	Form	990-T	E	xempt Orga	anization Bus	sine	ss Incom	e Tax	c Return	L	OMB No 1545-0047	_	
		***	t		and proxy tax und				12000		2040		
			For cal		rear beginning JUL 1,					<u>-</u>	2019		
		ment of the Treasury I Revenue Service			w.irs.gov/Form990T for it ers on this form as it may					ļ	Open to Public Inspection 1 501(c)(3) Organizations Onl	or ly	
	A [	Check box if address changed		Name of organization (	Check box if name	changed	and see instruction	ons.)		(Empl	yer Identification number oyees' trust, see ctions )	_	
	B Ex	empt under section	Print	SHARE OUR S	STRENGTH					5	2-1367538		
	X	501(c)(3 <b>9</b> )	Or	Number, street, and roo	m or suite no. If a P.O. bo	x, see in	structions.				ited business activity code istructions.)	)	
		408(e) 220(e)	Туре	1030 15TH S	STREET, NW,	NO.	1100W			`	·		
		408A530(a) 529(a)		City or town, state or pr WASHINGTON	ovince, country, and ZIP o	or foreigi	n postal code			453	220		
	C Book	k value of all assets nd of year		F Group exemption nur		<u> </u>						_	
		128,318,3			pe 🕨 🗶 501(c) cor				401(a)		Other trust	_	
				tion's unrelated trades or		1			only (or first) un				
				E OF HOLIDA					nplete Parts I-V.				
					ous sentence, complete Pa	arts I and	d II, complete a Sc	chedule M f	or each addition	al trade <sub>,</sub>	or		
		ness, then complete					٠	0		7 7.	s X No		
	יטע ו			oralion a subsidiary in ar المراجع بمسلمة عندية المراجع عندية المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال	affiliated group or a pare	nt-suosi	olary controlled gr	oup <i>r</i>		Ye	S ANO	<u></u> -	
-	J The	e books are in care of	<b>▶</b> :	JESSICA SHE	RRY			Telephone	number 🕨 (	202			
	Par	rt I. Unrelated	d Trac	le or Business In			(A) income		(B) Expenses		(C) Net	_	
	1 a	Gross receipts or sale	es	52,430	<u>.</u>			- 178 - 178					
	þ	Less returns and allow	wances		c Balance ▶	16					CHARLES BY A. T.	経	
		Cost of goods sold (S		•	•	2	1,9			_	<b>主题的图像</b> 的	_	
		Gross profit. Subtract			••	3	50,4		See The Francisco		50,455	÷	
		Capital gain net incon				48		\$. <b>*%</b>	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · ·		
				art II, line 17) (attach For	m 4797).	4b			A HOLE		<del></del> -		
		Capital loss deduction			(attach atatamant)	4c			REC	EI	<del>/ED       </del>	_	
				ship or an S corporation (	attach statement)	<u>5</u>					<del>-                                    </del>	_	
		Rent income (Schedu Unrelated debt-financ	•	na (Schadula E)		7			M JUN	<u> </u>	2021	_	
				` '	I organization (Schedule F)					~~			
					organization (Schedule G)				.005		LIT	_	
		Exploited exempt activ				10			UGL	<u> </u>	, U 1	_	
^		Advertising Income (S			•	11/	1					_	
5	12	Other income (See in:	struction	s; attach schedule)		12		松	Paris as	P. F.			
>	13	Total. Combine lines	3 throu	gh 12		13	50,4				50,455	•	
-	Par	t II Deductio	ns No	t Taken Elsewhe	Fe (See instructions f	or limite	ations on deduct	tions.)					
į		(Deductions	must b	e directly connected	with the unrelated busin	ness inc	come.)						
,	14	•	icers, di	rectors, and trustees (Sci	hedule K)		•			14			
	15	Salaries and wages					:			15			
	16	Repairs and mainten	ance	•	<b>, , , , , , , , , , , , , , , , , , , </b>		•	-	r	16	<del></del> -	—	
	17	Bad debts	dula\ /a	o Instructions)						17		_	
	18 19	Interest (attach sche Taxes and licenses	uuia) (si	se mstructions)	<i>F</i>					18 19	3,415		
	20	Depreciation (attach	Form 45	(62)	•	•	20			7 T	3,413	<u>.</u>	
	21	· · · · · ·		Schedule A and elsewho	ere on return		218	<del>-</del>		21b			
	22	Depletion 1					<u>دي. د</u>			22	<del></del>	_	
	23	Contributions to defe	erred co	mpensation plans		•				23			
	24	Employee benefit pro			•		•			24	*********		
	25	Excess exempt exper		hedule ()						25		_	
	26	Excess readership co		, ·					•	26		_	
	27	Other deductions (at	-	<i>*</i>		•	SEE S	STATE	MENT 1	27	1,750		
	28	Total deductions. A								28	5,165		
	29		,	·	ng loss deduction. Subtrac					29	45,290	<u>•</u>	
	30		ếratıng l	oss arısıng in tax years b	eginning on or after Janua	ary 1, 20	18				_		
		(see instructions)		_				•		30		•	
	31			come. Subtract line 30 f						31	45,290		
	923701	1 01-27-20 LHA FO	r Paper	work Reduction Act Notic	ce, see instructions.						Form <b>990-T</b> (20	19)	

Par		Total Unrelated Business Taxable Income		34-	-130/336 Page 2			
-	<del>-</del>		<del></del>	T all T	4E 200			
32		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	,	32	45,290.			
33		nts paid for disallowed fringes	4	33	4 420			
34		able contributions (see instructions for limitation rules) STMT 2 STMT 3		34	4,429.			
35		unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 s	ınd 33 🧷	35	40,861.			
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		86	40.061			
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	မ	87	40,861.			
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.			
11 39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	И		20.064			
11		the smaller of zero or line 37  Tax Computation		39	39,861.			
				<del>                                      </del>	0 271			
40		izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	! ▶	40	8,371.			
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:						
40		Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> }	41				
42	-	tax. See instructions		42				
43		ative minimum tax (trusts only)		43				
W 44 45		n Noncompliant Facility Income. See instructions		44	0 251			
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments	—Џ	45	8,371.			
L Pai		in text credit (corporations attach Form 1110) structs extact Form 1110)	——————————————————————————————————————	<del>-                                    </del>	<del></del>			
b		credite (see ineffictions)						
C		al businéss crédit. Attach Form 3800 core 301 (327)		111				
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		1 1 1				
e		credits. Add lines 46a through 46d		46e				
47		act line 46e from line 45	1	47	8,371.			
48		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach se	hadula)	48				
49		tax. Add lines 47 and 48 (see instructions)	4	49	8,371.			
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	Ť	50	0.			
51 a		ents: A 2018 overpayment credited to 2019	549.					
b	-	estimated tax payments 51b						
c		eposited with Form 8868 51c		1 / /				
_		n organizations: Tax paid or withheld at source (see instructions)  510		111				
		p withholding (see instructions)						
1		for small employer health insurance premiums (attach Form 8941)		1 1 1				
		credits, adjustments, and payments: Form 2439		111				
y		Form 4136 Other Total <b>&gt;</b> 51g						
52		payments. Add lines 51a through 51g		52	29,649.			
53	-	ated tax penalty (see instructions). Check if Form 2220 is attached		53				
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. •	54				
55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10-	55	21,278.			
11 -68	Enter ti	the amount of line 55 you want: Credited to 2020 estimated tax   21,278. Refunded		56	0.			
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions)						
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No			
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1 1			
	FinCEN	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here	•			X			
58	During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	?		X			
		,* see instructions for other forms the organization may have to file.						
59		the amount of tax-exempt interest received or accrued during the tax year	<del></del>		<u> </u>			
Sign	ļυ	Under panallias of parting, I declare that I have examined this return, including accompanying schedules and statements, and to the best of moorest, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y knowled	ige and be	ilier, it is true,			
Here		5/13/2021 DEPART COMO			discuss this return with			
		Signature of Officer's Date  PRESIDENT & CEO  Title			shown below (see			
_	_	Print/Type preparer's name Preparer's signature Date Check	If	F PTIN				
Paid	-	AARON M. FOX 05/12/21 self-em	ihinin	Pu	1365820			
	parer	S. AND COUNTY T.T.D.	EIN ►		1986323			
Use	Only	1899 L STREET, NW, SUITE 850	CHA		. 1000040			
		Firm's address WASHINGTON, DC 20036 Phone	no 1	2021	227-4000			
	923711 01-27-20							

Form 990-T (2019) SHARE OUR STRENGTH

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation N/A		<del> </del>		_ <del></del>	_
1 Inventory at beginning of year	1	0.	6	Inventory at end of yea			6	0	<u>.</u>
2 Purchases	2		7	Cost of goods sold. St	ubtract l	ine 6	-		
3 Cost of labor	3	1,975.		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs		., ,		line 2		,	7	1,975	<u>; .                                    </u>
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes N	lo_
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			!
5 Total. Add lines 1 through 4b	. 5	1,975.		the organization?		<del></del>			
Schedule C - Rent Income (see instructions)	(From Real F	Property and	Per	sonal Property L	.ease	d With Real Prop	erty) 		_
Description of property									
(1)									
(2)									
(3)	<del></del>								
(4)						<u> </u>			
	2. Rent receive					3(a) Deductions directly	connec	ted with the income in	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	` ' of rent for pe	rsonal	property exceeds 50% or if ad on profit or income)		ट्यायामान स्वा या	id 2(b) (i	arožen senebure)	_
(1)				·					
(2)			_			<u> </u>			
(3)									
(4)				··· · · · · · · · · · · · · · · · · ·	,				
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er . <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0	١.
Schedule E - Unrelated Deb		ncome (see in	nstru	ctions)				····	_
			2	. Gross income from		3. Deductions directly con- to debt-finance	nected v	with or allocable earty	_
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									_
(2)							1		
(3)							T		_
(4)									_
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deductions column 6 x total of column 3(a) and 3(b))	8
(1)				%					
(2)				%					_
(3)				%					_
(4)				%_					_
						nter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				▶		0	.	0	
Total dividends-received deductions in	ncluded in column	8 <u>, , , , ,</u>				<u>,, .</u> <b>&gt;</b>			•
								Form 990-T (20	19)

Form 990-T (2019) SHARE	OUR S	TRENG	ГH					52-13	67538	3	Page 4
Schedule F - Interest,	Annuitie	s, Royal	ties, and Rent	s From Co	ntrolle	d Organiza	tions	(see ins	tructions		
			Exemp	t Controlled O	rganizatı	ions					
1. Name of controlled organizat	tion	identifi		nrelated income ee instructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	g connected with income	
<u></u>							<del> </del>			·	
(1) (2) ·				· · · · ·	<del> </del>		<b>†</b>				
							<del>                                     </del>				
(4)						<del> </del>	<del> </del>				
Nonexempt Controlled Organi	zations	L				<del></del>				<del></del>	,
7. Taxable Income	T	inrelated Incon	ne (lone) O Test	al of specified pay	mente	10. Part of colu	mn O tha	in included	11. Ded	fuctions directly	connected
7. Taxable moons		see instruction		made	nona	in the controll	ing organ s income	ization's		income in colum	
(1)						,					
(2)	<b>†</b>						-				
(3)											<del></del>
(4)				· · · · · · · · · · · · · · · · · · ·			-			<del></del>	
	<u>.                                    </u>					Add colun	ana 5 an	1 10	Ada	d columns 6 and	11
			^			Enter here and				reand on page	
-							column (/			ine 8, column (B)	j. <sub>(</sub> †
Tatala								0.			o i
Totals Schedule G - Investme	nt Incor	no of a G	Section FO1/a	(7) (9) or (	17) Or	ranization	-	0.1			
(see inst		ne or a s	96ction 50 i(c)	(7), ( <del>9</del> ), Of (	in Org	gariization					
, (368 1131	140(10113)			· · · · · · · · · · · · · · · · · · ·		3. Deductio	ne		•	5. Total d	eductions
. 1. Desc	ription of Inco	me		2. Amount of	Income	directly conne	cted	4. Set-a		and set	-asides
(4)				<del> </del>		(attach school	iule)		<del></del>	(col. 3 pl	us col 4)
(1)				_						<del> </del>	
(2)			<del> </del>	<u></u>	-					+	
(3)				-						<u>.                                    </u>	
(4)						Selection and the se	"Strong of the	Contractive Services	r_markanens		
				Enter here and Part I, line 9, co	ilumn (A).					Enter here and Part I, line 9, c	olumn (B)
Totals			<u></u>	<u> </u>	0.	Z 344 - 12 - 17 - 17 - 17 - 17 - 17 - 17 - 17		<b>建筑等</b> 设		<u> </u>	0.
Schedule I - Exploited (see instru		Activity	Income, Othe			ig income				<del> </del>	·
	2.6	esoss	3. Expenses	4. Net incon		5. Gross Inco	me			7. Excess	
Description of exploited activity	unrelated	business e from	directly connected with production	business (co	lumn 2	from activity t is not unrelat	hat	6. Exp	able to	expenses 6 minus co	dumn 5,
exploited activity		business	of unrelated business income	gain, comput	e cols. 5	business inco		colun	nn 5	but not me colum	
				through	' '	· · · · · -				<del>                                     </del>	
(1)	<u> </u>									ļ	
(2)										ļ	
(3)	<b></b>			<u> </u>						<del>                                     </del>	
(4)	<u> </u>			And Sanglander Comments		a jan a gang panga ang na	-fred	in a second	Marrie Scientific		
		re and on , Part I,	Enter here and on page 1, Part I,							Enter he	ge 1,
	line 10,	col. (A).	line 10, col (B).					10.00		Part II, II	
<u>Totals</u>		0.	0	. JA	44.50						0.
Schedule J - Advertision											
Parti Income From	Periodic ·	als Repo	orted on a Cor	rsolidated	Basis						
1. Name of penodical		2. Gross	3. Direct	or (loss) (c	ilsing gain ol. 2 minus	5. Circulat		6. Reade		7. Excess reaccests (column	6 minus
i. Raine of periodical		income	advertising cost	a col 3). If a g cols. 5 th		e income	'	cost	1	column 5, but than colum	
(1)				N. A. C.		23			2		
(2)			<del>-  </del>			<b>S</b>					
			+			<b>劉</b>					
(3)		···-	<del>-  </del>			<b>7</b>					
(4)			<del></del>	<b>EXPERIM</b>	是某种的特	<u> </u>				<b>为于国家等</b>	经共和国
<b></b>			<b>,</b>   .	,					1		^
Totals (carry to Part II, line (5))			0.	0.				<u> </u>		_ ^^^	0.
										Form 990-	(2019)

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Form 990-T (2019)

0.

(4)

Total. Enter here and on page 1, Part II, line 14

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52-1367538

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,750
TOTAL TO FORM 990-T, PAGE	1, LINE 27	1,750
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
FORM 990-T DESCRIPTION/KIND OF PROPER		STATEMENT 2  AMOUNT

## SHARE OUR STRENGTH

ORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	3
QUALIFIED CONTRIBU	TIONS SUBJECT TO 100%	LIMIT LIMIT		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016		3,579		
FOR TAX YEAR 2017 FOR TAX YEAR 2018	•	3,443		
TOTAL CARRYOVER TOTAL CURRENT YEAR	10% CONTRIBUTIONS	11,617,022 16,000,544		
TOTAL CONTRIBUTION TAXABLE INCOME LIM	S AVAILABLE ITATION AS ADJUSTED	27,617,566 4,429	<del></del>	
EXCESS CONTRIBUTION EXCESS 100% CONTRIBUTION		27,613,137	<del></del>	
TOTAL EXCESS CONTR		27,613,137		
ALLOWABLE CONTRIBU	TIONS DEDUCTION		4,	429
TOTAL CONTRIBUTION	DEDUCTION		4,	429

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