

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)

OMB No. 1545-0047

2016

Open to Public Inspection

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

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHARE OUR STRENGTH, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1030 15TH STREET, NW 1100W City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 F Name and address of principal officer: WILLIAM H. SHORE SAME AS C ABOVE	D Employer identification number 52-1367538 E Telephone number (202) 393-2925 G Gross receipts \$ 63,131,141. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.STRENGTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1984		M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END HUNGER AND POVERTY IN THE U.S. AND ABROAD BY HELPING COMBAT THE ROOT CAUSES OF HUNGER. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 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 3000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">53,054,370.</td> <td align="right">60,290,994.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">58,935.</td> <td align="right">38,060.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">5,426,519.</td> <td align="right">45,292.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-4,135,719.</td> <td align="right">-4,193,989.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">54,404,105.</td> <td align="right">56,180,357.</td> </tr> </tbody> </table>		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.							
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Part II Signature Block

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

Sign Here	Signature of officer JESSICA SHERRY, MANAGING DIR OF FIN/CONTROLLER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 03/22/18	Check if self-employed <input type="checkbox"/>	PTIN P00639053
	Firm's name ▶ RAFFA, P.C.	Firm's EIN ▶ 52-1511275			
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Phone no. (202) 822-5000		

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

COPY

Part III Statement of Program Service Accomplishments

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

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

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

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

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

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

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

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee counts, unrelated business income, foreign accounts, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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 - (202) 393-2925 1030 15TH STREET, NW, #1100W, WASHINGTON, DC 20005

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM H. SHORE FOUNDER, EXECUTIVE CHAIRMAN, DIR.	40.00	X		X				284,620.	0.	40,107.
(2) SID ABRAMS DIRECTOR	2.00	X						0.	0.	0.
(3) JAMES BAREUTHER DIRECTOR	1.00	X						0.	0.	0.
(4) JIM BERRIEN DIRECTOR	1.00	X						0.	0.	0.
(5) JUDYANN BIGBY DIRECTOR	1.00	X						0.	0.	0.
(6) NEIL BRAUN DIRECTOR	2.00	X						0.	0.	0.
(7) JONI DOOLIN DIRECTOR	1.00	X						0.	0.	0.
(8) WALLY DOOLIN DIRECTOR	3.00	X						0.	0.	0.
(9) NOAH GLASS DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL GORDON DIRECTOR	1.00	X						0.	0.	0.
(11) BOB GREENSTEIN DIRECTOR	1.00	X						0.	0.	0.
(12) ROZ MALLET DIRECTOR	2.00	X						0.	0.	0.
(13) MIKE MCCURRY DIRECTOR	1.00	X						0.	0.	0.
(14) DANNY MEYER DIRECTOR	1.00	X						0.	0.	0.
(15) MARY SUE MILLIKEN DIRECTOR	1.00	X						0.	0.	0.
(16) DONNA MOREA DIRECTOR	2.00	X						0.	0.	0.
(17) JEANNE NEWMAN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEN PELLETIER DIRECTOR (UNTIL 03/2017)	1.00	X					0.	0.	0.	
(19) MARK RODRIGUEZ DIRECTOR	2.00	X					0.	0.	0.	
(20) STEVE ROMANIELLO DIRECTOR	1.00	X					0.	0.	0.	
(21) SCOTT SCHOEN DIRECTOR (UNTIL 03/2017)	1.00	X					0.	0.	0.	
(22) DEBBIE SHORE CO-FOUNDER	40.00			X			214,035.	0.	14,131.	
(23) THOMAS NELSON PRESIDENT & CEO, SECRETARY	40.00			X			386,107.	0.	90,733.	
(24) JOHN GREEN CFO & COO (UNTIL 12/2016)	40.00			X			242,196.	0.	18,844.	
(25) JESSICA SHERRY MANAGING DIR OF FIN/CONTROLLER	40.00			X			125,376.	0.	9,791.	
(26) PETER KAYE CHIEF REVENUE & MARKETING OFFICER	40.00			X			267,370.	0.	21,998.	
1b Sub-total							1,519,704.	0.	195,604.	
c Total from continuation sheets to Part VII, Section A							1,181,589.	0.	107,490.	
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RTI INTERNATIONAL P.O. 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 -	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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	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	49564318.				
	g Noncash contributions included in lines 1a-1f: \$		1,143,412.				
	h Total. Add lines 1a-1f		60290994.				
Program Service Revenue	2 a CLASS FEES	Business Code 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.	
	6 a Gross rents	(i) Real	272,022.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	272,022.				
	d Net rental income or (loss)		272,022.			272,022.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	14,569.				
		(ii) Other					
		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.	
	8 a Gross income from fundraising events (not including \$ 6,901,556. of contributions reported on line 1c). See Part IV, line 18	a	2226391.				
		b Less: direct expenses	6916873.				
c Net income or (loss) from fundraising events			-4690482.			-4690482.	
9 a Gross income from gaming activities. See Part IV, line 19	a	84,399.					
	b Less: direct expenses	21,100.					
	c Net income or (loss) from gaming activities		63,299.			63,299.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a 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.			56180357.	38,060.	0.	-4148697.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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, lines 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 Sch 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 <input checked="" type="checkbox"/> X 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 X

		(A)		(B)	
		Beginning of year		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 instr). Complete Part II of Sch 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.			
	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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	17,490,149.	33	22,668,695.		
34 Total liabilities and net assets/fund balances	27,107,002.	34	31,857,505.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2016)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	44833246.	13854522.	51227491.	53054370.	60290994.	223260623
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	44833246.	13854522.	51227491.	53054370.	60290994.	223260623
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)						21848049.
6 Public support. Subtract line 5 from line 4.						201412574

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	44833246.	13854522.	51227491.	53054370.	60290994.	223260623
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.		1412793.
11 Total support. Add lines 7 through 10						225508478
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	89.31 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	89.53 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 in) ►	(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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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- explain in Part VI). 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. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. 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			

Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR 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.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,485,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,657,783.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,502,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,431,140.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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632041 11-10-16

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.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

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

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

Schedule D (Form 990) 2016

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 on 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 line 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 10c.)				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. (Col. (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. (Col. (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	
(2) DEFERRED RENT AND LEASEHOLD	
(3) INCENTIVES	3,641,600.
(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.

PART X, LINE 2:

SHARE OUR STRENGTH EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2017, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	6,916,873.
GAMING EVENT EXPENSES	21,100.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,937,973.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES 6,916,873.

GAMING EVENT EXPENSES 21,100.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,937,973.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NYCWFF (event type)	(event type)	NONE (total number)	
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))	
		1	Gross revenue			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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				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: CA, CT, DC, FL, IL, ME, MN, NY, OH

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: AGENCY 21 CONSULTING

(I) ADDRESS OF FUNDRAISER:

1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131

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

(I) ADDRESS OF FUNDRAISER:

1343 TERRELL MILL ROAD, SUITE 372, MARIETTA, GA 30067

Part IV Supplemental Information (continued)

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

(I) ADDRESS OF FUNDRAISER:

2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES

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

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

(I) ADDRESS OF FUNDRAISER:

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

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

(I) ADDRESS OF FUNDRAISER:

9713 SANTA MONICA BOULEVARD, SUITE 207, BEVERLY HILLS, CA 90210

(I) NAME OF FUNDRAISER: BOWIE CONSULTING, LLC (MICHAEL DOER)

(I) ADDRESS OF FUNDRAISER: 6513 KENSINGTON AVENUE, RICHMOND, VA 23226

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

(I) NAME OF FUNDRAISER: STOTT DEVELOPMENT SOLUTIONS GROUP

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

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

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

(I) ADDRESS OF FUNDRAISER:

Part IV Supplemental Information (continued)

2741 BRANDYWINE STREET, NW, WASHINGTON, DC 20008

Lined area for supplemental information.

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAYLOR UNIVERSITY ONE BEAR PLACE # 97060 WACO, TX 76798-7060	74-1159753	501(C)(3)	545,391.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; CHILDHOOD HUNGER PROGRAMS; SUMMER
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	496,319.	0.			CHILDHOOD HUNGER PROGRAMS
ARKANSAS HUNGER RELIEF ALLIANCE 1400 W. MARKHAM STREET, SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	364,268.	0.			NO KID HUNGRY STATE PARTNER GRANT
UNITED WAY OF KING COUNTY 720 2ND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	361,421.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
UNITED WAY FOR SOUTHEAST MICHIGAN 660 WOODWARD AVENUE, SUITE 300 DETROIT, MI 48226-1899	20-3099071	501(C)(3)	332,575.	0.			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.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS

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.**

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL GOVERNORS ASSOCIATION 444 NORTH CAPITOL ST, NW, #267 WASHINGTON, DC 20001	23-7391796	501(C)(3)	300,443.	0.			CHILDHOOD HUNGER PROGRAMS
FLORIDA IMPACT 1331 EAST LAFAYETTE STREET, STE. A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	284,156.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; CHILDHOOD HUNGER PROGRAMS
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BOULEVARD ATLANTA, GA 30318	58-1376648	501(C)(3)	283,689.	0.			CHILDHOOD HUNGER PROGRAMS
HUNGER TASK FORCE, INC. 201 S. HAWLEY COURT MILWAUKEE, WI 53214-1966	39-1345847	501(C)(3)	247,957.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
MONTANA DEPT. OF PUBLIC HEALTH AND HUMAN SERVICES - P.O. BOX 4210 - HELENA, MT 59604	81-0302402	N/A	237,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
THREE SQUARE FOOD BANK 4190 N. PECOS ROAD LAS VEGAS, NV 89115-0187	30-0396918	501(C)(3)	231,847.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 1700 MARTIN LUTHER KING JR. BOULEVARD., CB# 7426 - CHAPEL HILL, NC 27599-7426	56-6001393	501(C)(3)	220,119.	0.			NO KID HUNGRY STATE PARTNER GRANT
FAIRFAX COUNTY PUBLIC SCHOOL DISTRICT - 8115 GATEHOUSE ROAD - FALLS CHURCH, VA 22042	54-0805373	N/A	185,424.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109-2020	23-7417654	501(C)(3)	190,806.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH - 415 N WASHINGTON STREET, 4TH FLOOR - BALTIMORE, MD 21231	52-0595110	501(C)(3)	150,000.	0.			CHILDHOOD HUNGER PROGRAMS
CALIFORNIA FOOD POLICY ADVOCATES 438 14TH STREET, SUITE 1220 OAKLAND, CA 94612	94-3163142	501(C)(3)	117,917.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS
18 REASONS 3150 18TH STREET, BOX 315 SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	76,277.	0.			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.	0.			SUMMER MEALS PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 127 DILLON COURT - GRAY, TN 37615-3555	62-1303822	501(C)(3)	67,909.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC. - 639 WEST CENTRAL BOULEVARD - ORLANDO, FL 32801-2542	59-2814255	501(C)(3)	62,608.	0.			CHILDHOOD HUNGER PROGRAMS
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1420599	501(C)(3)	60,704.	0.			NO KID HUNGRY STATE PARTNER GRANT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE NORTH CHARLESTON, SC 29405	57-0751835	501(C)(3)	56,140.	0.			NO KID HUNGRY STATE PARTNER GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS FOR A HUNGER FREE OREGON 712 SE HAWTHORNE BLVD, SUITE 202 PORTLAND, OR 97214	20-4970868	501(C)(3)	53,000.	0.			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.	0.			NO KID HUNGRY STATE PARTNER GRANT
HUNGER FREE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501(C)(3)	50,718.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY, SUITE 680 OAKLAND, CA 94607	94-6000385	N/A	43,996.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	41,000.	0.			COOKING MATTERS PROGRAMMING; CHILDHOOD HUNGER PROGRAMS
OPERATION FOOD SEARCH 6282 OLIVE BOULEVARD ST. LOUIS, MO 63130	43-1241854	501(C)(3)	40,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FRIENDS OF WORLD FOOD PROGRAM INC. 1725 I STREET, NW, SUITE 510 WASHINGTON, DC 20006	13-3843435	501(C)(3)	40,000.	0.			INTERNATIONAL AID

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISONBURG CITY SCHOOL NUTRITION PROGRAM - 1 COURT SQUARE - HARRISONBURG, VA 22801	54-0885804	N/A	40,000.	0.			SUMMER MEALS PROGRAM SUPPORT
KENTUCKY ASSOCIATION OF FOOD BANKS P.O. BOX 1824 BERA, KY 40403	61-1398656	501(C)(3)	40,000.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS
PRAIRIE FAMILY CENTER 390 14TH STREET BURLINGTON, CO 80807	84-1355666	501(C)(3)	38,357.	0.			SUMMER MEALS PROGRAM SUPPORT
FEEDING INDIANA'S HUNGRY 8425 KEYSTONE CROSSING, SUITE 220A INDIANAPOLIS, IN 46240	20-3073635	501(C)(3)	37,689.	0.			NO KID HUNGRY STATE PARTNER GRANT
NEW HAMPSHIRE FOOD BANK 62 WEST BROOK STREET MANCHESTER, NH 03101	02-0222163	501(C)(3)	35,678.	0.			SUMMER MEALS PROGRAM SUPPORT
ARLINGTON FOOD ASSISTANCE CENTER 2708 S. NELSON STREET ARLINGTON, VA 22206	54-1473207	501(C)(3)	35,285.	0.			CHILDHOOD HUNGER PROGRAMS
URBAN SCHOOL ALLIANCE C/O NYC DOE SCHOOL SUPPORT 44-36 VERNON BLVD, ROOM 411 - LONG ISLAND CITY, N	46-5754490	501(C)(3)	35,000.	0.			CHILDHOOD HUNGER PROGRAMS
WORLD CENTRAL KITCHEN 1250 24TH STREET, NW, SUITE 300 WASHINGTON, DC 20037	27-3521132	501(C)(3)	35,000.	0.			INTERNATIONAL AID

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SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	35,000.	0.			INTERNATIONAL AID
SCHOOL NUTRITION ASSOCIATION 120 WATERFRONT STREET, SUITE 300 NATIONAL HARBOR, MD 20745	84-0445578	501(C)(4)	34,717.	0.			CHILDHOOD HUNGER PROGRAMS
PREBLE STREET P.O. BOX 1459 PORTLAND, ME 04104-1459	01-0418917	501(C)(3)	32,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
SECOND HARVEST FOOD BANK OF METROLINA - 500 B. SPRATT STREET - CHARLOTTE, NC 28206-2913	56-1352593	501(C)(3)	31,344.	0.			CHILDHOOD HUNGER PROGRAMS
CAPTAIN PLANET FOUNDATION 133 LUCKIE STREET, NW, 2ND FLOOR ATLANTA, GA 30303	58-1959421	501(C)(3)	30,562.	0.			CHILDHOOD HUNGER PROGRAMS
OUR HOUSE INC. P.O. BOX 34155 LITTLE ROCK, AR 72203	58-1743333	501(C)(3)	30,562.	0.			CHILDHOOD HUNGER PROGRAMS
NY COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	30,500.	0.			COOKING MATTERS PROGRAMMING
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY - 11870 MONARCH STREET - GARDEN GROVE, VA 92841-3902	95-2452787	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
SECOND HARVEST ORANGE COUNTY FOOD BANK - 8014 MARINE WAY - IRVINE, CA 92618	32-0362611	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS

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HEALTHMPOWERS INC. 250 SCIENTIFIC DRIVE, SUITE 500 NORCROSS, GA 30307	58-2524601	501(C)(3)	30,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COVER 3 FOUNDATION 400 E. SECOND AVENUE FRANKLIN, VA 23851	27-1957755	501(C)(3)	29,500.	0.			SUMMER MEALS PROGRAM SUPPORT
LOUDOUN CO PUBLIC SCHOOL DISTRICT 21000 EDUCATION COURT ASHBURN, VA 20148	54-6001395	N/A	29,030.	0.			CHILDHOOD HUNGER PROGRAMS
PROJECT OPEN HAND 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	501(C)(3)	28,350.	0.			CHILDHOOD HUNGER PROGRAMS
CARING COMMUNITIES, INC. 114 B EAST HIGH STREET JEFFERSON CITY, MO 65101	49-9686506	501(C)(3)	28,337.	0.			SUMMER MEALS PROGRAM SUPPORT
OREGON FOOD BANK P.O. BOX 55370 PORTLAND, OR 97238-5370	93-0785786	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
HENRY COUNTY SCHOOL DISTRICT P.O. BOX 8958 COLLINSVILLE, VA 24078	54-1208368	N/A	25,000.	0.			SUMMER MEALS PROGRAM SUPPORT
THE STOREHOUSE NEW MEXICO 106 BROADWAY BOULEVARD, SE ALBUQUERQUE, NM 87102-3423	35-2511614	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
AURORA PROJECT, INC. 1035 NORTH SUPERIOR STREET TOLEDO, OH 43604-1960	34-1517827	501(C)(3)	23,426.	0.			CHILDHOOD HUNGER PROGRAMS

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TOLEDO DAY NURSERY 2211 JEFFERSON AVENUE TOLEDO, OH 43604	34-4465880	501(C)(3)	22,407.	0.			CHILDHOOD HUNGER PROGRAMS
HELENA SCHOOL DISTRICT #1 55 SOUTH RODNEY HELENA, MT 59601-5763	81-6000557	N/A	22,100.	0.			CHILDHOOD HUNGER PROGRAMS
412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	22,000.	0.			COOKING MATTERS PROGRAMMING
GOOD SHEPHERD FOOD BANK 111 PINE TREE PARKWAY PORTLAND, ME 04102	22-2988609	501(C)(3)	21,900.	0.			COOKING MATTERS PROGRAMMING
ALL FAITHS FOOD BANK, INC. 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	21,665.	0.			COOKING MATTERS PROGRAMMING
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN - 2131 BEAUFAIT STREET - DETROIT, MI 48207	38-2156255	501(C)(3)	21,397.	0.			COOKING MATTERS PROGRAMMING
CHILD CARE RESOURCES INC. 203 HULL STREET, SUITE A RICHMOND, VA 23224	54-1647608	501(C)(3)	21,294.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS
JACKSONVILLE NORTH PULASKI SCHOOL DIST. - 1414 WEST MAIN - JACKSONVILLE, FL 72076	54-6001542	N/A	20,020.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058-1502	95-3135649	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
DC HUNGER SOLUTIONS 1875 CONNECTICUT AVENUE, NW, #540 WASHINGTON, DC 20009-5738	23-7200739	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
ALLIANCE TO END HUNGER 425 3RD STREET, SW, SUITE 1200 WASHINGTON, DC 20024	20-2803848	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
BUILD HEALTH INTERNATIONAL 100 CUMMINGS CENTER SUITE 120H BEVERLY, MA 01915	46-4300024	501(C)(3)	20,000.	0.			INTERNATIONAL AID
GRAND RAPIDS PUBLIC SCHOOL DISTRICT - P.O. BOX 117 - GRAND RAPIDS, MI 49501	38-6002019	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GREATER BATON ROUGE FOOD BANK 10600 SOUTH CHOCTAW DRIVE BATON ROUGE, LA 70815-1826	72-1065318	501(C)(3)	20,000.	0.			DISASTER RELIEF GRANT
MICHIGAN STATE UNIVERSITY EXTENSION - 426 AUDITORIUM ROAD - LANSING, MI 48824	38-6005984	501(C)(3)	20,000.	0.			COOKING MATTERS PROGRAMMING
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	23-7069110	501(C)(3)	20,000.	0.			INTERNATIONAL AID
TANNER MEDICAL CENTER, INC. 303 AMBULANCE DRIVE CARROLLTON, GA 30117	58-1790149	501(C)(3)	20,000.	0.			COOKING MATTERS PROGRAMMING

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HAMPTON CITY SCHOOL DISTRICT 1 FRANKLIN STREET, FLOOR 2 HAMPTON, VA 23669	54-6001338	N/A	19,150.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY CULINARY SCHOOL OF CHARLOTTE - 2401-A DISTRIBUTION STREET - CHARLOTTE, NC 28203-5025	56-2051086	501(C)(3)	18,806.	0.			CHILDHOOD HUNGER PROGRAMS
JANNUS, INC. 1607 WEST JEFFERSON STREET BOISE, ID 83702	81-6035382	501(C)(3)	18,245.	0.			COOKING MATTERS PROGRAMMING
WEST SIDE CENTER FOR COMMUNITY LIFE/WEST SIDE CAMPAIGN AGAIN - 263 WEST 86TH STREET - NEW YORK, NY 10024	71-0908184	501(C)(3)	18,000.	0.			COOKING MATTERS PROGRAMMING
STAUNTON CITY SCHOOL DISTRICT 116 WEST BEVERLY STREET STAUNTON, VA 24401	54-0720688	N/A	17,300.	0.			CHILDHOOD HUNGER PROGRAMS
SPOTSYLVANIA SCHOOL DISTRICT 8020 RIVER STONE ROAD FREDERICKSBURG, VA 22407	54-6001624	N/A	17,157.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
UNIVERSITY OF MINNESOTA EXTENSION 1420 ECKLES AVENUE SAINT PAUL, MN 55108	41-6042488	501(C)(3)	17,105.	0.			CHILDHOOD HUNGER PROGRAMS
LOCAL MATTERS 731 E. BROAD STREET 3RD FLOOR COLUMBUS, OH 43205	06-1819644	501(C)(3)	17,000.	0.			COOKING MATTERS PROGRAMMING
SELF HELP ENTERPRISES P.O. BOX 6520 VISALIA, CA 93290	94-1592676	501(C)(3)	16,668.	0.			SUMMER MEALS PROGRAM SUPPORT

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EAST BATON ROUGE PARISH SCHOOL DISTRICT - 3000 NORTH SHERWOOD FOREST DRIVE - BATON ROUGE, LA 70814	72-6000353	N/A	16,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GILES CO SCHOOL DISTRICT 151 SCHOOL ROAD PEARISBURG, VA 24134	54-6001307	N/A	16,375.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PULASKI CO SCHOOL DISTRICT 202 NORTH WASHINGTON AVENUE PULASKI, VA 24301	54-6001542	N/A	15,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GEORGIA BUDGET & POLICY INSTITUTE 100 EDGEWOOD AVENUE, SUITE 950 ATLANTA, GA 30303-3066	55-0860376	501(C)(3)	15,281.	0.			CHILDHOOD HUNGER PROGRAMS
OPEN HAND ATLANTA, INC. 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	501(C)(3)	15,281.	0.			CHILDHOOD HUNGER PROGRAMS
GEORGIA CITIZENS COALITION ON HUNGER - 9 GAMMON AVENUE, SW - ATLANTA, GA 30315-2711	23-7422289	501(C)(3)	15,281.	0.			CHILDHOOD HUNGER PROGRAMS
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO, OH 43615-2803	34-1350559	501(C)(3)	15,278.	0.			CHILDHOOD HUNGER PROGRAMS
CAPITAL AREA FOOD BANK 645 TAYLOR STREET, NE WASHINGTON, DC 20017-2063	52-1167581	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT - 801 SOUTH 16TH STREET - COUNCIL BLUFFS, IA 51501	42-6001281	N/A	15,000.	0.			CHILDHOOD HUNGER PROGRAMS

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FRESNO METRO MINISTRY 4270 NORTH BLACKSTONE AVE, #212 FRESNO, CA 93726	94-2181848	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
TALLAHATCHIE GENERAL HOSPITAL MEDICAL FOUNDATION - 201 S. MARKET STREET - CHARLESTON, MS 38921	45-1284016	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
SOUTH CONWAY SCHOOL DISTRICT 100 BARAMORE STREET MORRILTON, AR 72110	71-0536414	N/A	14,555.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTHERN NEW HAMPSHIRE SERVICES P.O. BOX 5040 MANCHESTER, NH 03108	02-0268285	501(C)(3)	13,995.	0.			CHILDHOOD HUNGER PROGRAMS
COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY - P.O. BOX 160 - DOVER, NH 03821-0160	02-0268636	501(C)(3)	13,995.	0.			CHILDHOOD HUNGER PROGRAMS
HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	13,950.	0.			CHILDHOOD HUNGER PROGRAMS
RUSSELLVILLE SCHOOL DISTRICT P.O. BOX 928 RUSSELLVILLE, AR 72811	71-6020690	N/A	13,570.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FREDERICKSBURG PUBLIC SCHOOL DISTRICT - 2300 WASHINGTON AVENUE - FREDERICKSBURG, MD 22401	54-6001296	N/A	12,500.	0.			SUMMER MEALS PROGRAM SUPPORT
YWCA ADAMS COUNTY 604 NORTH ST. JOSEPH AVENUE HASTINGS, NE 68901	47-0386539	501(C)(3)	12,500.	0.			COOKING MATTERS PROGRAMMING

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YMCA OF GREATER OKLAHOMA CITY 500 N. BROADWAY, SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	12,400.	0.			CHILDHOOD HUNGER PROGRAMS
CHICKASAW NATION 520 EAST ARLINGTON, BOX 1548 ADA, OK 74821	73-1374986	501(C)(3)	12,400.	0.			SUMMER MEALS PROGRAM SUPPORT
EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD, ROOM 2906 GREENVILLE, NC 27858	56-6000403	501(C)(3)	12,100.	0.			CHILDHOOD HUNGER PROGRAMS
KEWANEE COMMUNITY UNIT SCHOOL DISTRICT 229 - 210 LYLE STREET - KEWANEE, IL 61443-2951	36-6004649	N/A	11,250.	0.			CHILDHOOD HUNGER PROGRAMS
COMMUNITY KITCHEN OF MONROE COUNTY, INC. - P.O. BOX 3286 - BLOOMINGTON, IN 47402	31-1101408	501(C)(3)	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
GARRETT CO PUBLIC SCHOOLS 40 SOUTH 2ND STREET OAKLAND, MD 21550	52-6000952	N/A	10,964.	0.			CHILDHOOD HUNGER PROGRAMS
ISLE OF WIGHT SCHOOL DISTRICT 820 WEST MAIN STREET SMITHFIELD, VA 23430	54-6001363	N/A	10,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GREENSVILLE COUNTY SCHOOL DISTRICT 105 RUFFIN STREET EMPORIA, VA 23847	54-6001326	N/A	10,500.	0.			CHILDHOOD HUNGER PROGRAMS
COMMUNITY HEALTH NETWORK OF CT FOUNDATION - 11 FAIRFIELD BOULEVARD - WALLINGFORD, CT 06492	20-0395748	501(C)(3)	10,401.	0.			CHILDHOOD HUNGER PROGRAMS

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FOODSHARE INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002-1342	22-2474771	501(C)(3)	10,401.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS
TOLEDO NORTHWESTERN OHIO FOOD BANK 24 EAST WOODRUFF AVENUE TOLEDO, OH 43604-5263	34-1441016	501(C)(3)	10,185.	0.			CHILDHOOD HUNGER PROGRAMS
EVERTHRIVE ILLINOIS 1256 W. CHICAGO AVENUE CHICAGO, IL 60642	36-3651051	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
PROJECT BREAD/WALK FOR HUNGER 145 BORDER STREET EAST BOSTON, MA 02128-1903	04-2931195	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
GREATER PHILADELPHIA COALITION AGAINST HUNGER - 1725 FAIRMONT AVENUE, #102 - PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
MARY'S CENTER MATERNAL AND CHILD CARE - 2333 ONTARIO ROAD, NW - WASHINGTON, DC 20009	52-1594116	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
HUNGER FREE AMERICA 50 BROAD STREET, SUITE 1103 NEW YORK, NY 10004	13-3471350	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS

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EBLEN CHARITIES 50 WESTGATE PARKWAY ASHEVILLE, NC 28806	56-1758077	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - 721 NORTH LASALLE STREET - CHICAGO, IL 60654	36-2170821	501(C)(3)	10,000.	0.			COOKING MATTERS PROGRAMMING
HALIFAX CO PUBLIC SCHOOLS P.O. BOX 1849 HALIFAX, VA 24558	54-6001335	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ANTELOPE VALLEY PARTNERS FOR HEALTH - 44226 10TH STREET WEST - LANCASTER, CA 93534	47-0957404	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
CHILDREN'S HEALTH FUND P.O. BOX 572 NEW YORK, NY 10030	13-3468427	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
FOOD BANK OF IOWA P.O. BOX 1517 DES MOINES, IA 50305	42-1177880	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
INDIANA ALLIANCE OF BOYS & GIRLS CLUBS - 1590 NORTH SEXTON STREET - RUSHVILLE, IN 46173	35-0888754	501(C)(3)	10,000.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
TANGIPAHOA PARISH GOVERNMENT 206 EAST MULBERRY STREET AMITE, LA 70422	72-6001371	N/A	10,000.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS

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Y2Y HARVARD SQUARE 1 NORTH HARVARD YARD CAMBRIDGE, MA 02138	04-6046123	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
PRAIRIE HILLS ELEMENTARY SCHOOL DISTRICT 144 - 3701 168TH STREET - COUNTRY CLUB HILLS, IL 60478	36-6004359	N/A	9,950.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL - 3800 RESERVOIR ROAD, NW - WASHINGTON, DC 20007	52-2218584	501(C)(3)	9,900.	0.			CHILDHOOD HUNGER PROGRAMS
WAUKEGAN COMMUNITY UNIFIED SCHOOL DISTRICT 60 - 520 HELMHOLZ AVENUE - WAUKEGAN, IL 60085	36-2703832	N/A	9,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NEW ORLEANS RECREATION DEVELOPMENT FOUNDATION - P.O. BOX 791509 - NEW ORLEANS, LA 70179	27-4513946	501(C)(3)	9,500.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, MO 19713-3450	51-0258984	501(C)(3)	9,000.	0.			SUMMER MEALS PROGRAM SUPPORT
J STERLING MORTON HIGH SCHOOL DISTRICT 201 - 1801 SOUTH 55TH AVENUE - CICERO, MA 60804	36-6004392	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
END HUNGER CONNECTICUT! 102 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	8,915.	0.			CHILDHOOD HUNGER PROGRAMS
MANASSAS CITY SCHOOL DISTRICT P.O. BOX 520 MANASSAS, VA 20108	54-1207347	N/A	8,914.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNCHBURG CITY SCHOOL DISTRICT P.O. BOX 2497 LYNCHBURG, VA 24505	54-1385200	N/A	8,861.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST. VINCENT DE PAUL 604 2ND STREET CLARKSTOWN, WA 99403	27-3146614	501(C)(3)	8,750.	0.			SUMMER MEALS PROGRAM SUPPORT
FOOTPRINTS FOOD PANTRY P.O. BOX 246 KITTEERY, ME 03904-0246	22-3149937	501(C)(3)	8,233.	0.			CHILDHOOD HUNGER PROGRAMS
RUSSELL CO SCHOOL DISTRICT 105 CHARLES C. LONG DRIVE LEBANON, VA 24266	54-6001591	N/A	8,200.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
BUFFALO ISLAND CENTRAL SCHOOL DISTRICT 40 - P.O. BOX 730 - MONETTE, AR 72447	71-0598044	N/A	8,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN STREET, SUITE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	8,000.	0.			CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 219 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	52-6002052	501(C)(3)	8,000.	0.			COOKING MATTERS PROGRAMMING
CITY OF HYATTSVILLE 4310 GALLATIN STREET HYATTSVILLE, MD 20781	52-6000797	501(C)(3)	8,000.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MINNEAPOLIS COUNCIL OF CHURCHES - 1001 EAST LAKE STREET - MINNEAPOLIS, MN 55407-1616	41-0693933	501(C)(3)	7,982.	0.			CHILDHOOD HUNGER PROGRAMS
CHILDREN OF SHELTERS 2269 CHESTNUT STREET, SUITE 439 SAN FRANCISCO, CA 94123-2600	94-3192608	501(C)(3)	7,787.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501(C)(3)	7,500.	0.			SUMMER MEALS PROGRAM SUPPORT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-6000746	N/A	7,450.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ROANOKE CITY SCHOOL DISTRICT P.O. BOX 13145 ROANOKE, VA 24031	54-6001570	N/A	7,400.	0.			CHILDHOOD HUNGER PROGRAMS
FRESH FOOD FACTOR 4152 CANAL STREET NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	7,300.	0.			SUMMER MEALS PROGRAM SUPPORT
NORFOLK PUBLIC SCHOOLS 974 BELLMORE AVENUE NORFOLK, VA 23504	54-6001460	N/A	7,220.	0.			CHILDHOOD HUNGER PROGRAMS
BUENA VISTA CITY PUBLIC SCHOOL DISTRICT - 100 BRADFORD DRIVE - BUENA VISTA, VA 24416	54-6001180	N/A	7,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY SCHOOL FOOD COLLABORATIVE 727 CARONDELET STREET NEW ORLEANS, LA 70130	47-3360048	501(C)(3)	6,509.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AT THE CORE 4903 E. PEONE PINES DRIVE MEAD, WA 99201	46-2937061	501(C)(3)	6,500.	0.			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.	0.			CHILDHOOD HUNGER PROGRAMS
GRAVETTE SCHOOLS DISTRICT 20 609 BIRMINGHAM STREET, SE GRAVETTE, AR 72736	71-6021336	N/A	6,300.	0.			CHILDHOOD HUNGER PROGRAMS
SOMERSET CO PUBLIC SCHOOL DISTRICT 7982A TAWES CAMPUS DRIVE WESTOVER, MD 21871	52-6001022	N/A	6,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
OHIO ASSOCIATION OF SECOND HARVEST FOOD BANKS - 51 NORTH HIGH STREET, #761 - COLUMBUS, OH 43215-3151	34-1677838	501(C)(3)	6,111.	0.			CHILDHOOD HUNGER PROGRAMS
WILLIAM A. HUNTON YMCA 1139 EAST CHARLOTTE STREET NORFOLK, VA 23504	54-0663046	501(C)(3)	6,000.	0.			COOKING MATTERS PROGRAMMING
KIDS MEALS INC. 205 WEST CROSSTIMBERS STREET HOUSTON, TX 77018-5631	76-0330447	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRANCE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDY HUNGER NETWORK 9080 DEWBERRY COURT INDIANAPOLIS, IN 46260-1527	45-4833492	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
LODGE GRASS SCHOOL DISTRICT 27 & 2 P.O. BOX 810 LODGE GRASS, MT 59050	81-6000034	N/A	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
MY REDEEMER MISSIONARY BAPTIST CHURCH - 2829 WASHINGTON AVENUE - NEW ORLEANS, LA 70113	72-0970801	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT
YORK COUNTY SCHOOL DISTRICT 403 GRAFTON DRIVE YORKTOWN, VA 23692	54-6001696	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CORNELL COOPERATIVE EXTENSION IN TOMPKINS - 615 WILLOW AVENUE - ITHACA, NY 14850	16-6072897	501(C)(3)	5,925.	0.			CHILDHOOD HUNGER PROGRAMS
LEE CO SCHOOL DISTRICT 153 SCHOOL BOARD PLACE JONESVILLE, VA 24263	54-6001389	N/A	5,600.	0.			CHILDHOOD HUNGER PROGRAMS
GREENBRIER SCHOOL DISTRICT 4 SCHOOL DRIVE GREENBRIER, AR 72058	71-6020570	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
UNH FOUNDATION 51 COLLEGE ROAD, 2ND FL., ROOM 111 DURHAM, NH 03824-2334	02-0437506	501(C)(3)	5,347.	0.			CHILDHOOD HUNGER PROGRAMS
WYOMING DEPARTMENT OF EDUCATION 2300 CAPITOL AVENUE CHEYENNE, WY 82002	83-0208667	N/A	5,300.	0.			SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501(C)(3)	5,200.	0.			SUMMER MEALS PROGRAM SUPPORT
STAR CITY SCHOOL DISTRICT 11 400 EAST ARKANSAS STREET STAR CITY, AR 71667	71-6020906	N/A	5,155.	0.			SUMMER MEALS PROGRAM SUPPORT
QUEEN ANNE'S COUNTY SCHOOLS 631 MAIN STREET CHURCH HILL, MD 21623	52-6001005	N/A	5,154.	0.			SUMMER MEALS PROGRAM SUPPORT
ORANGE COUNTY SCHOOL DISTRICT 200 DAILEY DRIVE ORANGE, VA 22960	54-6001489	501(C)(3)	5,150.	0.			CHILDHOOD HUNGER PROGRAMS

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

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

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

PART I, LINE 2:

ORGANIZATIONS 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.

Part IV Supplemental Information

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BAYLOR UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; CHILDHOOD HUNGER PROGRAMS; SUMMER MEALS PROGRAM SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM H. SHORE FOUNDER, EXECUTIVE CHAIRMAN, DIR.	(i)	268,308.	16,312.	0.	4,147.	35,960.	324,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBBIE SHORE CO-FOUNDER	(i)	202,150.	11,885.	0.	3,002.	11,129.	228,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS 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.
(4) JOHN 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.
(5) PETER 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.
(6) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	(i)	228,739.	14,147.	0.	0.	17,960.	260,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANA 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.
(8) CLAY 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.
(9) DUKE 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.
(10) JILL 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.
(11) SERENA 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.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

BEGINNING IN JANUARY 2017, A HOUSING ALLOWANCE OF \$3,000 PER MONTH IS PROVIDED TO WILLIAM H. SHORE, FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD DIRECTOR.

PART I, LINE 4B:

THOMAS NELSON, PRESIDENT, RECEIVED A CONTRIBUTION OF \$57,000 TO HIS 457(F) RETIREMENT PLAN.

PART I, LINE 5:

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

PART I, LINE 6:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

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

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

THE NO KID HUNGRY AND COOKING MATTERS CAMPAIGNS.

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

YEAR, WE'RE THERE FOR KIDS WITHOUT ENOUGH FOOD AT HOME.

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

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

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

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

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

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

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

A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT DIRECTORS REVIEWS MARKET

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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DATA ANNUALLY, FOR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB FUNCTIONS AND RECOMMENDS THE FOUNDER & EXECUTIVE CHAIRMAN'S COMPENSATION TO THE FULL BOARD OF DIRECTORS FOR APPROVAL IN EXECUTIVE SESSION WITHOUT THE FOUNDER & EXECUTIVE CHAIRMAN PRESENT. IN-DEPTH MARKET SURVEYS ARE EXECUTED EVERY THREE YEARS USING AN OUTSIDE CONSULTANT, AND THE MOST RECENT STUDY WAS CONDUCTED IN 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 OTHER OFFICERS IN CONSULTATION WITH THE COMPENSATION COMMITTEE, USING THE SAME MARKET DATA DEVELOPED AND USED TO EVALUATE THE COMPENSATION FOR THE FOUNDER & EXECUTIVE CHAIRMAN.

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

FORM 990, PART VI, SECTION C, LINE 19:
SHARE OUR STRENGTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA EMAIL OR US MAIL.

FORM 990, PART IX
SHARE OUR STRENGTH IS A CO-BENEFICIARY ALONG WITH THE FOOD BANK FOR NEW YORK CITY OF THE NET PROCEEDS RAISED BY THE NEW YORK CITY WINE & FOOD FESTIVAL (NYCWFF). THIS IS A FOUR-DAY EVENT HELD IN OCTOBER EACH YEAR AND IS DIRECTED BY SOUTHERN GLAZER'S WINE AND SPIRITS, LLC. SHARE OUR

Name of the organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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STRENGTH'S ROLE IS TO PROVIDE CONTRACT REVIEW, FINANCIAL REPORTING AND ACCOUNTING SUPPORT. THE ORGANIZATION CONSOLIDATES THE FESTIVAL'S ENTIRE FINANCIALS WITHIN SHARE OUR STRENGTH. THE PRESENTATION OF SHARE OUR STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION AND BUSINESS MODEL IS MOST ACCURATELY REFLECTED WITH NYCWFF COSTS EXCLUDED.

FORM 990, PART IX, LINE 26

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

**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
SHARE OUR STRENGTH ENTERPRISES, LLC - 51-0597759, 1730 M STREET, NW, SUITE 700, WASHINGTON, DC 20036	NON-OPERATING HOLDING COMPANY	DELAWARE			SHARE OUR STRENGTH, INC.
SHARE OUR STRENGTH HOLDINGS, LLC 1730 M STREET, NW, SUITE 700 WASHINGTON, DC 20036	NON-OPERATING HOLDING COMPANY	DELAWARE			SHARE OUR STRENGTH, INC.

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

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

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY WEALTH PARTNERS, INC. - 52-2025260 1825 K STREET, NW, SUITE 1000 WASHINGTON, DC 20006	CONSULTING	DC	SHARE OUR STRENGTH, INC.	C CORP	0.	1,886,292.	100%	X	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY WEALTH PARTNERS, INC.	Q	337,422.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.