , A COMBINATION OF FUNDRAISING AND PROGRAM) THESE EFFORTS HELP ADVANCE OUR MISSION TO END HUNGER AND POVERTY IN THE U S AND ABROAD A S A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL TAXATION, WE ENSURE OUR DONORS' MON EY IS SPENT AS EFFICIENTLY AND EFFECTIVELY AS POSSIBLE

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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

2016

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
(1) SHARE OUR STRENGTH ENTERPRISES LLC 1730 M STREET NW SUITE 700 WASHINGTON, DC 20036 51-0597759	NON-OPERATING HOLDING COMPANY	DE			SHARE OUR STRENGTH INC
(2) SHARE OUR STRENGTH HOLDINGS LLC 1730 M STREET NW SUITE 700 WASHINGTON, DC 20036	NON-OPERATING HOLDING COMPANY	DE			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	(g) No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)COMMUNITY WEALTH PARTNERS INC 1825 K STREET NW SUITE 1000 WASHINGTON, DC 20006 52-2025260	CONSULTING	DC	SHARE OUR STRENGTH INC	C		1,886,292	100 000 %	Yes	

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

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	337,422	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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)