

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization  
SHARE OUR STRENGTH

Doing business as

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

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

**D** Employer identification number  
52-1367538

**E** Telephone number  
(202) 393-2925

**G** Gross receipts \$ 85,928,719

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

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

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.SHAREOURSTRENGTH.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1984

**M** State of legal domicile DC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
TO END HUNGER AND POVERTY IN THE UNITED STATES AND ABROAD, WITH A PRIORITY ON ENDING CHILDHOOD HUNGER IN AMERICA

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

|  |       |
|--|-------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 18    |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 17    |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | 340   |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 3,000 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0     |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | 0     |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 68,847,785 | 78,465,005   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 176,640    | 182,685      |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 290,305    | 279,057      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -2,900,948 | -3,923,391   |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 66,413,782 | 75,003,356   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 10,924,850 | 12,122,373   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 24,025,124 | 26,101,309   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 1,263,482  | 2,341,718    |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,245,453             |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 21,385,507 | 24,837,255   |
| <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          | 57,598,963 | 65,402,655   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 8,814,819  | 9,600,701    |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 42,073,384                | 54,496,283  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 10,663,406                | 13,235,151  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 31,409,978                | 41,261,132  |

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\* Date: 2020-03-30  
JESSICA SHERRY SENIOR VP, CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-03-29  
Check  if self-employed PTIN: P01365820  
Firm's name: ▶ MARCUM LLP Firm's EIN: ▶ 11-1986323  
Firm's address: ▶ 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036 Phone no: (202) 227-4000

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SHARE OUR STRENGTH WAS FOUNDED WITH THE BELIEF THAT EVERYONE HAS A STRENGTH TO SHARE IN THE GLOBAL FIGHT AGAINST HUNGER AND POVERTY, AND THAT IN THESE SHARED STRENGTHS LIE SUSTAINABLE SOLUTIONS TODAY WE FOCUS THESE STRENGTHS ON ENDING CHILDHOOD HUNGER THROUGH OUR CAMPAIGNS, LIKE NO KID HUNGRY, WHICH WILL END CHILDHOOD HUNGER IN THE UNITED STATES, AND COOKING MATTERS, WHICH INSPIRES FAMILIES TO MAKE HEALTHY, AFFORDABLE FOOD CHOICES

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 34,816,114 including grants of \$ 11,531,739 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 10,221,053 including grants of \$ 590,634 ) (Revenue \$ 26,085 )  
See Additional Data

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

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

**4e Total program service expenses** ▶ 45,037,167

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|           |  | Yes | No  |
|-----------|--|-----|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | 1a  | 390 |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | 1b  | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes |

|  |            |     |            |     |
|--|------------|-----|------------|-----|
| <p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>   | <b>2a</b>  | 340 |            |     |
| <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br/> <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>   |            |     | <b>2b</b>  | Yes |
| <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>   |            |     | <b>3a</b>  | No  |
| <p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>  |            |     | <b>3b</b>  |     |
| <p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>                              |            |     | <b>4a</b>  | No  |
| <p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br/>                 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> |            |     |            |     |
| <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>   |            |     | <b>5a</b>  | No  |
| <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>   |            |     | <b>5b</b>  | No  |
| <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>   |            |     | <b>5c</b>  |     |
| <p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>   |            |     | <b>6a</b>  | No  |
| <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>  |            |     | <b>6b</b>  |     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |            |     |            |     |
| <p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>  |            |     | <b>7a</b>  | Yes |
| <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>  |            |     | <b>7b</b>  | Yes |
| <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>   |            |     | <b>7c</b>  | No  |
| <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>  | <b>7d</b>  |     |            |     |
| <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>  |            |     | <b>7e</b>  | No  |
| <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>   |            |     | <b>7f</b>  | No  |
| <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>   |            |     | <b>7g</b>  |     |
| <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>   |            |     | <b>7h</b>  |     |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b>   |            |     |            |     |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>   |            |     | <b>8</b>   |     |
| <p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>  |            |     | <b>9a</b>  |     |
| <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>  |            |     | <b>9b</b>  |     |
| <b>10 Section 501(c)(7) organizations.</b> Enter   |            |     |            |     |
| <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>   | <b>10a</b> |     |            |     |
| <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>  | <b>10b</b> |     |            |     |
| <b>11 Section 501(c)(12) organizations.</b> Enter  |            |     |            |     |
| <p><b>a</b> Gross income from members or shareholders . . . . .</p>  | <b>11a</b> |     |            |     |
| <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>   | <b>11b</b> |     |            |     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |            |     |            |     |
| <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>  | <b>12b</b> |     |            |     |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |     |            |     |
| <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br/> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>  |            |     | <b>13a</b> |     |
| <p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>  | <b>13b</b> |     |            |     |
| <p><b>c</b> Enter the amount of reserves on hand . . . . .</p>   | <b>13c</b> |     |            |     |
| <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>   |            |     | <b>14a</b> | No  |
| <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>  |            |     | <b>14b</b> |     |
| <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>  |            |     | <b>15</b>  | No  |
| <p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>  |            |     | <b>16</b>  | No  |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [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 1030 15TH STREET NW 1100W WASHINGTON, DC 20005 (202) 393-2925

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

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

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

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

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

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

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

| (A)<br>Name and Title     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                           |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| See Additional Data Table |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and Title     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                           |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| See Additional Data Table |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |

|   |  |           |           |
|---|--|-----------|-----------|
| <b>1b Sub-Total</b> . . . . .   |  |           |           |
| <b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |           |           |
| <b>1d Total (add lines 1b and 1c)</b> . . . . .                           |  | 4,165,335 | 0 430,636 |

**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 ► 54

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services           | (C)<br>Compensation |
|--|--|---------------------|
| CONCORD LITHO GROUP<br>CONCORD DIRECT<br>92 OLD TURNPIKE ROAD<br>CONCORD, NH 03301 | DIRECT MAIL & DIGITAL/ONLINE FUND        | 861,631             |
| SHOWTIME ON THE PIERS LLC<br>711 12TH AVENUE<br>NEW YORK, NY 10019                 | NEW YORK CITY WINE AND FOOD FESTIVAL - U | 762,500             |
| CORNUCOPIA INC DBA BOND EVENTS<br>7510 HAMILTON SPRING ROAD<br>BETHESDA, MD 20817  | EVENT MGMT & PRODUCTION SERVICES         | 644,953             |
| APPCO GROUP US INC<br>315 WEST 36TH STREET 10TH FLOOR<br>NEW YORK, NY 10018        | FACE-TO-FACE FUNDRAISING                 | 481,584             |
| RTI INTERNATIONAL<br>PO BOX 900002<br>RALEIGH, NC 27675                            | EXTERNAL PROGRAM EVAL CONSULTING         | 435,555             |

**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 ► 50



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . .   | <b>1c</b>            | 5,565,200  |   |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 5,084,462  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 67,815,343   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f \$                             |                      | 1,224,424  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 78,465,005   |   |  |

| <b>Program Service Revenue</b> |  |  | Business Code |         |        |  |         |
|--------------------------------|--|--|---------------|---------|--------|--|---------|
|                                | <b>2a</b> EXHIBITOR FEES                   |  | 900099        | 156,600 |        |  | 156,600 |
|                                | <b>b</b> CLASS FEES                        |  | 900099        | 25,410  | 25,410 |  |         |
|                                | <b>c</b> HONORARIA                         |  | 900099        | 675     | 675    |  |         |
|                                | <b>d</b> _____                             |  |               |         |        |  |         |
|                                | <b>e</b> _____                             |  |               |         |        |  |         |
|                                | <b>f</b> All other program service revenue |  |               |         |        |  |         |
|                                | <b>g Total.</b> Add lines 2a-2f . . . . .  |  |               | 182,685 |        |  |         |

|  |   |                |               |         |  |            |         |
|--|---|----------------|---------------|---------|--|------------|---------|
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |                | 265,689       |         |  | 265,689    |         |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |                |               |         |  |            |         |
|  | <b>5</b> Royalties . . . . .  |                | 1,797         |         |  | 1,797      |         |
|  | <b>6a</b> Gross rents   | (i) Real       | (ii) Personal |         |  |            |         |
|  |   | 285,699        |               |         |  |            |         |
|  | <b>b</b> Less rental expenses   | 0              |               |         |  |            |         |
|  | <b>c</b> Rental income or (loss)  | 285,699        |               |         |  |            |         |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                |               | 285,699 |  |            | 285,699 |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities | (ii) Other    |         |  |            |         |
|  |   | 3,822,157      |               |         |  |            |         |
|  | <b>b</b> Less cost or other basis and sales expenses  | 3,808,789      |               |         |  |            |         |
|  | <b>c</b> Gain or (loss)   | 13,368         |               |         |  |            |         |
|  | <b>d</b> Net gain or (loss) . . . . .   |                |               | 13,368  |  |            | 13,368  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ 5,565,200 of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>       | 3,577,157     |         |  |            |         |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>       | 7,077,928     |         |  |            |         |
| <b>c</b> Net income or (loss) from fundraising events . . . . .              |   |                | -3,500,771    |         |  | -3,500,771 |         |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  | 154,585        |               |         |  |            |         |
| <b>b</b> Less direct expenses . . . . .                                      | <b>b</b>  | 38,646         |               |         |  |            |         |
| <b>c</b> Net income or (loss) from gaming activities . . . . .               |   |                | 115,939       |         |  | 115,939    |         |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>  |                |               |         |  |            |         |
| <b>b</b> Less cost of goods sold . . . . .                                   | <b>b</b>  |                |               |         |  |            |         |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .              |   |                |               |         |  |            |         |
| Miscellaneous Revenue  | Business Code   |                |               |         |  |            |         |
| <b>11a</b> INTERCOMPANY REVENUE  | 900099  | 42,491         |               |         |  | 42,491     |         |
| <b>b</b> REFUNDS   | 900099  | 12,769         |               |         |  | 12,769     |         |
| <b>c</b> OTHER EVENT REV   | 900099  | 6,165          |               |         |  | 6,165      |         |
| <b>d</b> All other revenue . . . . .   |   | -887,480       |               |         |  | -887,480   |         |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                  |   |                | -826,055      |         |  |            |         |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   | 75,003,356     | 26,085        | 0       |  | -3,487,734 |         |

**Part IX Statement of Functional Expenses**

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

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

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   | 12,015,373            | 12,015,373                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  | 107,000               | 107,000                         |  |                             |
| <b>4</b> Benefits paid to or for members.  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.   | 4,050,030             | 2,120,860                       | 863,371                                | 1,065,799                   |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages.   | 17,908,978            | 11,596,238                      | 1,690,826                              | 4,621,914                   |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).  | 571,634               | 379,976                         | 46,115                                 | 145,543                     |
| <b>9</b> Other employee benefits.  | 2,056,302             | 1,327,795                       | 204,818                                | 523,689                     |
| <b>10</b> Payroll taxes.   | 1,514,365             | 965,212                         | 168,133                                | 381,020                     |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management.   |                       |                                 |  |                             |
| <b>b</b> Legal.  | 25,502                | 952                             | 24,550                                 |                             |
| <b>c</b> Accounting.   | 62,600                |                                 | 62,600                                 |                             |
| <b>d</b> Lobbying.   | 330,850               | 330,850                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 2,341,718             |                                 |  | 2,341,718                   |
| <b>f</b> Investment management fees.   | 41,426                |                                 | 41,426                                 |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   | 5,676,406             | 5,084,575                       | 591,831                                |                             |
| <b>12</b> Advertising and promotion.   | 3,552,517             | 2,163,794                       | 100,962                                | 1,287,761                   |
| <b>13</b> Office expenses.   | 1,027,917             | 565,884                         | 97,926                                 | 364,107                     |
| <b>14</b> Information technology.  | 1,853,831             | 1,181,253                       | 180,436                                | 492,142                     |
| <b>15</b> Royalties.   |                       |                                 |  |                             |
| <b>16</b> Occupancy.   | 2,420,737             | 1,536,338                       | 227,109                                | 657,290                     |
| <b>17</b> Travel.  | 1,875,254             | 1,292,602                       | 115,223                                | 467,429                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.  | 5,897,596             | 3,013,411                       | 125,751                                | 2,758,434                   |
| <b>20</b> Interest.  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates.  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.   | 432,442               | 312,992                         | 48,689                                 | 70,761                      |
| <b>23</b> Insurance.   | 248,792               | 153,368                         | 27,578                                 | 67,846                      |
| <b>24</b> 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.)  |                       |                                 |  |                             |
| <b>a</b> COOKING MATTERS PROGRAM   | 888,694               | 888,694                         |  |                             |
| <b>b</b> FEES AND LICENSES   | 508,762               |                                 | 508,762                                |                             |
| <b>c</b> BAD DEBT  | 300                   |                                 | 300                                    |                             |
| <b>d</b> UBI TAXES   | -6,371                |                                 | -6,371                                 |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.  | 65,402,655            | 45,037,167                      | 5,120,035                              | 15,245,453                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 5,884,969             | 2,608,546                       | 107,730                                | 3,168,693                   |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year   |
|---|---|--------------------------|------------|----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 6,484,346                | <b>1</b>   | 6,629,181            |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 7,164,927                | <b>2</b>   | 5,244,425            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 17,319,637               | <b>3</b>   | 18,807,986           |
|   | <b>4</b> Accounts receivable, net . . . . .   | 356,575                  | <b>4</b>   | 433,084              |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                      |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 203,238                  | <b>7</b>   | 209,238              |
|   | <b>8</b> Inventories for sale or use . . . . .  | 11,042                   | <b>8</b>   | 95,358               |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 2,118,986                | <b>9</b>   | 2,059,127            |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 4,308,212     |            |                      |
|   | <b>b</b> Less accumulated depreciation  | <b>10b</b> 2,744,982     | 1,860,654  | <b>10c</b> 1,563,230 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 5,656,249                | <b>11</b>  | 19,450,797           |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 863,088                  | <b>12</b>  | -30,535              |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                      |
|   | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>  |                      |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 34,642                   | <b>15</b>  | 34,392               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 42,073,384  | <b>16</b>                | 54,496,283 |                      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 4,929,846                | <b>17</b>  | 6,344,960            |
|   | <b>18</b> Grants payable . . . . .  | 1,583,309                | <b>18</b>  | 2,976,425            |
|   | <b>19</b> Deferred revenue . . . . .  | 832,464                  | <b>19</b>  | 906,485              |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                          | <b>20</b>  |                      |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                      |
|   | <b>22</b> 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 . . . . .   |                          | <b>22</b>  |                      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>  |                      |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>  |                      |
|   | <b>25</b> 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 . . . . .  | 3,317,787                | <b>25</b>  | 3,007,281            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 10,663,406               | <b>26</b>  | 13,235,151           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                      |
|   | <b>27</b> Unrestricted net assets   | 7,697,966                | <b>27</b>  | 19,514,209           |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 23,712,012               | <b>28</b>  | 21,746,923           |
|   | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>  |                      |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                      |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                      |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>  |                      |
| <b>33</b> Total net assets or fund balances . . . . .                         | 31,409,978  | <b>33</b>                | 41,261,132 |                      |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 42,073,384  | <b>34</b>                | 54,496,283 |                      |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 75,003,356 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 65,402,655 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 9,600,701  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 31,409,978 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 250,453    |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 41,261,132 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1367538

**Name:** SHARE OUR STRENGTH

Form 990 (2018)

---

**Form 990, Part III, Line 4a:**

NO KID HUNGRY CAMPAIGN SINCE LAUNCHING THE NO KID HUNGRY CAMPAIGN TEN YEARS AGO, SHARE OUR STRENGTH HAS CONNECTED KIDS IN NEED WITH MORE THAN 1 BILLION MEALS, AND IN DOING SO, WE'VE HELPED DECREASE CHILDHOOD HUNGER IN OUR COUNTRY BY ONE-THIRD WE WORK WITH SCHOOLS, ELECTED OFFICIALS, AND COMMUNITY GROUPS TO LAUNCH AND GROW EFFECTIVE, SUSTAINABLE PROGRAMS THAT WILL FEED HUNGRY KIDS TODAY AND WELL INTO THE FUTURE THANKS TO OUR START-UP FUNDING AND HANDS-ON GUIDANCE, SCHOOLS ARE REACHING MORE KIDS IN NEED BY MAKING BREAKFAST PART OF THE SCHOOL DAY IN FISCAL YEAR 2019 ALONE, WE HELPED 134,000 KIDS GET THE HEALTHY BREAKFASTS THEY NEED TO REACH THEIR FULL POTENTIAL IN THE CLASSROOM AND BEYOND AND THAT FIGURE BUILDS ON THE MORE THAN 3 MILLION KIDS WE'VE CONNECTED WITH BREAKFAST SINCE OUR LAUNCH WE'RE ALSO SUCCESSFULLY ADVOCATING FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN IN NEW YORK CITY, WE WORKED WITH MAYOR DE BLASIO AND THE CITY COUNCIL TO RESTORE \$6 MILLION TO THE CITY'S BUDGET TO FEED MORE KIDS A NUTRITIOUS BREAKFAST OUR TOTAL ADVOCACY WINS LAST YEAR WILL HELP UNLOCK HEALTHY MEALS FOR UP TO 885,000 MORE KIDS IN NEED, FROM CALIFORNIA TO MARYLAND AND EVERYWHERE IN BETWEEN AND, WE'RE PIONEERING NEW WAYS TO REACH VULNERABLE CHILDREN WITH THE CRITICAL MEALS THEY NEED AFTER SCHOOL AND OVER THE SUMMER FROM MAJOR CITIES TO ISOLATED RURAL CORNERS OF THE COUNTRY OUR FIRST-OF-ITS-KIND TEXTING LINE CONNECTED NEARLY 350,000 FAMILIES COAST TO COAST WITH THEIR NEAREST SUMMER MEALS SITE, WHERE KIDS EAT FREE IN FISCAL YEAR 2019, WE GRANTED MORE THAN \$11 MILLION TO SCHOOLS AND COMMUNITY GROUPS TO SERVE MORE KIDS BREAKFAST, AFTERSCHOOL, AND SUMMER MEALS NO MATTER THE TIME OF DAY, OR TIME OF YEAR, WE'RE THERE FOR HUNGRY KIDS AND WE WON'T STOP UNTIL THE DAY WHEN TRULY NO CHILD GOES HUNGRY

---

**Form 990, Part III, Line 4b:**

COOKING MATTERS CAMPAIGN FOR MORE THAN 25 YEARS, SHARE OUR STRENGTH'S COOKING MATTERS CAMPAIGN HAS DELIVERED QUALITY FOOD SKILLS AND NUTRITION EDUCATION TO LOW-INCOME FAMILIES TO HELP THEM PROVIDE THEIR KIDS WITH HEALTHY, AFFORDABLE MEALS AT HOME PARTICIPANTS LEARN TO SHOP SMARTER, USE NUTRITION INFORMATION ON PRODUCTS, AND COOK DELICIOUS MEALS ON A TIGHT BUDGET WE ACCOMPLISH THIS WORK BY 1) LEVERAGING OUR NATIONWIDE NETWORK OF PARTNERS THAT DIRECTLY EDUCATE FAMILIES USING OUR COOKING MATTERS IN-PERSON CURRICULA AND RESOURCES, 2) MAKING OUR CONTENT WIDELY AVAILABLE TO PARENTS AND CAREGIVERS ONLINE AND THROUGH TECHNOLOGY TOOLS THAT ALLOW THEM TO LEARN AT A PACE AND TIME THAT IS CONVENIENT FOR THEM, AND 3) INCREASING THE OPPORTUNITIES PARENTS AND CAREGIVERS HAVE TO ACCESS FOOD SKILLS AND NUTRITION EDUCATION WITHIN SYSTEMS THEY ARE ALREADY ACCESSING (I E , HEALTHCARE) IN FISCAL YEAR 2019, WE KICKED OFF BOTH A PILOT OF A NEW FORMAT OF OUR IN-PERSON, HANDS-ON FOOD SKILLS EDUCATION AND AN EVALUATION OF OUR DIGITAL EDUCATION WE'RE LEARNING HOW WE CAN INCREASE THE REACH AND EFFECTIVENESS OF OUR IN-PERSON PROGRAMMING BY PROVIDING SHORTER, STANDALONE EDUCATION EXPERIENCES THAT DIRECTLY ADDRESS KEY BARRIERS PARENTS AND CAREGIVERS FACE WHEN TRYING TO PROVIDE HEALTHIER FOODS FOR THEIR YOUNG CHILDREN SIMULTANEOUSLY, THROUGH THE DIGITAL EDUCATION EVALUATION, WE'RE EXPLORING WAYS TO BETTER REACH THIS AUDIENCE DIGITALLY AND UNDERSTAND WHAT LEVEL OF ENGAGEMENT WITH DIGITAL CONTENT IS NEEDED TO DRIVE REAL CHANGE IN BEHAVIORS, ATTITUDES AND CONFIDENCE SINCE COOKING MATTERS STARTED IN 1993, WE'VE REACHED MORE THAN 850,000 FAMILIES THROUGH IN-PERSON AND DIGITALLY-DELIVERED FOOD SKILLS AND NUTRITION EDUCATION IN FISCAL YEAR 2019, BOTH THROUGH OUR TEAM ON THE GROUND AND MORE THAN 150 PARTNERS, WE REACHED OVER 138,100 PARTICIPANTS WITH IN-PERSON AND DIGITAL CONTENT AND THROUGH OUR PROGRAM EVALUATION, WE KNOW THAT 60% OF ALL ADULT PARTICIPANTS REPORT THAT THEY INTEND TO LET KIDS HELP PLAN, PREPARE, AND SERVE THEMSELVES DURING MEALS, OVER 60% OF ALL ADULT PARTICIPANTS INTEND TO COMPARE PRICES, READ INGREDIENT LISTS, AND COMPARE FOOD LABELS TO MAKE HEALTHY CHOICES WHEN SHOPPING, AND MORE THAN 25% OF PARENTS ACCESSING THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) REPORT THE ABILITY TO IDENTIFY WIC FOODS AT THE GROCERY STORE AND MAXIMIZE THEIR WIC BENEFITS TOWARD THE PURCHASE OF FRUITS AND VEGETABLES

---

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| WILLIAM H SHORE- FOUNDER<br>.....<br>EXECUTIVE CHAIRMAN, DIRECTOR | 4 00<br>.....  | X   |                       | X       |              |                              |        | 416,308   | 0  | 50,297  |
| SID ABRAMS<br>.....<br>DIRECTOR                                   | 2 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JIM BERRIEN<br>.....<br>DIRECTOR                                  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JUDYANN BIGBY<br>.....<br>DIRECTOR                                | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NEIL BRAUN<br>.....<br>DIRECTOR                                   | 2 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JONI DOOLIN<br>.....<br>DIRECTOR                                  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WALLY DOOLIN<br>.....<br>DIRECTOR                                 | 3 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NOAH GLASS<br>.....<br>DIRECTOR                                   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHAEL GORDON<br>.....<br>DIRECTOR                               | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BOB GREENSTEIN<br>.....<br>DIRECTOR                               | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ROZ MALLET<br>.....<br>DIRECTOR                      | 2 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MIKE MCCURRY<br>.....<br>DIRECTOR                    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DANNY MEYER<br>.....<br>DIRECTOR                     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARY SUE MILLIKEN<br>.....<br>DIRECTOR               | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DONNA MOREA<br>.....<br>DIRECTOR                     | 2 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEANNE NEWMAN<br>.....<br>DIRECTOR                   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK RODRIGUEZ<br>.....<br>DIRECTOR                  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEVE ROMANIELLO<br>.....<br>DIRECTOR                | 2 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DEBBIE SHORE<br>.....<br>CO-FOUNDER                  | 40 00<br>.....   |   |                       | X       |              |                              |        | 237,321   | 0  | 15,638  |
| THOMAS NELSON<br>.....<br>PRESIDENT & CEO, SECRETARY | 40 00<br>.....   |   |                       | X       |              |                              |        | 438,737   | 0  | 36,210  |



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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |  | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |  |   |
| JESSICA SHERRY<br>.....<br>SENIOR VP, CHIEF FINANCIAL OFFICER    | 40 00<br>.....   |   |                       | X       |              |                              |        |  | 183,215   | 0  | 16,055  |
| PETER KAYE- CHIEF REVENUE<br>.....<br>& MARKETING- UNTIL 05/2019 | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 315,220   | 0  | 33,257  |
| CHARLES SCOFIELD<br>.....<br>EXECUTIVE VICE PRESIDENT            | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 277,256   | 0  | 29,327  |
| LISA DAVIS- SENIOR VP<br>.....<br>NO KID HUNGRY PROGRAM          | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 229,737   | 0  | 28,224  |
| DIANA HOVEY- SENIOR VP<br>.....<br>DINE FOR NO KID HUNGRY        | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 226,553   | 0  | 23,384  |
| CLAY DUNN- SENIOR VP<br>.....<br>CHIEF COMM OFFICER              | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 220,748   | 0  | 23,150  |
| JILL DAVIS- SENIOR VP<br>.....<br>CORPORATE PARTNERSHIPS         | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 220,374   | 0  | 16,256  |
| SERENA WILLIAMS- SENIOR VP<br>.....<br>CHIEF PEOPLE OFFICER      | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 216,479   | 0  | 28,195  |
| AMY ZGANJAR<br>.....<br>SENIOR VP, DEVELOPMENT                   | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 210,763   | 0  | 6,926   |
| RICHARD KOSTRO- SENIOR VP<br>.....<br>CHIEF INFORMATION OFFICER  | 40 00<br>.....   |   |                       |         | X            |                              |        |  | 202,879   | 0  | 25,602  |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ELLIOTT GASKINS<br>.....<br>MANAGING DIRECTOR, DEVELOPMENT            | 40 00<br>.....   |   |                       |         |              | X                            |        | 167,852   | 0  | 20,713  |
| JENNIFER DIRKSEN<br>.....<br>CHEF RELATIONS DIRECTOR                  | 40 00<br>.....   |   |                       |         |              | X                            |        | 153,200   | 0  | 11,475  |
| DIANE CLIFFORD- MANAGING<br>.....<br>DIRECTOR, INTEGRATED FUNDRAISING | 40 00<br>.....   |   |                       |         |              | X                            |        | 153,130   | 0  | 25,285  |
| STACY ROTH- MANAGING DIRECTOR<br>.....<br>ORGANIZATIONAL PLANNING     | 40 00<br>.....   |   |                       |         |              | X                            |        | 147,795   | 0  | 15,944  |
| ANDREA HOEFLING<br>.....<br>DIRECTOR, DEVELOPMENT                     | 40 00<br>.....   |   |                       |         |              | X                            |        | 147,768   | 0  | 24,698  |

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SHARE OUR STRENGTH

Employer identification number

52-1367538

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  | 51,227,491 | 53,054,370 | 60,290,994 | 68,847,785 | 78,465,005 | 311,885,645 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 51,227,491 | 53,054,370 | 60,290,994 | 68,847,785 | 78,465,005 | 311,885,645 |
| <b>5</b> 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) |            |            |            |            |            | 24,033,077  |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 287,852,568 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4  | 51,227,491 | 53,054,370 | 60,290,994 | 68,847,785 | 78,465,005 | 311,885,645 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 190,092    | 275,225    | 321,619    | 439,686    | 526,185    | 1,752,807   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |            |            |            |            |            |             |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                | 559,456    | 797        | 6,000      | 29,781     | 54,799     | 650,833     |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 314,289,285 |

**12** Gross receipts from related activities, etc (see instructions) **12** 14,760,198

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

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 91.590% |
| <b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> | 89.140% |

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b>   | 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 |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (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**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? <i>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.</i> |     |    |
| <b>2</b> | 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? <i>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.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | 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? <i>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.</i> | Yes | No |
| <b>b</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? <i>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.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | 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? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

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

- 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.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <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)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7   |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

**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)

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

### 990 Schedule A, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| SCHEDULE A, PART II, LINE 10,<br>EXPLANATION OF OTHER<br>INCOME | MISCELLANEOUS - 2014 AMOUNT \$ 252,916 2015 AMOUNT \$ -5,703 2016 AMOUNT \$ 0 2017 AMOUNT \$ 3,781 2018 AMOUNT \$ 0<br>BOOK/PRODUCT SALES - 2014 AMOUNT \$ 2,406 2015 AMOUNT \$ 0 2016 AMOUNT \$ 0 2017 AMOUNT \$ 0 2018 AMOUNT \$ 6,143<br>OTHER EVENT REVENUE - 2014 AMOUNT \$ 298,134 2015 AMOUNT \$ 0 2016 AMOUNT \$ 0 2017 AMOUNT \$ 0 2018 AMOUNT \$ 6,165<br>INTERCOMPANY REVENUE - 2014 AMOUNT \$ 6,000 2015 AMOUNT \$ 6,500 2016 AMOUNT \$ 6,000 2017 AMOUNT \$ 26,000 2018 AMOUNT \$ 42,491 |

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

|  |  |
|--|--|
| Name of the organization<br>SHARE OUR STRENGTH | Employer identification number<br>52-1367538 |
|--|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and 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- |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

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

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.) |   | (a) Filing organization's totals                         | (b) Affiliated group totals |
|---|---|--|-----------------------------|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  | 93,989   |                             |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 690,082  |                             |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   | 784,071  |                             |
| <b>d</b>  | Other exempt purpose expenditures   | 62,276,866   |                             |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   | 63,060,937   |                             |
| <b>f</b>  | Lobbying nontaxable amount Enter the amount from the following table in both columns  | 1,000,000  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>  |   | <b>The lobbying nontaxable amount is:</b>                |                             |
| 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  |                             |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   | 250,000  |                             |
| <b>h</b>  | Subtract line 1g from line 1a If zero or less, enter -0-  | 0  |                             |
| <b>i</b>  | Subtract line 1f from line 1c If zero or less, enter -0-  | 0  |                             |
| <b>j</b>  | 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) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) Total |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 677,800   | 556,274   | 664,141   | 784,071   | 2,682,286 |
| <b>d</b> Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        | 177,625   | 112,058   | 106,852   | 93,989    | 490,524   |

**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 |
| <b>1</b> 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 |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   | <b>2a</b> |  |
| <b>a</b> Current year   | <b>2b</b> |  |
| <b>b</b> Carryover from last year   | <b>2c</b> |  |
| <b>c</b> Total  | <b>3</b>  |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>4</b>  |  |
| <b>4</b> 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? | <b>5</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   |           |  |

**Part IV Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
SHARE OUR STRENGTH

**Employer identification number**  
52-1367538

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

|  | (a) Donor advised funds | (b) Funds and other accounts                             |
|--|-------------------------|--|
| <b>1</b> Total number at end of year   |                         |  |
| <b>2</b> Aggregate value of contributions to (during year)   |                         |  |
| <b>3</b> Aggregate value of grants from (during year)  |                         |  |
| <b>4</b> Aggregate value at end of year  |                         |  |
| <b>5</b> 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 |
| <b>6</b> 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 an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?       Yes  No

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1      ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X      ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1      ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X      ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      | 2,447,109                       | 1,182,307                    | 1,264,802      |
| <b>d</b> Equipment . . . . .   |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .   |                                      | 1,861,103                       | 1,562,675                    | 298,428        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 1,563,230      |

**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<br>(including name of security)  | (b)<br>Book<br>value | (c) Method of valuation<br>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)  |                      |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) | ▶                    |   |

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

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

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (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.

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| DEFERRED RENT AND LEASEHOLD INCENTIVES                                   | 2,984,332      |
| SECURITY DEPOSIT   | 22,949         |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | ▶ 3,007,281    |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 138,893,568 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> | 250,453     |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> | 56,564,611  |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 7,116,574   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 63,931,638  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 74,961,930  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> | 41,426      |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 41,426      |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 75,003,356  |

**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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 129,042,414 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> | 56,564,611  |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 7,116,574   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 63,681,185  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 65,361,229  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 41,426      |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 41,426      |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 65,402,655  |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1367538

**Name:** SHARE OUR STRENGTH

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | SHARE OUR STRENGTH PERFORMED AN EVALUATION OF UNCERTAINTY IN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS |

# Supplemental Information

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENT EXPENSES 7,077,928 GAMING EVENT EXPENSES 38,646 |

# Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENT EXPENSES 7,077,928 GAMING EVENT EXPENSES 38,646 |

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
SHARE OUR STRENGTH

**Employer identification number**  
52-1367538

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

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

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| EAST ASIA AND THE PACIFIC                         | 0                                   | 0  | GRANTMAKING   |  | 107,000  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 0                                   | 0  |   |  | 107,000  |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0  |   |  | 107,000  |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                | (d) Purpose of grant                         | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|---------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                            |  | EAST ASIA AND THE PACIFIC | INTERNATIONAL AID (SCHOOL MEALS PROGRAMMING) | 107,000                  | WIRE TRANSFER                   |                                   |  |   |
|                            |  |                           |  |                          |                                 |                                   |  |   |
|                            |  |                           |  |                          |                                 |                                   |  |   |
|                            |  |                           |  |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2   | ORGANIZATIONS OUTSIDE THE UNITED STATES MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH FURTHER, SHARE OUR STRENGTH PERFORMS A SEARCH ON THE ORGANIZATION THROUGH THE OFFICE OF FOREIGN ASSETS CONTROL (OFAC) TO CONFIRM THE ORGANIZATION IS NOT LISTED ON OFAC'S SANCTIONS LIST SIMILAR TO ENTITIES INSIDE THE UNITED STATES, ORGANIZATIONS OUTSIDE THE UNITED STATES ALSO PROVIDE CERTAIN ORGANIZATIONAL, PROGRAMMATIC, AND FINANCIAL INFORMATION SO THAT SHARE OUR STRENGTH CAN CONFIRM THAT THE CHARITABLE USE OF GRANT FUNDS ALIGNS WITH ITS MISSION SHARE OUR STRENGTH USES A COMBINATION OF STRATEGIES TO ENSURE THAT OUR GRANTEE ORGANIZATIONS OUTSIDE THE UNITED STATES ARE IN COMPLIANCE WITH OUR GRANT AWARD GUIDELINES THESE STRATEGIES INCLUDE SEMI-ANNUAL AND/OR ANNUAL REPORTING OF PROGRESS AGAINST GOALS, 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 |

**990 Schedule F, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| PART I, LINE<br>3       | IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PART I AND II OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING WHICH IS THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS |

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
SHARE OUR STRENGTH

**Employer identification number**  
52-1367538

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

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

| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity   | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|--|----|-----------------------------------|--|---|
|   |   | Yes  | No |                                   |  |   |
| AGENCY 21 CONSULTING<br>1428 BRICKELL AVENUE<br>SUITE 303<br><br>MIAMI, FL 33131                                      | SPECIAL EVENT<br>FUNDRAISING &<br>MANAGEMENT/PRODUCTION         |  | No | 1,805,300                         | 311,084  | 1,494,216   |
| CONCORD LITHO<br>GROUP<br>CONCORD DIRECT<br>92 OLD TURNPIKE ROAD<br><br>CONCORD, NH 03301                             | DIRECT MAIL &<br>DIGITAL/ONLINE<br>FUNDRAISING CONSULTING       |  | No | 1,231,753                         | 173,550  | 1,058,203   |
| STOTT DEVELOPMENT<br>SOLUTIONS GROUP<br>4516 WOODDALE AVENUE<br><br>EDINA, MN 55424                                   | FUNDRAISING TEAM<br>DESIGN, STRATEGY &<br>PLANNING, FUNDRAISING |  | No | 1,000,000                         | 220,500  | 779,500   |
| TYPE A DEVELOPMENT LLC<br>(ALLISON PALLESTRINI)<br>4540 HUNTING HOUND LANE<br><br>MARIETTA, GA 30062                  | SPECIAL EVENT<br>FUNDRAISING &<br>MANAGEMENT/PRODUCTION         |  | No | 939,783                           | 123,125  | 816,658   |
| ASCENTA GROUP INC<br>(FORMERLY APPCO GROUP<br>US INC)<br>315 WEST 36TH STREET<br>10TH FLOOR<br><br>NEW YORK, NY 10018 | FACE-TO-FACE<br>FUNDRAISING                                     |  | No | 469,000                           | 834,955  | -365,955  |
| SEA CHANGE STRATEGIES<br>7409 BIRCH AVENUE<br><br>TAKOMA PARK, MD 20912   | DIGITAL/ONLINE<br>FUNDRAISING CONSULTING                        |  | No | 349,352                           | 102,000  | 247,352   |
| BROCK DEVELOPMENT LLC<br>(MELANIE BROCK)<br>502 CANYON GATE DRIVE<br><br>MISSOULA, MT 59803                           | STRATEGY & FUNDRAISING  |  | No | 342,020                           | 60,000   | 282,020   |
| JUDY WALKER GROUP (JUDY<br>WALKER)<br>30251 GOLDEN LANTERN<br>SUITE E313<br><br>LAGUNA NIGUEL, CA 92677               | SPECIAL EVENT<br>FUNDRAISING &<br>MANAGEMENT/PRODUCTION         |  | No | 237,575                           | 69,500   | 168,075   |
| SKY ADVISORY GROUP<br>(LINDSAY RACHELEFSKY)<br>11693 SAN VICENTE BLVD<br>173<br><br>LOS ANGELES, CA 90049             | STRATEGY & FUNDRAISING  |  | No | 115,000                           | 72,000   | 43,000  |
| FACE TO FACE OUTREACH<br>INC<br>18062 IRVINE BOULEVARD<br>SUITE 304<br><br>TUSTIN, CA 92780                           | FACE-TO-FACE<br>FUNDRAISING                                     |  | No | 66,000                            | 166,475  | -100,475  |
| <b>Total</b>  |   |  |    | 6,555,783                         | 2,133,189  | 4,422,594   |

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

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

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

| Revenue   |  | (a) Event #1           | (b) Event #2 | (c) Other events | (d)   |
|---|--|------------------------|--------------|------------------|---|
|   |  | NYCWFF<br>(event type) | (event type) | (total number)   | Total events<br>(add col (a) through col (c)) |
| Revenue   | <b>1</b> Gross receipts . . . . .  | 9,142,357              |              |                  | 9,142,357                                     |
|   | <b>2</b> Less Contributions . . . . .  | 5,565,200              |              |                  | 5,565,200                                     |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 3,577,157              |              |                  | 3,577,157                                     |
| Direct Expenses   | <b>4</b> Cash prizes . . . . .   | 0                      |              |                  |   |
|   | <b>5</b> Noncash prizes . . . . .  | 0                      |              |                  |   |
|   | <b>6</b> Rent/facility costs . . . . .   | 1,732,221              |              |                  | 1,732,221                                     |
|   | <b>7</b> Food and beverages . . . . .  | 772,573                |              |                  | 772,573                                       |
|   | <b>8</b> Entertainment . . . . .   | 50,329                 |              |                  | 50,329  |
|   | <b>9</b> Other direct expenses . . . . .   | 4,522,805              |              |                  | 4,522,805                                     |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                        |              |                  | 7,077,928                                     |
| <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |                        |              | -3,500,771       |   |

**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.

| Revenue  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming   | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|--|--|
|  |  | <b>1</b> Gross revenue . . . . .                                    |   |  | 154,585  |
| Direct Expenses  | <b>2</b> Cash prizes . . . . .           |   |   |  |  |
|  | <b>3</b> Noncash prizes . . . . .        |   |   |  |  |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |  |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   | 38,646   | 38,646   |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   | 38,646   |  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |  |   |   | 115,939  |  |

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

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....  
 Address ▶ .....

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

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1367538

**Name:** SHARE OUR STRENGTH

## Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities

CA, CT, DC, FL, GA, IL, MA, ME, MN, MO, NC, NY, PA, TN, TX, WA

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 361
3 Enter total number of other organizations listed in the line 1 table 6



**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2   | ORGANIZATIONS INSIDE THE UNITED STATES MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH FOR EXAMPLE, ALL ORGANIZATIONS MUST PROVIDE THEIR EMPLOYER IDENTIFICATION NUMBER (EIN) SO THAT TAX EXEMPTION CAN BE CONFIRMED EITHER VIA GUIDESTAR OR IRS TAX EXEMPT ORGANIZATION SEARCH (TEOS) ADDITIONALLY, ORGANIZATIONS PROVIDE CERTAIN ORGANIZATIONAL, PROGRAMMATIC, AND FINANCIAL INFORMATION SO THAT SHARE OUR STRENGTH CAN CONFIRM THAT THE CHARITABLE USE OF GRANT FUNDS ALIGNS WITH ITS MISSION SHARE OUR STRENGTH USES A COMBINATION OF STRATEGIES TO ENSURE THAT OUR GRANTEE ORGANIZATIONS ARE IN COMPLIANCE WITH OUR GRANT AWARD GUIDELINES THESE STRATEGIES INCLUDE QUARTERLY, SEMI-ANNUAL, AND/OR ANNUAL REPORTING OF PROGRESS AGAINST GOALS, SITE VISITS TO GRANTEE ORGANIZATIONS TO MONITOR ACTIVITIES BEING FUNDED, REVERSE SITE VISITS WHERE GRANTEES VISIT OUR OFFICES TO SHARE INFORMATION ABOUT THEIR PROJECTS, PROGRESS, AND IMPACT, AND TELEPHONE CALLS TO DISCUSS FUNDED PROJECTS REPORTS ARE STORED ELECTRONICALLY USING AN ONLINE GRANTS MANAGEMENT SYSTEM |

**Additional Data**

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

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF KING COUNTY<br>720 SECOND AVENUE<br>SEATTLE, WA 98104            | 91-0565555     | 501(C)(3)                            | 543,112                         |  |  |   | NO KID HUNGRY<br>SOCIAL INNOVATION<br>FUND SUBGRANTEE,<br>SCHOOL BREAKFAST<br>PROGRAM SUPPORT |
| FOOD BANK FOR NEW YORK<br>CITY<br>39 BROADWAY 10TH FLOOR<br>NEW YORK, NY 10006 | 13-3179546     | 501(C)(3)                            | 470,736                         |  |  |   | CHILDHOOD HUNGER<br>PROGRAMS  |

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

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance       |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAYLOR UNIVERSITY - TEXAS HUNGER INITIATIVE<br>ONE BEAR PLACE 97320<br>WACO, TX 76798       | 74-1159753     | 501(C)(3)                            | 411,449                         |  |  |   | NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE |
| MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES<br>1400 BROADWAY<br>HELENA, MT 59620 | 81-0302402     | N/A                                  | 389,250                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT               |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                             |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARKANSAS HUNGER RELIEF ALLIANCE<br>1400 WEST MARKHAM STREET<br>SUITE 304<br>LITTLE ROCK, AR 72201 | 30-0254995     | 501(C)(3)                            | 346,430                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT,<br>COOKING MATTERS PROGRAM SUPPORT |
| ATLANTA COMMUNITY FOOD BANK<br>732 JOSEPH E LOWERY BLVD<br>NW<br>ATLANTA, GA 30318                | 58-1376648     | 501(C)(3)                            | 247,155                         |  |  |   | CHILDHOOD HUNGER PROGRAMS   |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                    |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SECOND HARVEST<br>HEARTLAND<br>1140 GERVAIS AVENUE<br>SAINT PAUL, MN 55109  | 23-7417654     | 501(C)(3)                            | 243,954                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS |
| UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CENTER FOR HEALTH PROMOTION A<br>1700 MARTIN LUTHER KING JR BLVD<br>CHAPEL HILL, NC 27599 | 56-6001393     | 501(C)(3)                            | 173,500                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT                            |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                    |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HUNGER SOLUTIONS NEW YORK<br>14 COMPUTER DRIVE EAST<br>ALBANY, NY 12205 | 22-2954760     | 501(C)(3)                            | 158,441                         |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT, CHILDHOOD HUNGER PROGRAMS  |
| PROJECT BREAD<br>145 BORDER STREET<br>EAST BOSTON, MA 02128             | 04-2931195     | 501(C)(3)                            | 155,000                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                            |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GREATER CHICAGO FOOD DEPOSITORY<br>4100 WEST ANN LURIE PLACE<br>CHICAGO, IL 60632            | 36-2971864     | 501(C)(3)                            | 152,470                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS         |
| FAMILY LEAGUE OF BALTIMORE CITY<br>2305 N CHARLES STREET<br>SUITE 200<br>BALTIMORE, MD 21218 | 52-1734848     | 501(C)(3)                            | 152,300                         |  |  |   | NO KID HUNGRY STATE PARTNER GRANT, AFTERSCHOOL MEALS PROGRAM SUPPORT |

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

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HUNGER TASK FORCE INC<br>201 S HAWLEY COURT<br>MILWAUKEE, WI 53214   | 39-1345847     | 501(C)(3)                            | 145,894                         |  |  |   | NO KID HUNGRY<br>SOCIAL INNOVATION<br>FUND SUBGRANTEE                                  |
| FLORIDA IMPACT<br>300 WEST PENSACOLA STREET<br>TALLAHASSEE, FL 32301 | 59-2859151     | 501(C)(3)                            | 129,586                         |  |  |   | NO KID HUNGRY<br>SOCIAL INNOVATION<br>FUND SUBGRANTEE,<br>CHILDHOOD HUNGER<br>PROGRAMS |



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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS<br>1615 DUKE STREET<br>ALEXANDRIA, VA 22314 | 52-0885532     | 501(C)(6)                            | 114,000                         |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| OAKLAND UNIFIED SCHOOL DISTRICT<br>900 HIGH STREET<br>OAKLAND, CA 94601                          | 94-6000385     | N/A                                  | 106,818                         |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MICHIGAN DEPARTMENT OF EDUCATION<br>PO BOX 30008<br>LANSING, MI 48909 | 38-6000134     | N/A                                  | 102,000                         |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| BOSTON PUBLIC SCHOOLS<br>2300 WASHINGTON STREET<br>ROXBURY, MA 02119  | 04-6001380     | N/A                                  | 100,000                         |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARY'S MEALS USA<br>75 ORCHARD STREET<br>BLOOMFIELD, NJ 07003                  | 33-1215331     | 501(C)(3)                            | 100,000                         |  |  |   | INTERNATIONAL AID   |
| FAIRFAX COUNTY PUBLIC SCHOOLS<br>8115 GATEHOUSE ROAD<br>FALLS CHURCH, VA 22042 | 12-3456789     | N/A                                  | 94,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT,<br>AFTERSCHOOL MEALS PROGRAM SUPPORT,<br>SUMMER MEALS PROGRAM SUPPORT |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                         |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NOBLE NETWORK OF CHARTER SCHOOLS<br>1 N STATE STREET<br>CHICAGO, IL 60602                | 36-4241970     | N/A                                  | 94,174                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT                                  |
| WASHINGTON UNIFIED SCHOOL DISTRICT<br>1100 CLARENDON STREET<br>WEST SACRAMENTO, CA 95691 | 68-0343642     | N/A                                  | 91,700                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT,<br>SUMMER MEALS PROGRAM SUPPORT |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CALIFORNIA FOOD POLICY ADVOCATES<br>1970 BROADWAY SUITE 760<br>OAKLAND, CA 94612 | 94-3163142     | 501(C)(3)                            | 91,263                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |
| THE GREATER BOSTON FOOD BANK<br>70 SOUTH BAY AVENUE<br>BOSTON, MA 02118          | 04-2717782     | 501(C)(3)                            | 85,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                               |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THREE SQUARE<br>4190 N PECOS ROAD<br>LAS VEGAS, NV 89115                      | 30-0396918     | 501(C)(3)                            | 81,344                          |  |  |   | NO KID HUNGRY<br>SOCIAL INNOVATION<br>FUND SUBGRANTEE                   |
| ELGIN AREA SCHOOL<br>DISTRICT U-46<br>355 E CHICAGO STREET<br>ELGIN, IL 60120 | 36-6004736     | N/A                                  | 79,950                          |  |  |   | SCHOOL BREAKFAST<br>PROGRAM SUPPORT,<br>SUMMER MEALS<br>PROGRAM SUPPORT |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                    |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FEEDING THE GULF COAST<br>5248 MOBILE SOUTH STREET<br>THEODORE, AL 36582          | 63-0821997     | 501(C)(3)                            | 76,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT, DISASTER/EMERGENCY RELIEF |
| CHICAGO INTERNATIONAL CHARTER SCHOOL<br>11 E ADAMS SUITE 600<br>CHICAGO, IL 60603 | 36-4141583     | N/A                                  | 70,466                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT                             |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEBRASKA APPLESEED<br>941 O STREET SUITE 920<br>LINCOLN, NE 68508          | 47-0798343     | 501(C)(3)                            | 70,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |
| NATOMAS UNIFIED SCHOOL DISTRICT<br>1931 ARENA BLVD<br>SACRAMENTO, CA 95834 | 94-6003346     | N/A                                  | 70,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |



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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KENTUCKY ASSOCIATION OF FOOD BANKS<br>PO BOX 1824<br>BEREA, KY 40303  | 61-1398656     | 501(C)(3)                            | 66,815                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |
| THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS<br>2245 SOUTH MICHIGAN AVENUE SUITE 301<br>CHICAGO, IL 60616 | 26-1839249     | 501(C)(3)                            | 66,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance               |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY<br>700 N VIRGEN DE SAN JUAN BLVD<br>SAN JUAN, TX 78589 | 68-0599307     | 501(C)(3)                            | 65,900                          |  |  |   | CHILDHOOD HUNGER PROGRAMS, SUMMER MEALS PROGRAM SUPPORT |
| HEALTHMPOWERS INC<br>250 SCIENTIFIC DRIVE SUITE 500<br>NORCROSS, GA 30307                          | 58-2524601     | 501(C)(3)                            | 65,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT                       |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                   |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CRAVEN COUNTY SCHOOL DISTRICT<br>3600 TRENT ROAD<br>NEW BERN, NC 28562          | 56-1286861     | N/A                                  | 62,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT, DISASTER/EMERGENCY RELIEF |
| CHILDREN'S HUNGER ALLIANCE<br>1105 SCHROCK ROAD SUITE 505<br>COLUMBUS, OH 43229 | 23-7303509     | 501(C)(3)                            | 60,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT                           |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAN FRANCISCO UNIFIED SCHOOL DISTRICT<br>555 FRANKLIN STREET<br>SAN FRANCISCO, CA 94102 | 94-6000416     | N/A                                  | 57,479                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| EL RANCHO USD FOOD SERVICES<br>9333 LOCH LOMOND DRIVE<br>PICO RIVERA, CA 90660          | 95-2162543     | N/A                                  | 56,996                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                    |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LOWCOUNTRY FOOD BANK<br>2864 AZALEA DRIVE<br>CHARLESTON, SC 29405                                       | 57-0751835     | 501(C)(3)                            | 56,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT, DISASTER/EMERGENCY RELIEF |
| SOUTH TEXAS PRO BONO ASYLUM REPRESENTATION PROJECT<br>202 S 1ST STREET SUITE 300<br>HARLINGEN, TX 78550 | 36-6110299     | 501(C)(3)                            | 55,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                                    |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MORENO VALLEY USD<br>13135 NASON STREET<br>MORENO VALLEY, CA 92555              | 52-1770792     | N/A                                  | 55,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ARLINGTON FOOD ASSISTANCE CENTER<br>2708 S NELSON STREET<br>ARLINGTON, VA 22206 | 54-1473207     | 501(C)(3)                            | 51,445                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLEVELAND METRO SCHOOL DISTRICT<br>1111 SUPERIOR AVENUE E<br>SUITE 1800<br>CLEVELAND, OH 44114 | 34-6000662     | N/A                                  | 51,300                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| WESTMINSTER PUBLIC SCHOOLS<br>2401 WEST 80TH AVENUE<br>DENVER, CO 80221                        | 84-1088489     | N/A                                  | 50,013                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASSOCIATION OF ARIZONA FOOD BANKS<br>340 E CORONADO ROAD<br>SUITE 400<br>PHOENIX, AZ 85004 | 86-0507679     | 501(C)(3)                            | 50,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |
| GREATER PITTSBURGH COMMUNITY FOOD BANK<br>1 N LINDEN STREET<br>DUQUESNE, PA 151101067      | 25-1420599     | 501(C)(3)                            | 50,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |



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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN<br>2131 BEAUFIT<br>DETROIT, MI 48207 | 38-2156255     | 501(C)(3)                            | 49,333                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| CAPITAL AREA FOOD BANK<br>4900 PUERTO RICO AVENUE NE<br>WASHINGTON, DC 20017               | 52-1167581     | 501(C)(3)                            | 45,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EASTSIDE UNION SCHOOL DISTRICT<br>3126 EAST AVENUE I<br>LANCASTER, CA 93535 | 95-6001044     | N/A                                  | 44,814                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| BELLEVILLE BOARD OF EDUCATION<br>20 PASSAIC AVENUE<br>BELLEVILLE, NJ 07109  | 22-6001646     | N/A                                  | 44,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAPISTRANO UNIFIED SCHOOL DISTRICT<br>25601 CAMINO DEL AVION<br>SAN JUAN CAPISTRANO, CA<br>92675 | 95-2321055     | N/A                                  | 41,990                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| UNIDOS DUAL LANGUAGE SCHOOL<br>4475 HENDRIX DRIVE<br>FOREST PARK, GA 30297                       | 58-6000212     | N/A                                  | 40,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIBB COUNTY SCHOOL DISTRICT<br>1646 UPPER RIVER ROAD<br>MACON, GA 31211                      | 58-6000191     | N/A                                  | 40,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE<br>1020 JERICHO DRIVE<br>KINGSPORT, TN 37663 | 62-1303822     | 501(C)(3)                            | 40,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EL RIO COMMUNITY HEALTH CENTER<br>839 W CONGRESS STREET<br>TUCSON, AZ 85745       | 86-0816675     | 501(C)(3)                            | 40,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| ELK GROVE UNIFIED SCHOOL DISTRICT<br>ELK GROVE-FLORIN ROAD<br>ELK GROVE, CA 95624 | 94-6002501     | N/A                                  | 40,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARADISE UNIFIED SCHOOL DISTRICT<br>6696 CLARK ROAD<br>PARADISE, CA 95969            | 94-6003686     | N/A                                  | 40,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| PARTNERS FOR A HUNGER-FREE OREGON<br>712 SE HAWTHORNE BLVD 202<br>PORTLAND, OR 97214 | 20-4970868     | 501(C)(3)                            | 40,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 18 REASONS<br>3150 18TH STREET 315<br>SAN FRANCISCO, CA 94110               | 45-3059509     | 501(C)(3)                            | 39,021                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| CADDO PUBLIC PARISH SCHOOLS<br>6514 WEST CANAL BLVD<br>SHREVEPORT, LA 71108 | 72-6000224     | N/A                                  | 37,790                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF BOSTON<br>1 CITY HALL SQUARE<br>BOSTON, MA 02201                               | 04-6001380     | N/A                                  | 37,500                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| DOUGLAS COUNTY SCHOOL SYSTEM<br>2520 EAST COUNTY LINE ROAD<br>LITHIA SPRINGS, GA 30122 | 58-6000232     | N/A                                  | 36,600                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IDAHO STATE DEPARTMENT OF EDUCATION<br>650 STATE ST 2ND FLOOR<br>BOISE, ID 83702                                       | 82-6000095     | N/A                                  | 36,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |
| NEW HAMPSHIRE CATHOLIC CHARITIES DBA NEW HAMPSHIRE FOOD BANK<br>700 EAST INDUSTRIAL PARK DRIVE<br>MANCHESTER, NH 03109 | 02-0222163     | 501(C)(3)                            | 35,557                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CICERO SCHOOL DISTRICT 99<br>5110 W 24TH STREET<br>CICERO, IL 60804       | 36-6004320     | N/A                                  | 35,213                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| LITTLE ROCK SCHOOL DISTRICT<br>1501 JONES STREET<br>LITTLE ROCK, AR 72202 | 71-6014717     | N/A                                  | 35,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 412 FOOD RESCUE<br>6022 BROAD STREET<br>PITTSBURGH, PA 15206                   | 47-3476140     | 501(C)(3)                            | 34,334                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| PROVIDENCE MILWAUKIE FOUNDATION<br>10150 SE 32ND AVENUE<br>MILWAUKIE, OR 97222 | 94-3079515     | 501(C)(3)                            | 34,333                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD RESEARCH AND ACTION CENTER<br>1200 18TH STREET NW SUITE 400<br>WASHINGTON, DC 20036 | 23-7200739     | 501(C)(3)                            | 33,500                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| PANAMA-BUENA VISTA UNION SCHOOL DISTRICT<br>4100 ALUM AVENUE<br>BAKERSFIELD, CA 93309    | 95-6000412     | N/A                                  | 33,036                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEGAL SERVICES ADVOCACY PROJECT<br>2324 UNIVERSITY AVENUE<br>WEST SUITE<br>101<br>SAINT PAUL, MN 55114 | 41-1412710     | 501(C)(3)                            | 32,189                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| SCHOOL NUTRITION FOUNDATION<br>120 WATERFRONT STREET<br>SUITE 300<br>NATIONAL HARBOR, MD<br>20745      | 84-6039412     | 501(C)(3)                            | 31,566                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAREDO INDEPENDENT SCHOOL DISTRICT<br>1818 ARKANSAS AVENUE<br>LAREDO, TX 78043 | 74-6001580     | N/A                                  | 30,960                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| EL MONTE CITY SCHOOL DISTRICT<br>11317 E MCGIRK ROAD<br>EL MONTE, CA 91732     | 95-6001074     | N/A                                  | 30,600                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FOOD ADVOCATES<br>110 WALL STREET<br>NEW YORK, NY 10005 | 27-1764219     | 501(C)(3)                            | 30,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| SCHOOL CITY OF HAMMOND<br>5825 BLAINE AVENUE<br>HAMMOND, IN 46320 | 35-6002450     | N/A                                  | 30,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT<br>2331 HIGH ROAD<br>UHLAND, TX 78640 | 74-1587518     | N/A                                  | 30,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| HEAVEN'S WINDOWS<br>2820 VIA ORANGE WAY STE W<br>SPRING VALLEY, CA 91978            | 45-3973982     | 501(C)(3)                            | 30,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |



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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SECOND HARVEST FOOD BANK OF ORANGE COUNTY<br>8014 MARINE WAY<br>IRVINE, CA 92618     | 32-0362611     | 501(C)(3)                            | 30,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| LOS ANGELES REGIONAL FOOD BANK<br>1734 EAST 41ST STREET<br>LOS ANGELES, CA 900581502 | 95-3135649     | 501(C)(3)                            | 30,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY<br>11870 MONARCH STREET<br>GARDEN GROVE, CA<br>928412311 | 95-2452787     | 501(C)(3)                            | 30,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| DETROIT PUBLIC SCHOOLS<br>COMMUNITY DISTRICT<br>20000 EVERGREEN ROAD<br>DETROIT, MI 48219              | 38-6019629     | N/A                                  | 29,744                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTH CAROLINA<br>DEPARTMENT OF EDUCATION<br>1429 SENATE STREET<br>COLUMBIA, SC 29201 | 57-6000286     | N/A                                  | 29,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| REDLANDS UNIFIED SCHOOL DISTRICT<br>840 E CITRUS AVENUE<br>REDLANDS, CA 92374         | 95-2254572     | N/A                                  | 29,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAWNDALE ELEMENTARY SCHOOL DISTRICT<br>4520 W 168TH STREET<br>LAWNDALE, CA 90260 | 95-6001837     | N/A                                  | 28,850                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| AMETHOD PUBLIC SCHOOLS<br>4215 FOOTHILL BLVD<br>OAKLAND, CA 94601                | 94-3185735     | N/A                                  | 28,600                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RIALTO UNIFIED SCHOOL DISTRICT<br>975 N MERIDIAN AVENUE<br>RIALTO, CA 92376 | 33-0506526     | N/A                                  | 28,288                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| JONES COUNTY PUBLIC SCHOOLS<br>320 W JONES STREET<br>TRENTON, NC 28585      | 56-6001056     | N/A                                  | 28,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAPTAIN PLANET FOUNDATION<br>INC<br>133 LUCKIE STREET<br>ATLANTA, GA 30303 | 58-1959421     | 501(C)(3)                            | 27,980                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| GOOD SHEPHERD FOOD BANK<br>3121 HOTEL ROAD<br>AUBURN, ME 04211             | 22-2986809     | 501(C)(3)                            | 27,500                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF MINNESOTA<br>EXTENSION<br>200 OAK STREET SE SUITE<br>450<br>MINNEAPOLIS, MN 554452010 | 41-6007513     | N/A                                  | 26,824                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| PAMLICO COUNTY SCHOOLS<br>507 ANDERSON DRIVE<br>BAYBORO, NC 28515                                   | 56-6001092     | N/A                                  | 25,161                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUNGER FREE AMERICA<br>50 BROAD STREET SUITE 1103<br>NEW YORK, NY 10004 | 13-3471350     | 501(C)(3)                            | 25,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| YEMEN AID<br>PO BOX 238<br>YONKERS, NY 10704                            | 81-4112042     | 501(C)(3)                            | 25,000                          |  |  |   | INTERNATIONAL AID                         |



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

| <b>(a)</b> Name and address of organization or government                                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY NUTRITION OF THE TRIAD LLC<br>1513 FRANKLIN STREET SUITE 133D<br>CHAPEL HILL, NC 27514 | 81-0696382     | 501(C)(3)                            | 25,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| SUMTER SCHOOL DISTRICT<br>2000 OSWEGO ROAD<br>SUMTER, SC 29153                                | 36-4682689     | N/A                                  | 25,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA ASSOCIATION OF DISTRICT SCHOOL SUPERINTENDENTS<br>208 SOUTH MONROE STREET<br>TALLAHASSEE, FL 32301 | 23-7017835     | 501(C)(6)                            | 25,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| INDY HUNGER NETWORK<br>3737 WALDEMERE AVENUE<br>INDIANAPOLIS, IN 46241                                     | 45-4833492     | 501(C)(3)                            | 25,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS<br>475 LAKE MICHIGAN DRIVE NW<br>GRAND RAPIDS, MI 49504 | 38-1358058     | 501(C)(3)                            | 25,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| PURE HANDS<br>7340 HIGHWAY 78 SUITE 270<br>SACHSE, TX 75048   | 45-4810098     | 501(C)(3)                            | 25,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUCKNER CHILDREN AND FAMILY SERVICES<br>39614 MILE 7 ROAD SUITE 3<br>PENITAS, TX 78576 | 75-2571395     | 501(C)(3)                            | 25,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| TEXAS ACCESS TO JUSTICE FOUNDATION<br>PO BOX 12886<br>AUSTIN, TX 78711                 | 74-2354575     | 501(C)(3)                            | 25,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PANHANDLE HEALTH DISTRICT<br>8500 N ATLAS ROAD<br>HAYDEN, ID 83835               | 82-0537262     | GOV'T                                | 25,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| CATHOLIC COMMUNITY SERVICES OF NORTHERN UTAH<br>2504 F AVENUE<br>OGDEN, UT 84401 | 87-0212450     | 501(C)(3)                            | 25,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAVE THE CHILDREN<br>FEDERATION INC<br>501 KINGS HIGHWAY EAST<br>SUITE 400<br>FAIRFIELD, CT 06825 | 06-0726487     | 501(C)(3)                            | 25,000                          |  |  |   | INTERNATIONAL AID                         |
| THE UNIVERSITY OF AKRON<br>302 BUCHTEL COMMON<br>AKRON, OH 44325                                  | 34-6002924     | N/A                                  | 24,600                          |  |  |   | COOKING MATTERS<br>PROGRAM SUPPORT        |

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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DARLINGTON COUNTY SCHOOL DISTRICT<br>216 NORTH DARLINGTON AVENUE<br>LAMAR, SC 29069 | 57-6003890     | N/A                                  | 23,990                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| GREATER CLARK COUNTY SCHOOLS<br>1600 BRIGMAN AVENUE<br>JEFFERSONVILLE, IN 47130     | 35-1151414     | N/A                                  | 23,960                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST MARY'S COUNTY PUBLIC SCHOOLS<br>22790 MAPLE ROAD<br>LEXINGTON PARK, MD 20653 | 52-6001013     | N/A                                  | 23,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| FORT SMITH PUBLIC SCHOOLS<br>3205 JENNY LIND<br>FORT SMITH, AR 729021948        | 71-6020978     | N/A                                  | 22,850                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN RED CROSS OF MASSACHUSETTS<br>1033 MASSACHUSETTS AVENUE<br>BOSTON, MA 02118 | 53-0196605     | 501(C)(3)                            | 22,825                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| HAWTHORNE SCHOOL DISTRICT<br>12044 S EUCALYPTUS AVENUE<br>HAWTHORNE, CA 90250        | 95-6001545     | N/A                                  | 22,792                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CALIFORNIA ASSOCIATION OF FOOD BANKS<br>1624 FRANKLIN STREET SUITE 722<br>OAKLAND, CA 94612      | 68-0392816     | 501(C)(3)                            | 22,763                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |
| COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION<br>11 FAIRFIELD BLVD<br>WALLINGFORD, CT 06492 | 20-0395748     | 501(C)(3)                            | 22,171                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BEDFORD COUNTY PUBLIC SCHOOLS<br>1095 GOLDEN EAGLE DRIVE<br>MONETA, VA 24121 | 54-6001143     | N/A                                  | 22,095                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ONE HEALTH OHIO<br>726 WICK AVENUE<br>YOUNGSTOWN, OH 44505                   | 34-1609341     | 501(C)(3)                            | 22,055                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COPIAGUE UNION FREE SCHOOL DISTRICT<br>100 DEAUVILLE BLVD<br>COPIAGUE, NY 11726                 | 11-6000450     | N/A                                  | 22,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| INNER CITY EDUCATION FOUNDATION PUBLIC SCHOOLS<br>5311 S CRENSHAW BLVD<br>LOS ANGELES, CA 90043 | 95-4548521     | N/A                                  | 21,451                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL<br>4200 WISCONSIN AVENUE NW<br>SUITE 200<br>WASHINGTON, DC 20016 | 52-2218584     | 501(C)(3)                            | 21,203                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| OREGON FOOD BANK<br>7900 NE 33RD DRIVE<br>PORTLAND, OR 972111918  | 93-0785786     | 501(C)(3)                            | 21,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DEDHAM PUBLIC SCHOOLS<br>70 WHITING AVENUE<br>DEDHAM, MA 02026            | 04-6001128     | N/A                                  | 20,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| CHESAPEAKE PUBLIC SCHOOLS<br>1016 GREENBRIER PKWY<br>CHESAPEAKE, VA 23320 | 54-0972327     | N/A                                  | 20,300                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMAL INDEPENDENT SCHOOL DISTRICT<br>1510 IH 35 N<br>NEW BRAUNFELS, TX 78130                  | 74-6001777     | N/A                                  | 20,200                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| WORLD CENTRAL KITCHEN INC<br>1875 CONNECTICUT AVENUE<br>NW 10TH FLOOR<br>WASHINGTON, DC 20009 | 27-3521132     | 501(C)(3)                            | 20,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALLIANCE TO END HUNGER<br>425 3RD STREET SW SUITE<br>1200<br>WASHINGTON, DC 20024 | 20-2803848     | 501(C)(3)                            | 20,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| COLUMBIA COUNTY SCHOOL DISTRICT<br>1095 FURYS FERRY ROAD<br>EVANS, GA 30809       | 58-6000217     | N/A                                  | 20,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NAKODAH AANIIH ECONOMIC DEVELOPMENT CORPORATION<br>189 CHIPPEWA AVENUE<br>HARLEM, MT 59526 | 47-1275202     | 501(C)(3)                            | 20,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| LIBERAL SCHOOLS USD 480<br>1611 W 2ND STREET<br>LIBERAL, KS 67901                          | 48-0697752     | N/A                                  | 20,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FEEDING TEXAS<br>1524 SOUTH IH-35 SUITE 342<br>AUSTIN, TX 78704         | 74-2762542     | 501(C)(3)                            | 20,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |
| PUEBLO SCHOOL DISTRICT NO 60<br>1902 MONTEZUMA ROAD<br>PUEBLO, CO 81003 | 84-6001882     | N/A                                  | 20,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAWAII APPLESEED CENTER FOR LAW & ECONOMIC JUSTICE<br>119 MERCHANT STREET SUITE 605A<br>HONOLULU, HI 96813 | 76-0748976     | 501(C)(3)                            | 20,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| TENNESSEE JUSTICE CENTER<br>211 UNION STREET SUITE 916<br>NASHVILLE, TN 372011568                          | 62-1630417     | 501(C)(3)                            | 20,000                          |  |  |   | NO KID HUNGRY STATE PARTNER GRANT         |

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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPOTSYLVANIA COUNTY SCHOOL DISTRICT<br>6929 N ROXBURY MILL ROAD<br>SPOTSYLVANIA, VA 22551 | 54-6001624     | N/A                                  | 19,833                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| IDAHO HUNGER RELIEF TASK FORCE<br>963 S ORCHARD<br>BOISE, ID 83705                        | 81-3084559     | 501(C)(3)                            | 19,760                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LA PROMISE FUND<br>202 W 1ST STREET<br>LOS ANGELES, CA 90012             | 20-4562686     | N/A                                  | 19,694                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| END HUNGER CONNECTICUT INC<br>65 HUNGERFORD STREET<br>HARTFORD, CT 06106 | 06-1545835     | 501(C)(3)                            | 19,004                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF WISCONSIN-MADISON<br>RESEARCH SPONSORED PROGRAMS<br>MADISON, WI 537151218 | 39-6006492     | N/A                                  | 19,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| OUR HOUSE INC<br>173 BOULEVARD NORTHEAST<br>ATLANTA, GA 30312                           | 58-1743333     | 501(C)(3)                            | 18,653                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GATHER<br>210 WEST ROAD SUITE 3<br>PORTSMOUTH, NH 03801                 | 02-0226943     | 501(C)(3)                            | 18,510                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| ST MARY PARISH SCHOOL BOARD<br>474 HIGHWAY 317<br>CENTERVILLE, LA 70522 | 72-6001284     | N/A                                  | 18,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GATEWAY COMMUNITY ACTION PARTNERSHIP<br>139 N IOWA AVENUE<br>ATLANTIC CITY, NJ 08401 | 22-1942357     | 501(C)(3)                            | 18,370                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| THE FAMILY & COMMUNITY TRUST<br>114 B EAST HIGH STREET<br>JEFFERSON CITY, MO 65101   | 49-9686506     | 501(C)(3)                            | 18,151                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |



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

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOODCORPS<br>1140 SE 7TH AVENUE SUITE 110<br>PORTLAND, OR 97214    | 27-3990987     | 501(C)(3)                            | 18,005                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| HUDSON SCHOOL DISTRICT<br>1400 CARMICHAEL ROAD<br>HUDSON, WI 54016 | 39-6002665     | N/A                                  | 18,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BASTROP ISD<br>151 VOSS PKWY<br>CEDAR CREEK, TX 78612          | 74-6000230     | N/A                                  | 17,800                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| PACIFIC CLINICS<br>800 SANTA ANITA AVENUE<br>ARCADIA, CA 91006 | 95-1644034     | 501(C)(3)                            | 17,756                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HENRICO COUNTY PUBLIC SCHOOLS<br>3820 NINE MILE ROAD<br>HENRICO, VA 23223 | 54-6001344     | N/A                                  | 17,642                          |  |  |   | AFTERSCHOOL MEALS PROGRAM SUPPORT         |
| HEALTHY WEST CHICAGO<br>108 SHERMAN STREET<br>WEST CHICAGO, IL 60185      | 27-1726852     | 501(C)(3)                            | 17,500                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA<br>700 EDWARDS AVENUE<br>NEW ORLEANS, LA 70123 | 72-0956468     | 501(C)(3)                            | 17,200                          |  |  |   | AFTERSCHOOL MEALS PROGRAM SUPPORT         |
| ALABAMA FOOD BANK ASSOCIATION<br>PO BOX 18607<br>HUNTSVILLE, AL 35804                                       | 27-1591801     | 501(C)(3)                            | 16,677                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNION CITY PUBLIC SCHOOLS<br>1500 NEW YORK AVENUE<br>UNION CITY, NJ 07087 | 22-6002355     | N/A                                  | 16,556                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| BILLINGS PUBLIC SCHOOLS<br>3700 MADISON AVENUE<br>BILLINGS, MT 59101      | 81-6001088     | N/A                                  | 16,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOUNTAIN LAKE SCHOOLS<br>4207 PARK AVENUE<br>HOT SPRINGS, AR 71901 | 71-0475989     | N/A                                  | 16,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| KENNEWICK SCHOOL DISTRICT<br>4TH AVENUE<br>KENNEWICK, WA 99336     | 91-6001557     | N/A                                  | 16,500                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BALTIMORE CO PUBLIC SCHOOL DISTRICT<br>9610 PULASKI PARK DRIVE<br>BALTIMORE, MD 21220  | 52-1819200     | N/A                                  | 16,367                          |  |  |   | AFTERSCHOOL MEALS PROGRAM SUPPORT         |
| MOUNTAIN VIEW ELEMENTARY SCHOOL DISTRICT<br>11111 THIENES AVENUE<br>EL MONTE, CA 91732 | 95-6002140     | N/A                                  | 16,265                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHAPEL HILL-CARRBORO CITY SCHOOLS<br>606 N ESTES DRIVE<br>CHAPEL HILL, NC 27516                     | 56-6001004     | N/A                                  | 16,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| AMERICA'S SECOND HARVEST OF THE BIG BEND INC<br>4016 NORTHWEST PASSAGE<br>TALLAHASSEE, FL 323037817 | 59-2610345     | 501(C)(3)                            | 16,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |



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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ORANGE COUNTY<br>DEPARTMENT OF EDUCATION<br>200 KALMUS DRIVE<br>COSTA MESA, CA 92626 | 95-6000943     | N/A                                  | 15,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| WILSON AREA SCHOOL DISTRICT<br>2400 FIRMSTONE STREET<br>EASTON, PA 18042             | 23-1729126     | N/A                                  | 15,100                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DURHAM PUBLIC SCHOOLS<br>3218 ROSE OF SHARON ROAD<br>DURHAM, NC 27712                             | 56-6001021     | N/A                                  | 15,100                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| CATHOLIC CHARITIES FOOD BANK OF THE SOUTHERN TIER<br>388 UPPER OAKWOOD AVENUE<br>ELMIRA, NY 14903 | 20-8808059     | 501(C)(3)                            | 15,050                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY HARVEST INC<br>6 EAST 32ND STREET 5TH FLOOR<br>NEW YORK, NY 10016 | 13-3170676     | 501(C)(3)                            | 15,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| PEEKSKILL CITY SCHOOL DISTRICT<br>612 DEPEW ST<br>PEEKSKILL, NY 10566  | 13-6007163     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRINCE WILLIAM COUNTY<br>COMMUNITY FOUNDATION INC<br>PO BOX 5148<br>WOODBIDGE, VA 22194 | 82-4105362     | 501(C)(3)                            | 15,000                          |  |  |   | SUMMER MEALS<br>PROGRAM SUPPORT           |
| RICHMOND FOOD JUSTICE<br>ALLIANCE<br>2213 Q STREET<br>RICHMOND, VA 23223                | 82-0947893     | 501(C)(3)                            | 15,000                          |  |  |   | CHILDHOOD HUNGER<br>PROGRAMS              |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOYS & GIRLS CLUBS OF THE VIRGINIA PENINSULA<br>11825 ROCK LANDING DRIVE<br>NEWPORT NEWS, VA 23606 | 54-0538202     | 501(C)(3)                            | 15,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| BUCHANAN COUNTY PUBLIC SCHOOLS<br>27382 RIVERSIDE DR<br>GRUNDY, VA 24614                           | 56-6001174     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA SCHOOL BOARDS ASSOCIATION<br>203 SOUTH MONROE STREET<br>TALLAHASSEE, FL 32301 | 59-1229569     | 501(C)(6)                            | 15,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| LOCAL MATTERS<br>633 PARSONS AVE<br>COLUMBUS, OH 43206                                | 06-1819644     | 501(C)(3)                            | 15,000                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GROVEPORT MADISON SCHOOL DISTRICT<br>5474 SEDALIA DR<br>COLUMBUS, OH 43232 | 31-6006900     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ASHTABULA AREA CITY SCHOOLS<br>2308 WADE AVE<br>ASHTABULA, OH 44004        | 34-6005875     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EUCLID CITY SCHOOLS<br>711 E 222ND ST<br>EUCLID, OH 44123                | 34-6000963     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| GALLIA COUNTY LOCAL SCHOOLS<br>8779 STATE ROUTE 160<br>BIDWELL, OH 45614 | 51-1433336     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION<br>600 EAST BOULEVARD<br>AVENUE DEPT 201<br>BISMARCK, ND 58505 | 45-0309764     | N/A                                  | 15,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| HOUSTON FOOD BANK<br>535 PORTWALL STREET<br>HOUSTON, TX 77029  | 74-2181456     | 501(C)(3)                            | 15,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREELEY-EVANS WELD COUNTY SCHOOL DISTRICT 6<br>2401 35TH AVE<br>GREELEY, CO 80634 | 98-0334500     | N/A                                  | 15,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| UTAH FOOD BANK<br>3150 SOUTH 900 WEST<br>SALT LAKE CITY, UT 84119                 | 87-0212453     | 501(C)(3)                            | 15,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUTTE COUNTY OFFICE OF EDUCATION<br>1859 BIRD ST<br>OROVILLE, CA 95965 | 94-6002433     | GOV'T                                | 15,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| GLEN ROSE SCHOOL DISTRICT<br>14334 HWY 67<br>MALVERN, AR 72104         | 71-6038512     | N/A                                  | 14,975                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WHITTIER UNION HIGH SCHOOL DISTRICT<br>9401 S PAINTER AVE<br>WHITTIER, CA 90605 | 95-6003511     | N/A                                  | 14,610                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| COBB COUNTY SCHOOL DISTRICT<br>3155 JILES ROAD<br>KENNESAW, GA 30144            | 58-6000214     | N/A                                  | 14,574                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FARM HANDS - NOURISH THE FLATHEAD<br>PO BOX 4404<br>WHITEFISH, MT 59937                | 27-2056363     | 501(C)(3)                            | 14,100                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| GEORGIA BUDGET AND POLICY INSTITUTE<br>50 HURT PLAZA SE SUITE 720<br>ATLANTA, GA 30303 | 55-0860376     | 501(C)(3)                            | 13,990                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PROJECT OPEN HAND<br>181 ARMOUR DRIVE NE<br>ATLANTA, GA 30324                  | 58-1816778     | 501(C)(3)                            | 13,990                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| GEORGIA CITIZENS' COALITION ON HUNGER<br>9 GAMMON AVE<br>ATLANTA, GA 303152711 | 23-7422289     | 501(C)(3)                            | 13,990                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MADISON COUNTY PUBLIC HEALTH<br>306 LAFAYETTE STREET SUITE B<br>LONDON, OH 43140 | 31-6400075     | N/A                                  | 13,887                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| DEKALB SCHOOL DISTRICT<br>428<br>1121 SCHOOL ST<br>DEKALB, IL 60115              | 36-6008504     | N/A                                  | 13,800                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOOLY COUNTY BOARD OF EDUCATION<br>11949 HIGHWAY 41<br>PINEHURST, GA 31070                                 | 58-6000230     | N/A                                  | 13,619                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| COUNCIL OF THE GREAT CITY SCHOOLS<br>1331 PENNSYLVANIA AVENUE<br>NW SUITE<br>1100N<br>WASHINGTON, DC 20004 | 36-2481232     | 501(C)(3)                            | 13,500                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |



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

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MSD PIKE TOWNSHIP<br>6450 RODEBAUGH RD<br>INDIANAPOLIS, IN 46268     | 35-6006872     | N/A                                  | 13,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| SOUTHFIELD PUBLIC SCHOOLS<br>24675 LAHSER RD<br>SOUTHFIELD, MI 48033 | 38-6003094     | N/A                                  | 13,475                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BEAVER AREA SCHOOL DISTRICT<br>GYPSY GLEN RD<br>BEAVER, PA 15009        | 25-6004166     | N/A                                  | 12,900                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| OKLAHOMA CITY PUBLIC SCHOOLS<br>2901 NW 23RD<br>OKLAHOMA CITY, OK 73107 | 73-6021175     | N/A                                  | 12,900                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHERN NH SERVICES<br>ROCKINGHAM<br>COMMUNITY ACTION<br>40 PINE STREET<br>MANCHESTER, NH 03103 | 02-0268285     | 501(C)(3)                            | 12,612                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| CHICKASAW NATION<br>520 E ARLINGTON BOX 1548<br>ADA, OK 748211548                                | 73-1374986     | 501(C)(3)                            | 12,612                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER MINNEAPOLIS COUNCIL OF CHURCHESMINNESOTA FOODSHARE<br>1100 E LAKE STREET<br>MINNEAPOLIS, MN 55407 | 41-0693933     | 501(C)(3)                            | 12,518                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| LOUDOUN CO PUBLIC SCHOOL DISTRICT<br>400 W LAUREL AVENUE<br>STERLING, VA 20164                            | 54-6001395     | N/A                                  | 12,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RUSSELL COUNTY PUBLIC SCHOOLS<br>53 GEORGE BEN WHITED DR<br>LEBANON, VA 24266          | 54-6001591     | N/A                                  | 12,500                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY<br>577 CENTRAL AVE<br>DOVER, NH 03820 | 02-0268636     | 501(C)(3)                            | 12,431                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALVORD UNIFIED SCHOOL DISTRICT<br>10435 BRANIGAN WAY<br>RIVERSIDE, CA 92505 | 91-1794390     | N/A                                  | 12,400                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| HELENA SCHOOL DISTRICT 1<br>1023 E BROADWAY ST<br>HELENA, MT 59601          | 81-6000557     | N/A                                  | 12,200                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MUSKEGON PUBLIC SCHOOLS<br>80 W SOUTHERN AVE<br>MUSKEGON, MI 49441      | 38-6002960     | N/A                                  | 12,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| POLK COUNTY PUBLIC SCHOOLS<br>1915 SOUTH FLORAL AVE<br>BARTOW, FL 33830 | 59-6000807     | N/A                                  | 11,900                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOODSHARE INC<br>450 WOODLAND AVENUE<br>BLOOMFIELD, CT 06002                 | 22-2474771     | 501(C)(3)                            | 11,614                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| SPARTANBURG SCHOOL DISTRICT 1<br>1420 COMPTON BRIDGE ROAD<br>INMAN, SC 29349 | 57-0687554     | N/A                                  | 11,441                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT<br>PO BOX 2945<br>FLORENCE, AZ 85132   | 86-6000556     | N/A                                  | 11,400                          |  |  |   | COOKING MATTERS PROGRAM SUPPORT           |
| CANDLER COUNTY SCHOOL DISTRICT<br>34905 GA HIGHWAY 129<br>SOUTH<br>METTER, GA 30439 | 58-6000202     | N/A                                  | 11,329                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD FINDERS FOOD BANK<br>1204 GREENBUSH ST<br>LAFAYETTE, IN 47904                       | 31-1020198     | 501(C)(3)                            | 11,120                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| COLLETON COUNTY SCHOOL DISTRICT<br>213 NORTH JEFFERIES BOULEVARD<br>WALTERBORO, SC 29488 | 57-6000338     | N/A                                  | 11,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FEEDING AMERICA TAMPA BAY<br>4702 TRANSPORT DRIVE<br>TAMPA, FL 33605                     | 59-2116576     | 501(C)(3)                            | 11,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| WARRENSVILLE HEIGHTS CITY<br>SCHOOL DISTRICT<br>24301 EMERY RD<br>WARRENSVILLE, OH 44128 | 34-6002991     | N/A                                  | 11,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MCALLEN INDEPENDENT SCHOOL DISTRICT<br>2000 NORTH 23RD STREET<br>MCALLEN, TX 78501     | 74-6001658     | N/A                                  | 11,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| BOYS & GIRLS CLUB OF GREATER WESTFIELD<br>28 WEST SILVER STREET<br>WESTFIELD, MA 01086 | 04-2464259     | 501(C)(3)                            | 11,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FALL MOUNTAIN REGIONAL SCHOOL DISTRICT<br>122 NH ROUTE 12A UNIT 5<br>LANGDON, NH 03602 | 02-0269789     | N/A                                  | 11,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| WINDHAM NORTHEAST SUPERVISORY UNION<br>25 CHERRY STREET<br>BELLOWS FALLS, VT 05101     | 03-0223665     | 501(C)(6)                            | 11,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREAT FALLS PUBLIC SCHOOLS<br>3800 1ST AVENUE SOUTH<br>GREAT FALLS, MT 59401 | 81-6000120     | N/A                                  | 10,954                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| DANVILLE PUBLIC SCHOOLS<br>701 BROAD ST<br>DANVILLE, VA 24541                | 54-6001248     | N/A                                  | 10,900                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOTPRINTS FOOD PANTRY<br>PO BOX 24637 OLD POST ROAD<br>KITTERY, ME 03904    | 22-3149937     | 501(C)(3)                            | 10,888                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| ADAMS 12 FIVE STAR SCHOOLS<br>9351 N WASHINGTON STREET<br>THORNTON, CO 80229 | 84-6000822     | N/A                                  | 10,770                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LARRY JOE HARLESS<br>COMMUNITY CENTER<br>202 LARRY JOE HARLESS<br>DRIVE<br>GILBERT, WV 25621 | 55-0749741     | 501(C)(3)                            | 10,600                          |  |  |   | SUMMER MEALS<br>PROGRAM SUPPORT           |
| UNITED WAY OF CENTRAL<br>IOWA<br>1111 NINTH STREET SUITE<br>100<br>DES MOINES, IA 50314      | 42-0680425     | 501(C)(3)                            | 10,080                          |  |  |   | CHILDHOOD HUNGER<br>PROGRAMS              |



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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARTERET BOARD OF EDUCATION<br>300 CARTERET AVE<br>CARTERET, NJ 07008                    | 22-6001708     | N/A                                  | 10,022                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ALLEGHENY COUNTY HEALTH DEPARTMENT WIC PROGRAM<br>542 FOURTH AVE<br>PITTSBURGH, PA 15219 | 25-6001017     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY HEALTH COUNCIL<br>CENTRAL PA INC<br>3461 MARKET STREET<br>CAMP HILL, PA 17011 | 23-7289815     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| DREXEL UNIVERSITY<br>600 MARKET STREET 7TH FLOOR<br>PHILADELPHIA, PA 19104           | 23-1352630     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DELAWARE DEPARTMENT OF EDUCATION<br>401 FEDERAL ST SUITE 2<br>DOVER, DE 19901 | 51-6000279     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| BREAD FOR THE CITY<br>1525 SEVENTH STREET NW<br>WASHINGTON, DC 20001          | 52-1138207     | N/A                                  | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COUNCIL OF CHIEF STATE SCHOOL OFFICERS<br>ONE MASSACHUSETTS AVENUE NW SUITE 700<br>WASHINGTON, DC 20001 | 53-0198090     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| CONGRESSIONAL HISPANIC CAUCASUS INSTITUTE INC<br>1128 16TH STREET NW<br>WASHINGTON, DC 20036            | 52-1114225     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MANNA FOOD CENTER<br>9311 GAITHER ROAD<br>GAITHERSBURG, MD 20877               | 52-1289203     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |
| NATIONAL SCHOOL BOARDS ASSOCIATION<br>1680 DUKE ST FL2<br>ALEXANDRIA, VA 22314 | 36-2210015     | 501(C)(6)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHAMPTON CO SCHOOL DISTRICT<br>23350 SOUTHAMPTON PKWY<br>COURTLAND, VA 23837         | 54-6001620     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| NORTH CAROLINA OFFICE OF THE GOVERNOR<br>20301 MAIL SERVICE CENTER<br>RALEIGH, NC 27699 | 56-1310675     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RICHLAND COUNTY SCHOOL DISTRICT ONE<br>3455 PINEBELT ROAD<br>COLUMBIA, SC 29204             | 57-6000243     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| THE UNIVERSITY OF TENNESSEE FOUNDATION INC<br>1525 UNIVERSITY AVENUE<br>KNOXVILLE, TN 37921 | 62-1844686     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PAULDING EXEMPTED VILLAGE SCHOOLS<br>309 N 1ST ST<br>OAKWOOD, OH 45873                 | 34-6401044     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| PONTIAC ACADEMY FOR EXCELLENCE DISTRICT<br>196 CESAR E CHAVEZ AVE<br>PONTIAC, MI 48342 | 38-3325411     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |



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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MADISON METROPOLITAN SCHOOL DISTRICT<br>702 PFLAUM ROAD<br>MADISON, WI 53716 | 39-6003202     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| HOPKINS PUBLIC SCHOOLS<br>10700 CEDAR LAKE RD<br>MINNETONKA, MN 55305        | 41-6008248     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONE SPIRIT<br>PO BOX 3209<br>RAPID CITY, SD 57709                     | 26-3592983     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |
| BALL CHATHAM SCHOOL DISTRICT<br>1015 NEW CITY RD<br>CHATHAM, IL 62629 | 37-6004598     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD BANK OF NORTHWEST<br>LOUISIANA<br>2307 TEXAS AVENUE<br>SHREVEPORT, LA 71103 | 72-1328890     | 501(C)(3)                            | 10,000                          |  |  |   | SUMMER MEALS<br>PROGRAM SUPPORT           |
| HITCHCOCK ISD<br>6629 FM 2004<br>HITCHCOCK, TX 77563                             | 74-6001099     | PUBLIC SCHOOL                        | 10,000                          |  |  |   | SCHOOL BREAKFAST<br>PROGRAM SUPPORT       |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRIANGLE COMMUNITY OUTREACH<br>3505 PROCTER STREET 43<br>PORT ARTHUR, TX 77642 | 76-0034306     | 501(C)(3)                            | 10,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| FOOD BANK OF THE RIO GRANDE VALLEY INC<br>724 N CAGE BLVD<br>PHARR, TX 78577   | 74-2421560     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLARK COUNTY SCHOOL DISTRICT<br>1698 PATRICK LN<br>HENDERSON, NV 89014                       | 88-6000030     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| UNIVERSITY OF CALIFORNIA RIVERSIDE FOUNDATION<br>1136 HINDERAKER HALL<br>RIVERSIDE, CA 92521 | 23-7433570     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KERN HIGH SCHOOL DISTRICT<br>900 VARSITY RD<br>ARVIN, CA 93203 | 15-6352900     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| LODI UNIFIED SCHOOL DISTRICT<br>945 S HAM LN<br>LODI, CA 95242 | 94-1054700     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY ACTION AGENCY OF BUTTE COUNTY INC<br>PO BOX 6369<br>CHICO, CA 95927 | 94-1640546     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |
| DIGNITY HEALTH CONNECTED LIVING<br>200 MERCY OAKS DR<br>REDDING, CA 96003     | 23-7115371     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAWAII CHILD NUTRITION PROGRAMS<br>650 IWILEI SUITE 270<br>HONOLULU, HI 96817 | 99-0266482     | GOV'T                                | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| COMMON THREADS FARM<br>810 HALLECK ST<br>BELLINGHAM, WA 98225                 | 20-5163417     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |



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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPRINGFIELD PUBLIC SCHOOLS<br>75 CADWELL DRIVE<br>SPRINGFIELD, MA 01104 | 04-6001415     | N/A                                  | 10,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| SWANSEA PUBLIC SCHOOLS<br>70 SCHOOL ST<br>SWANSEA, MA 02777             | 04-6001319     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WINDSOR SCHOOLS<br>127 STATE STREET<br>WINDSOR, VT 05089         | 03-6000776     | N/A                                  | 10,000                          |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| MERIDEN PUBLIC SCHOOLS<br>22 LIBERTY STREET<br>MERIDEN, CT 06450 | 06-6001893     | N/A                                  | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARY'S CENTER FOR MATERNAL AND CHILD CARE INC<br>2333 ONTARIO ROAD NW<br>WASHINGTON, DC 200092627 | 52-1594116     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA<br>3808 TARHEEL DRIVE<br>RALEIGH, NC 276097521      | 56-1283426     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KANSAS STATE DEPARTMENT OF EDUCATION<br>LANDON STATE OFFICE<br>BUILDING 900 SW JACKSON SUITE 307<br>TOPEKA, KS 666121212 | 48-6029925     | N/A                                  | 10,000                          |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| FOOD LIFELINE<br>1702 NE 150TH ST<br>SHORELINE, WA 981557226   | 91-1090450     | 501(C)(3)                            | 10,000                          |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PUBLIC HEALTH MADISON<br>DANE COUNTY WIC<br>2300 S PARK ST SUITE 2010<br>MADISON, WI 53713 | 39-6005507     | 501(C)(3)                            | 9,980                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| BAY CITY ACADEMY DISTRICT<br>5055 COREY RD<br>MANCERLONA, MI 49659                         | 27-4829550     | N/A                                  | 9,765                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOZEMAN SCHOOL DISTRICT<br>#7<br>3525 S 3RD RD<br>BOZEMAN, MT 59715 | 81-6000413     | N/A                                  | 9,714                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| WEST ORANGE PUBLIC SCHOOLS<br>298 MAIN ST<br>W ORANGE, NJ 07052     | 22-6002398     | N/A                                  | 9,547                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREENSVILLE CO SCHOOL DISTRICT<br>206 SLAGLES LAKE RD<br>EMPORIA, VA 23847 | 54-6001326     | N/A                                  | 9,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| JACKSON COUNTY SCHOOLS<br>391 EAST JEFFERSON<br>HOSCHTON, GA 30548         | 58-6000266     | N/A                                  | 9,100                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARCHMENT SCHOOL DISTRICT<br>307 NORTH RIVERVIEW DR<br>KALAMAZOO, MI 49004    | 38-6001939     | N/A                                  | 9,100                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| NORTHWEST LOCAL SCHOOL DISTRICT<br>3173 SPRINGDALE RD<br>CINCINNATI, OH 45251 | 31-6000769     | N/A                                  | 9,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EL DORADO PUBLIC SCHOOLS<br>601 MARTIN LUTHER KING JR<br>BOULEVARD<br>EL DORADO, AR 71730 | 71-6020730     | N/A                                  | 9,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| PHARR-SAN JUAN-ALAMO ISD<br>500 E SAM HOUSTON<br>PHARR, TX 78577                          | 74-6001876     | N/A                                  | 9,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAKERSFIELD CITY SCHOOL DISTRICT<br>535 EAST CASA LOMA DR<br>BAKERSFIELD, CA 93307    | 95-6000671     | N/A                                  | 8,875                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| SOUTH TEXAS JUVENILE DIABETES ASSOCIATION<br>313 WEST NOLANA AVE<br>MCALLEN, TX 78504 | 45-3645389     | 501(C)(3)                            | 8,832                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIVINGSTON PARISH PUBLIC SCHOOLS<br>1000 NORTH RANGE AVE<br>DENHAM SPRINGS, LA 70726 | 72-0882480     | N/A                                  | 8,748                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| MSD LAFAYETTE<br>611 S 21ST ST<br>LAFAYETTE, IN 47905                                | 35-6002558     | N/A                                  | 8,660                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VALLEY VIEW SCHOOL DISTRICT<br>1 COLUMBUS DR<br>ARCHBALD, PA 18403          | 23-1710489     | N/A                                  | 8,656                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| FREELAND COMMUNITY SCHOOL DISTRICT<br>8250 WEBSTER ST<br>FREELAND, MI 48623 | 14-6589874     | N/A                                  | 8,640                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LARAMIE COUNTY SCHOOL DISTRICT NO 2<br>503 ELM ST<br>PINE BLUFFS, WY 82082           | 83-0212564     | N/A                                  | 8,553                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| FONDA-FULTONVILLE CENTRAL SCHOOL DISTRICT<br>112 OLD JOHNSTOWN RD<br>FONDA, NY 12068 | 14-6009591     | N/A                                  | 8,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNION AREA SCHOOL DISTRICT<br>500 S SCOTLAND LN<br>NEW CASTLE, PA 16101 | 25-6003255     | N/A                                  | 8,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| EDINA PUBLIC SCHOOLS<br>4725 SOUTH VIEW LANE<br>EDINA, MN 55424         | 41-6001406     | N/A                                  | 8,400                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUPAGE HIGH SCHOOL<br>DISTRICT 88<br>213 N LOMBARD AVE<br>ADDISON, IL 60101 | 36-6004527     | N/A                                  | 8,300                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| NH HUNGER SOLUTIONS<br>18 LOUDON RD PO BOX 3477<br>CONCORD, NH 03302        | 22-2936618     | 501(C)(3)                            | 8,267                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GRIFFIN-SPALDING COUNTY SCHOOLS<br>251 BIRDIE RD<br>GRIFFIN, GA 30223 | 58-6003006     | N/A                                  | 8,130                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| EDENTON-CHOWAN SCHOOLS<br>600 WOODARD ST<br>EDENTON, NC 27932         | 56-0889236     | N/A                                  | 8,013                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARFORD COUNTY PUBLIC SCHOOLS<br>101 INDUSTRY LANE<br>FOREST HILL, MD 21050         | 52-6000955     | N/A                                  | 8,000                           |  |  |   | AFTERSCHOOL MEALS PROGRAM SUPPORT         |
| WASHINGTON COUNTY PUBLIC SCHOOLS<br>31437 HILLMAN HIGHWAY<br>GLADE SPRING, VA 24340 | 54-6001671     | N/A                                  | 8,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JACKSON COUNTY BOE<br>141 ALABAMA HWY 71<br>SECTION, AL 35771 | 63-6000941     | N/A                                  | 8,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| FAIRBORN CITY SCHOOLS<br>200 LINCOLN DR<br>FAIRBORN, OH 45324 | 31-6000731     | N/A                                  | 8,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAYDEL COMMUNITY SCHOOL DISTRICT<br>5740 NE 14TH STREET<br>DES MOINES, IA 50313 | 42-6017814     | N/A                                  | 8,000                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| BENTON SCHOOL DISTRICT<br>1124 HOOVER STREET<br>BENTON, AR 72015                | 71-6020486     | N/A                                  | 8,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST VINCENT DE PAUL<br>1901 62ND STREET SUITE<br>3906<br>BALTIMORE, MD 21237 | 27-3146614     | 501(C)(3)                            | 7,942                           |  |  |   | AFTERSCHOOL MEALS<br>PROGRAM SUPPORT      |
| FRESH FOOD FACTOR<br>4152 CANAL STREET<br>NEW ORLEANS, LA 70119             | 72-0709750     | 501(C)(3)                            | 7,800                           |  |  |   | SUMMER MEALS<br>PROGRAM SUPPORT           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTER FOR TRANSFORMATIVE ACTION - THE YOUTH FARM PROJECT<br>119 ANABEL TAYLOR HALL<br>ITHACA, NY 14853 | 16-0990318     | 501(C)(3)                            | 7,550                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| GOOCHLAND CO SCHOOL DISTRICT<br>1552 SHEPPARD TOWN RD<br>CROZIER, VA 23039                              | 54-6001316     | N/A                                  | 7,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLAY COUNTY DISTRICT SCHOOLS<br>466 MADISON AVENUE<br>ORANGE PARK, FL 32065                     | 59-6000552     | N/A                                  | 7,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| TEXAS ELEMENTARY PRINCIPALS AND SUPERVISORS ASSOCIATION<br>01 E 10TH STREET<br>AUSTIN, TX 78701 | 74-1588351     | 501(C)(6)                            | 7,500                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MISSION SPARK (ON BEHALF OF THE COLORADO MATERNAL MENTAL HEALTH COLLABORATI<br>PO BOX 202466<br>DENVER, CO 80220 | 45-3048867     | 501(C)(3)                            | 7,500                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| SOUTH WHITTIER SCHOOL DISTRICT<br>13243 EAST LOS NIETOS RD<br>WHITTIER, CA 90605                                 | 95-6002991     | N/A                                  | 7,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT<br>80 N PENNSYLVANIA AVE<br>EDISON, NJ 08817   | 22-6002417     | N/A                                  | 7,420                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| MONTGOMERY CO PUBLIC SCHOOLS<br>8401 TURKEY THICKET DRIVE<br>GAITHERSBURG, MD 20879 | 52-6000989     | N/A                                  | 7,400                           |  |  |   | AFTERSCHOOL MEALS PROGRAM SUPPORT         |



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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY SQUARE<br>1610 S MALCOLM X BLVD<br>SUITE 250<br>DALLAS, TX 75226                     | 75-2332948     | 501(C)(3)                            | 7,338                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| FRANKLIN REDEVELOPMENT AND HOUSING AUTHORITY<br>100 EAST 4TH AVENUE<br>FRANKLIN, VA 23851 | 54-0791816     | N/A                                  | 7,300                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHELBY EASTERN SCHOOLS<br>306 S EAST ST<br>WALDRON, IN 46182          | 00-1924036     | N/A                                  | 7,300                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| PLUM BOROUGH SCHOOL DISTRICT<br>313 HOLIDAY PARK DR<br>PLUM, PA 15239 | 25-6002550     | N/A                                  | 7,294                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NAVAJO WOMEN INFANTS AND CHILDREN NUTRITION PROGRAM<br>PO DRAWER 1390<br>WINDOW ROCK, AZ 86515 | 00-9001702     | 501(C)(3)                            | 7,250                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| AIRPORT COMMUNITY SCHOOLS<br>11330 GRAFTON RD<br>CARLETON, MI 48117                            | 38-6002772     | N/A                                  | 7,224                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST TAMMANY PARISH SCHOOL BOARD<br>900 RUE VERAND<br>SLIDELL, LA 70458                     | 72-6001305     | N/A                                  | 7,150                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| CORNELL COOPERATIVE EXTENSION - TOMPKINS COUNTY<br>615 WILLOW AVE<br>ITHACA, NY 148503555 | 16-6072897     | N/A                                  | 7,106                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DEKALB ACADEMY OF TECHNOLOGY & ENVIRONMENT CHARTER SCHOOLS INC<br>1492 KELTON DRIVE<br>STONE MOUNTAIN, GA 30083 | 42-1657331     | N/A                                  | 7,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| RICHMOND COUNTY SCHOOL SYSTEM<br>345 42ND ST BLDG 43400<br>AUGUSTA, GA 30905                                    | 58-6000310     | N/A                                  | 7,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THOMASVILLE CITY SCHOOLS<br>750 GATES DRIVE<br>THOMASVILLE, AL 36784 | 63-0454371     | N/A                                  | 7,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| DARE TO CARE<br>5803 FERN VALLEY ROAD<br>LOUISVILLE, KY 40228        | 23-7345952     | 501(C)(3)                            | 7,000                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAYETTEVILLE PUBLIC SCHOOLS<br>1000 W BULLDOG BLVD<br>FAYETTEVILLE, AR 72701   | 71-6021514     | N/A                                  | 7,000                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| TWIN RIVERS UNIFIED SCHOOL DISTRICT<br>5000 MCCLOUD DR<br>SACRAMENTO, CA 95842 | 30-0475870     | N/A                                  | 7,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOVER CITY SCHOOLS<br>520 N WALNUT ST<br>DOVER, OH 44622                | 34-6000867     | N/A                                  | 6,969                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ROSELAND SCHOOL DISTRICT<br>950 SEBASTOPOL ROAD<br>SANTA ROSA, CA 95407 | 36-4766964     | N/A                                  | 6,750                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KYRENE SCHOOL DISTRICT<br>1050 EAST CARVER RD<br>TEMPE, AZ 85284 | 86-6000494     | N/A                                  | 6,729                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| HOPEWELL AREA SD<br>3000 KANE RD<br>ALIQIPPA, PA 15001           | 25-6004168     | N/A                                  | 6,600                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRAIRIE FAMILY CENTER<br>372 14TH STREET<br>BURLINGTON, CO 80807              | 84-1355666     | 501(C)(3)                            | 6,543                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| CALVERT COUNTY FAMILY NETWORK<br>30 DUKE STREET<br>PRINCE FREDERICK, MD 20678 | 52-6002810     | 501(C)(3)                            | 6,500                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ZEELAND PUBLIC SCHOOLS<br>320 EAST MAIN AVE<br>ZEELAND, MI 49464                     | 38-6003307     | N/A                                  | 6,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| COLUMBIA FALLS SCHOOL DISTRICT #6<br>440 4TH AVENUE WEST<br>COLUMBIA FALLS, MT 59912 | 81-6000371     | N/A                                  | 6,425                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GASTON COUNTY SCHOOLS<br>525 ED WILSON RD<br>BESSEMER CITY, NC 28016   | 56-6001032     | N/A                                  | 6,400                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| BLOOM-VERNON LOCAL SCHOOLS<br>10529 MAIN ST<br>SOUTH WEBSTER, OH 45682 | 31-6400315     | N/A                                  | 6,350                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC<br>1 SYLVAN DALE RD<br>JEWETT CITY, CT 06351 | 06-0806128     | 501(C)(3)                            | 6,333                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| OAK PARK SCHOOL DISTRICT<br>22180 PARKLAWN 13900<br>GRANZON<br>OAK PARK, MI 48237           | 38-6003091     | N/A                                  | 6,300                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOSSIER PARISH SCHOOLS<br>4312 SHED RD<br>BOSSIER CITY, LA 71111   | 72-6000185     | N/A                                  | 6,272                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| MARYLAND ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS INC<br>229 E MAIN STREET SUITE H<br>WESTMINSTER, MD 21157 | 52-0982092     | 501(C)(3)                            | 6,000                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PORTSMOUTH PUBLIC SCHOOLS<br>34 GRAND ST<br>PORTSMOUTH, VA 23701                        | 54-6001517     | N/A                                  | 6,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| FEEDING NORTHEAST FLORIDA<br>1116 EDGEWOOD AVE N<br>UNITS D/E<br>JACKSONVILLE, FL 32254 | 46-5014769     | 501(C)(3)                            | 6,000                           |  |  |   | DISASTER/EMERGENCY RELIEF                 |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FEEDING SOUTH FLORIDA INC<br>2501 SW 32 TERRACE<br>PEMBROKE PARK, FL 33023 | 59-2097520     | 501(C)(3)                            | 6,000                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| NORTHWOOD LOCAL SCHOOLS<br>700 LEMOYNE ROAD<br>NORTHWOOD, OH 43619         | 34-6401165     | N/A                                  | 6,000                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASBURY PARK BOARD OF EDUCATION<br>910 4TH AVENUE<br>ASBURY PARK, NJ 07712           | 21-6000111     | N/A                                  | 6,000                           |  |  |   | AFTERSCHOOL MEALS PROGRAM SUPPORT         |
| JOSEPH CITY UNIFIED SCHOOL DISTRICT<br>4620 EAST 2ND NORTH<br>JOSEPH CITY, AZ 86032 | 86-0226372     | N/A                                  | 5,950                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COLUMBIA LOCAL SCHOOLS<br>13646 WEST RIVER RD<br>COLUMBIA STATION, OH<br>44028 | 34-6000742     | N/A                                  | 5,800                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| MASON COUNTY CENTRAL SCHOOLS<br>300 WEST BROADWAY AVE<br>SCOTTVILLE, MI 49454  | 38-6002616     | N/A                                  | 5,800                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SECOND HARVEST FOOD BANK OF METROLINA<br>500 B SPRATT ST<br>CHARLOTTE, NC 28206 | 56-1352593     | 501(C)(3)                            | 5,670                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| ESPIRITU SCHOOLS<br>4848 S 2ND ST<br>PHOENIX, AZ 85040                          | 86-0778361     | N/A                                  | 5,620                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EDUCATION COMMISSION OF THE STATES<br>700 BROADWAY SUITE 810<br>DENVER, CO 80203   | 31-0722194     | 501(C)(3)                            | 5,600                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| BEAUFORT COUNTY SCHOOL DISTRICT<br>2900 MINK POINT BOULEVARD<br>BEAUFORT, SC 29902 | 57-6000310     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COLLIERVILLE SCHOOLS<br>1101 N BYHALIA ROAD<br>COLLIERVILLE, TN 38017 | 46-4455011     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ELYRIA CITY SCHOOLS<br>601 MIDDLE AVENUE<br>ELYRIA, OH 44035          | 34-6000937     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BLUE RIVER VALLEY SCHOOL CORPORATION<br>4713 N VIKING TRAIL<br>NEW CASTLE, IN 47362 | 35-1090397     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| SOUTH HENRY SCHOOL CORPORATION<br>6972 SOUTH STATE ROAD 103<br>STRAUGHN, IN 47387   | 35-1077632     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IMAGINE SCHOOLS<br>1290 WEST VAH KI INN ROAD<br>COOLIDGE, AZ 85228                   | 20-4926729     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| BLUE RIDGE UNIFIED SCHOOL DISTRICT<br>3050 PORTER MOUNTAIN ROAD<br>PINETOP, AZ 85929 | 86-6000542     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRESCOTT VALLEY SCHOOL DISTRICT<br>9500 E LORNA LANE<br>PRESCOTT VALLEY, AZ 86314 | 20-4595288     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| ST MICHAEL INDIAN SCHOOL<br>PO BOX 650<br>SAINT MICHAELS, AZ 86511                | 86-0101517     | N/A                                  | 5,500                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



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

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BENSON PUBLIC SCHOOLS 777<br>1400 MONTANA AVENUE<br>BENSON, MN 562151246 | 41-6004181     | N/A                                  | 5,500                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| TALBOT CO SCHOOL DISTRICT<br>PO BOX 1029<br>EASTON, MD 21601             | 52-6001031     | N/A                                  | 5,478                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD BANK OF SOUTH JERSEY<br>1501 JOHN TIPTON BLVD<br>PENNSAUKEN, NJ 08110 | 22-2623089     | 501(C)(3)                            | 5,471                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| SEACOAST EAT LOCAL<br>2 WASHINGTON ST<br>DOVER, NH 03820                   | 45-2547575     | 501(C)(3)                            | 5,444                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| END 68 HOURS OF HUNGER<br>PO BOX 676<br>SOMERSWORTH, NH 03878 | 45-0998251     | 501(C)(3)                            | 5,444                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |
| ST PAUL PUBLIC SCHOOLS<br>1930 COMO AVE<br>ST PAUL, MN 55108  | 41-0901311     | N/A                                  | 5,400                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ANACONDA FAMILY RESOURCE CENTER BOYS AND GIRLS CLUB OF DEER LODGE COUNTY<br>118 E 7TH SUITE 1B<br>ANACONDA, MT 59711 | 81-0453993     | 501(C)(3)                            | 5,400                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| BROCKTON PUBLIC SCHOOLS<br>105 KEITH AVE<br>BROCKTON, MA 02301   | 04-6001382     | N/A                                  | 5,394                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOODLAWN SCHOOL DISTRICT<br>6760 HWY 63<br>RISON, AR 71665            | 71-6021273     | N/A                                  | 5,300                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| SAYREVILLE SCHOOL DISTRICT<br>800 WASHINGTON ROAD<br>PARLIN, NJ 08859 | 22-6002289     | N/A                                  | 5,300                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LENNOX SCHOOL DISTRICT<br>10319 FIRMONA AVENUE<br>LENNOX, CA 90304 | 95-6001848     | N/A                                  | 5,250                           |  |  |   | SUMMER MEALS PROGRAM SUPPORT              |
| BUTTE SCHOOL DISTRICT #1<br>2600 GRAND AVENUE<br>BUTTE, MT 59701   | 81-6000956     | N/A                                  | 5,130                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEADERSHIP PREPARATORY ACADEMY DISTRICT<br>6400 WOODROW ROAD<br>LITHONIA, GA 30058    | 51-0654315     | N/A                                  | 5,100                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| SOUTH DAKOTA DEPARTMENT OF HEALTH WIC PROGRAM<br>600 EAST CAPITAL<br>PIERRE, SD 57501 | 46-6000364     | N/A                                  | 5,100                           |  |  |   | CHILDHOOD HUNGER PROGRAMS                 |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRIGHT LOCAL SCHOOL DISTRICT<br>6100 FAIR RIDGE ROAD<br>HILLSBORO, OH 45133      | 51-0962340     | N/A                                  | 5,100                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |
| KENSTON LOCAL SCHOOL DISTRICT<br>9500 BAINBRIDGE ROAD<br>CHAGRIN FALLS, OH 44023 | 34-6000175     | N/A                                  | 5,074                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |



| <b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> |                |                                      |                                 |  |  |   |   |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
| WINSTON SALEM FORSYTH COUNTY SCHOOLS<br>5501 MURRAY ROAD<br>WINSTON SALEM, NC 27106                                   | 56-0795164     | N/A                                  | 5,025                           |  |  |   | SCHOOL BREAKFAST PROGRAM SUPPORT          |

**Schedule J**  
**(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Compensation Information

OMB No 1545-0047

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

# 2018

**Open to Public Inspection**

Name of the organization  
SHARE OUR STRENGTH

Employer identification number

52-1367538

## Part I Questions Regarding Compensation

|   | Yes           | No |
|---|---------------|----|
| <b>1a</b> 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<br><input checked="" type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account  |               |    |
| <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)             |               |    |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | <b>1b</b> Yes |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?   | <b>2</b> Yes  |    |
| <b>3</b> 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<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations  |               |    |
| <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |               |    |
| <b>4</b> 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  |               |    |
| <b>a</b> Receive a severance payment or change-of-control payment?  | <b>4a</b>     | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | <b>4b</b> Yes |    |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   | <b>4c</b>     | No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |               |    |
| <b>5</b> 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  |               |    |
| <b>a</b> The organization?  | <b>5a</b> Yes |    |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III  | <b>5b</b>     | No |
| <b>6</b> 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  |               |    |
| <b>a</b> The organization?  | <b>6a</b> Yes |    |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III  | <b>6b</b>     | No |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | <b>7</b>      | No |
| <b>8</b> 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  | <b>8</b>      | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>      |    |

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

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

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

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

**Part III Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| 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. |

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 4B  | THOMAS NELSON, PRESIDENT & CEO, RECEIVED A CONTRIBUTION OF 58,931 TO HIS 457(F) RETIREMENT PLAN |

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| 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 |

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| 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 |





**Additional Data**

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

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

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (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 |  |                         |                                 |   |
| WILLIAM H SHORE-<br>FOUNDER<br>EXECUTIVE CHAIRMAN,<br>DIRECTOR     | (i)  | 333,505  | 46,803                              | 36,000                              | 12,220   | 38,077                  | 466,605                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DEBBIE SHORE<br>CO-FOUNDER   | (i)  | 208,071  | 29,250                              | 0                                   | 3,169  | 12,469                  | 252,959                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| THOMAS NELSON<br>PRESIDENT & CEO,<br>SECRETARY                     | (i)  | 331,370  | 43,217                              | 64,150                              | 31,577   | 4,633                   | 474,947                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JESSICA SHERRY<br>SENIOR VP, CHIEF<br>FINANCIAL OFFICER            | (i)  | 171,635  | 11,580                              | 0                                   | 9,250  | 6,805                   | 199,270                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| PETER KAYE- CHIEF<br>REVENUE<br>& MARKETING- UNTIL<br>05/2019      | (i)  | 275,264  | 39,956                              | 0                                   | 13,180   | 20,077                  | 348,477                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CHARLES SCOFIELD<br>EXECUTIVE VICE<br>PRESIDENT                    | (i)  | 242,566  | 34,690                              | 0                                   | 9,250  | 20,077                  | 306,583                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| LISA DAVIS- SENIOR VP<br>NO KID HUNGRY PROGRAM                     | (i)  | 201,629  | 28,108                              | 0                                   | 9,250  | 18,974                  | 257,961                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DIANA HOVEY- SENIOR VP<br>DINE FOR NO KID HUNGRY                   | (i)  | 198,393  | 28,160                              | 0                                   | 9,230  | 14,154                  | 249,937                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CLAY DUNN- SENIOR VP<br>CHIEF COMM OFFICER                         | (i)  | 193,679  | 27,069                              | 0                                   | 9,250  | 13,900                  | 243,898                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JILL DAVIS- SENIOR VP<br>CORPORATE PARTNERSHIPS                    | (i)  | 193,371  | 27,003                              | 0                                   | 9,250  | 7,006                   | 236,630                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| SERENA WILLIAMS- SENIOR<br>VP<br>CHIEF PEOPLE OFFICER              | (i)  | 189,410  | 27,069                              | 0                                   | 9,250  | 18,945                  | 244,674                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| AMY ZGANJAR<br>SENIOR VP, DEVELOPMENT                              | (i)  | 185,121  | 25,642                              | 0                                   | 4,651  | 2,275                   | 217,689                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| RICHARD KOSTRO- SENIOR<br>VP<br>CHIEF INFORMATION<br>OFFICER       | (i)  | 176,752  | 26,127                              | 0                                   | 5,550  | 20,052                  | 228,481                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| ELLIOTT GASKINS<br>MANAGING DIRECTOR,<br>DEVELOPMENT               | (i)  | 159,352  | 8,500                               | 0                                   | 4,180  | 16,533                  | 188,565                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JENNIFER DIRKSEN<br>CHEF RELATIONS<br>DIRECTOR                     | (i)  | 148,700  | 4,500                               | 0                                   | 9,250  | 2,225                   | 164,675                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DIANE CLIFFORD-<br>MANAGING<br>DIRECTOR, INTEGRATED<br>FUNDRAISING | (i)  | 147,130  | 6,000                               | 0                                   | 5,570  | 19,715                  | 178,415                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| STACY ROTH- MANAGING<br>DIRECTOR<br>ORGANIZATIONAL<br>PLANNING     | (i)  | 139,295  | 8,500                               | 0                                   | 9,231  | 6,713                   | 163,739                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| ANDREA HOEFLING<br>DIRECTOR, DEVELOPMENT                           | (i)  | 145,768  | 2,000                               | 0                                   | 6,112  | 18,586                  | 172,466                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SHARE OUR STRENGTH

Employer identification number  
52-1367538

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          | 19  | 435,845  | 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                          | 73  | 788,579  | 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

|           |  |
|-----------|--|
| <b>29</b> |  |
|-----------|--|

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

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

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

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

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

b If "Yes," describe in Part II

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

**Part II Supplemental Information.**

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

| Return Reference   | Explanation  |
|--------------------|--|
| PART I, COLUMN (B) | THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED JUNE 30, 2019 |

**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE DRAFT FEDERAL FORM 990 IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT COMMITTEE AND DISTRIBUTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>  |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | SHARE OUR STRENGTH HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO OFFICERS, DIRECTORS, AND EMPLOYEES THE POLICY REQUIRES THAT ALL TRANSACTIONS THAT MAY PRESENT AN ACTUAL OR APPEARANCE OF A CONFLICT OF INTEREST BE DISCLOSED TO THE PRESIDENT & CEO, THE CHIEF FINANCIAL OFFICER, OR THE APPROPRIATE MEMBER OF THE BOARD OF DIRECTORS AS SOON AS THE PERSON BECOMES AWARE OF THE CONFLICT PERSONS WHO MAY HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM TAKING ACTION WITH RESPECT TO ANY DECISION REGARDING THE TRANSACTION OR MATTER THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK FURTHER, EACH MEMBER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE TEAM COMPLETES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM EVERY YEAR, ACKNOWLEDGING THAT THE RECIPIENT HAS READ AND REVIEWED AND IS IN COMPLIANCE WITH THE POLICY |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP EXECUTIVE, OFFICERS , AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE, WHICH IS COMPRIS ED SOLELY OF INDEPENDENT DIRECTORS USING AN OUTSIDE CONSULTANT, THE COMPENSATION COMMITTEE CONDUCTS AN IN-DEPTH MARKET SURVEY EVERY THREE YEARS TO PRODUCE COMPARABILITY DATA, WITH THE MOST RECENT STUDY COMPLETED IN APRIL 2017 THE COMPENSATION COMMITTEE, IN ADDITION TO THE ORGANIZATION'S PRESIDENT & CEO, CHIEF FINANCIAL OFFICER, AND CHIEF PEOPLE OFFICER, AL SO REVIEWS MARKET DATA ANNUALLY FOR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB FUNCTIONS THE COMPENSATION COMMITTEE RECOMMENDS THE COMPENSATION OF THE EXECUTIVE CHAIRMAN TO THE F ULL BOARD OF DIRECTORS FOR APPROVAL THE BOARD'S DECISION IS SUBSTANTIATED IN THE MINUTES THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATIONS FOR THE NEXT THREE HIGHEST COMPENSATED OFFICERS AND KEY EMPLOYEES AND IS INFORMED OF THE COMP ENSATION DETERMINATIONS FOR REMAINING OFFICERS, KEY EMPLOYEES, AND/OR MEMBERS OF THE EXECU TIVE TEAM OF THE ORGANIZATION ALL OF THESE COMPENSATION DETERMINATIONS ARE DEVELOPED USIN G THE SAME MARKET DATA USED TO EVALUATE THE EXECUTIVE CHAIRMAN |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | SHARE OUR STRENGTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA EMAIL OR UNITED STATES MAIL |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| FORM 990,<br>PART IX    | <p>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 &amp; 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</p> <p>SHARE OUR STRENGTH'S ROLE IS TO PROVIDE CONTRACT REVIEW, FINANCIAL REPORTING AND ACCOUNTING SUPPORT THE ORGANIZATION CONSOLIDATES THE FESTIVAL'S ENTIRE FINANCIALS WITHIN SHARE OUR STRENGTH THE PRESENTATION OF SHARE OUR STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION AND BUSINESS MODEL IS MOST ACCURATELY REFLECTED WITH NYCWFF COSTS EXCLUDED</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>   |
|----------------------------------|--|
| FORM 990,<br>PART IX,<br>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 AS WELL AS DIRECT MAIL/EMAIL COMMUNICATIONS 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)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SHARE OUR STRENGTH

**Employer identification number**

52-1367538

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity   | (b)<br>Primary activity       | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------------|--|---------------------|---------------------------|----------------------------------|
| <b>(1)</b> SHARE OUR STRENGTH ENTERPRISES LLC<br>1730 M STREET NW SUITE 700<br>WASHINGTON, DC 20036<br>51-0597759 | NON-OPERATING HOLDING COMPANY | DE   |                     |                           | SHARE OUR STRENGTH               |
| <b>(2)</b> SHARE OUR STRENGTH HOLDINGS LLC<br>1730 M STREET NW SUITE 700<br>WASHINGTON, DC 20036                  | NON-OPERATING HOLDING COMPANY | DE   |                     |                           | SHARE OUR STRENGTH               |
|   |                               |  |                     |                           |                                  |
|   |                               |  |                     |                           |                                  |
|   |                               |  |                     |                           |                                  |
|   |                               |  |                     |                           |                                  |

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

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

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| <b>(1)</b> COMMUNITY WEALTH PARTNERS INC<br>1825 K STREET NW SUITE 1000<br>WASHINGTON, DC 20006<br>52-2025260 | CONSULTING              | DC  | SHARE OUR<br>STRENGTH               | C  | -1,202,827                      | 2,352,884                                 | 100 000 %                      | Yes  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |

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

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

|  |   | Yes        | No        |
|--|---|------------|-----------|
| <b>1</b> 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? |   |            |           |
| <b>a</b>   | Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>Yes</b> |           |
| <b>b</b>   | Gift, grant, or capital contribution to related organization(s) . . . . .   |            | <b>No</b> |
| <b>c</b>   | Gift, grant, or capital contribution from related organization(s) . . . . .   |            | <b>No</b> |
| <b>d</b>   | Loans or loan guarantees to or for related organization(s) . . . . .  |            | <b>No</b> |
| <b>e</b>   | Loans or loan guarantees by related organization(s) . . . . .   |            | <b>No</b> |
| <b>f</b>   | Dividends from related organization(s) . . . . .  |            | <b>No</b> |
| <b>g</b>   | Sale of assets to related organization(s) . . . . .   |            | <b>No</b> |
| <b>h</b>   | Purchase of assets from related organization(s) . . . . .   |            | <b>No</b> |
| <b>i</b>   | Exchange of assets with related organization(s) . . . . .   |            | <b>No</b> |
| <b>j</b>   | Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |            | <b>No</b> |
| <b>k</b>   | Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |            | <b>No</b> |
| <b>l</b>   | Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>Yes</b> |           |
| <b>m</b>   | Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>Yes</b> |           |
| <b>n</b>   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               |            | <b>No</b> |
| <b>o</b>   | Sharing of paid employees with related organization(s) . . . . .  |            | <b>No</b> |
| <b>p</b>   | Reimbursement paid to related organization(s) for expenses . . . . .  |            | <b>No</b> |
| <b>q</b>   | Reimbursement paid by related organization(s) for expenses . . . . .  | <b>Yes</b> |           |
| <b>r</b>   | Other transfer of cash or property to related organization(s) . . . . .   |            | <b>No</b> |
| <b>s</b>   | Other transfer of cash or property from related organization(s) . . . . .   |            | <b>No</b> |

**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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) COMMUNITY WEALTH PARTNERS INC   | L                             | 42,492                 | CASH   |
| (2) COMMUNITY WEALTH PARTNERS INC   | M                             | 345,920                | CASH   |
| (3) COMMUNITY WEALTH PARTNERS INC   | Q                             | 373,635                | CASH   |
| (4) COMMUNITY WEALTH PARTNERS INC   | A                             | 6,000                  | CASH   |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |