			** PUBLIC DISCLOSURE COPY	* *				
	9		Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e Do not enter social security numbers on this form as it may	except private foundatio				
		f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late	-	Open to Public Inspection			
AF	or the	e 2017 calend		SEP 30, 2018				
Ba	Check if pplicable	e: C Name of	forganization	D Employer identif	ication number			
	Addres change	es CONG	RESSIONAL HUNGER CENTER					
	Name change	e Doing b	usiness as	52-1	52-1842738			
	Initial return Final return/	810	and street (or P.O. box if mail is not delivered to street address) Room/su 7TH STREET, NE 02-14		er) 547-7022			
	termin ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,281,026.			
	Ameno return	WASH	INGTON, DC 20002	H(a) Is this a group r	eturn			
	Applic tion		nd address of principal officer: SHANNON MAYNARD	for subordinates	s? Yes X No			
	pendir	SAME	AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No			
		empt status:		If "No," attach a	a list. (see instructions)			
			HUNGERCENTER.ORG	H(c) Group exemption				
	orm of art I	organization: Summary	X Corporation Trust Association Other ► L Ye	ear of formation: 1993	M State of legal domicile: DC			
FC			e the organization's mission or most significant activities: TRAIN &]	NCDTOR LEADE	DG WUO WODK			
e	1		HUNGER & ADVOCATE PUBLIC POLICIES FOR 2					
Governance	2	Check this bo						
veri	3		ting members of the governing body (Part VI, line 1a)		1			
	4		lependent voting members of the governing body (Part VI, line 1b)					
s S			of individuals employed in calendar year 2017 (Part V, line 2a)		10			
Activities &			of volunteers (estimate if necessary)		90			
cti								
_ <	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	-275.			
			-	Prior Year	Current Year			
e	8		and grants (Part VIII, line 1h)	2,156,244.	2,656,976.			
ent	9	0	ce revenue (Part VIII, line 2g)	247,220.				
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	329.	11.			
_	יין		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 2,403,793.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	618,555.	3,281,026. 1,055,443.			
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	010,000.				
	40	Colorian other	componentian employee herefite (Dert IX, column (A), lines 5.10)	1,073,982.	843,848.			
ses	16a	Professional fi	indraising fees (Part IX, column (A), line 11e)	8,500.				
Expenses	b	Total fundraisi	undraising fees (Part IX, column (A), line 11e)	.,	_,			
Ě	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	697,635.	719,158.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,398,672.				
			expenses. Subtract line 18 from line 12	5,121.	661,209.			
	-							

	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,398,672.	2,619,817.
	19	Revenue less expenses. Subtract line 18 from line 12	5,121.	661,209.
or			Beginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)	837,094.	1,278,727.
Ass	21	Total liabilities (Part X, line 26)	998,743.	784,778.
-Inter	22	Net assets or fund balances. Subtract line 21 from line 20	-161,649.	493,949.
Pa	rt 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	Signature of officer	Date
Here	SHANNON MAYNARD, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	FRANK H. SMITH Frank H. Smith	05/13/19 ^{if} self-employed P00639053
Preparer	Firm's name MARCUM LLP	Firm's EIN ▶ 11-1986323
Use Only	Firm's address 🕨 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 227 – 4000
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2017)
		COPY

*** ELECTRONICALLY FILED ON 05/13/2019 ***

Pa	rt 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:
	SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$1,021,157. including grants of \$599,522.) (Revenue \$182,895.
	EMERSON NATIONAL FELLOWS. SEE SCHEDULE O.
4b	(Code:) (Expenses \$ 843, 281. including grants of \$ 455, 921.) (Revenue \$ 100, 845.
	LELAND INTERNATIONAL FELLOWS. SEE SCHEDULE O.
4c	(Code:) (Expenses \$ 33,327. including grants of \$) (Revenue \$ 5,200.
	ZERO HUNGER ACADEMY - ZERO HUNGER INITIATIVE SERVES AS AN ENTRY POINT
	FOR INDIVIDUALS AND NETWORKS WHO WANT TO BECOME LEADERS IN THE MOVEMENT
	TO END HUNGER DOMESTICALLY AND WORLDWIDE. THE INITIATIVE IS COMPOSED OF
	THREE PARTS: ZERO HUNGER INTERNSHIP PROGRAMIS A SUMMER LEADERSHIP
	DEVELOPMENT OPPORTUNITY FOR COLLEGE STUDENTS. ZERO HUNGER ACADEMY IS AN
	ONLINE LEARNING EXPERIENCE THAT MAKES THE HUNGER CENTER'S U.S. FOOD
	SECURITY CURRICULUM AND LEADERSHIP DEVELOPMENT CONTENT AVAILABLE TO NEW
	AUDIENCES. ZERO HUNGER CAMPUS NETWORK CURRENTLY COMPRISES FIVE COLLEGES
	ACROSS THE UNITED STATES THAT HAVE COMMITTED TO EDUCATING THEIR
	ACROSS THE UNITED STATES THAT HAVE COMMITTED TO EDUCATING THEIR STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM
	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM
	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE
4.4	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES.
4d	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.)
4d	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.) (Expenses \$ 25,913. including grants of \$) (Revenue \$)
	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.) [Expenses \$ 25,913. including grants of \$) (Revenue \$) Total program service expenses ▶ 1,923,678.
4d 4e	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.) (Expenses \$ 25,913. including grants of \$) (Revenue \$) Total program service expenses ▶ 1,923,678. Form 990 (20
4e	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.) (Expenses \$ 25,913. including grants of \$) (Revenue \$) Total program service expenses ▶ 1,923,678. Point Program service expenses ▶ 1,923,678. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S)
4e	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.) (Expenses \$ 25,913. including grants of \$) (Revenue \$) Total program service expenses ▶ 1,923,678. Page 11-28-17 SEE SCHEDULE O FOR CONTINUATION(S)
• e	STUDENTS ON THE ROOT CAUSES OF HUNGER AND POVERTY AND MOBILIZING THEM TO ADVOCATE FOR LOCAL, STATE, AND FEDERAL POLICIES THAT IMPROVE THE FOOD SECURITY OF THEIR COMMUNITIES. Other program services (Describe in Schedule O.) (Expenses \$ 25,913. including grants of \$) (Revenue \$) Total program service expenses ▶ 1,923,678. Point Program service expenses ▶ 1,923,678. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (HUNGER	CENTER
Part IV	Ch	ecklist of Required Schedules		

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		- 23
0		8		x
~	Schedule D, Part III	–		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2017)

Form	990	(2017)
	330	

CONGRESSIONAL HUNGER CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		- 23
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
		26		x
07	complete Schedule L, Part II	26		- 23
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		- 23
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	000		x
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		v
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32				v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
~-	Part V, line 1	34		X X
35a		35a		
b		0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
•-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note, All Form 990 filers are required to complete Schedule O	38	Δ	1

Form **990** (2017)

Form	990 (2017) CONGRESSIONAL HUNGER CENTER 52-1842	738	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c		21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
ь	Note. See the instructions for additional information the organization must report on Schedule O.			
a	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
			000	

Form **990** (2017)

Form 990 (2017)	Form	990	(2017)
-----------------	------	-----	--------

CONGRESSIONAL HUNGER CENTER

52-1842738 Page 6

14 Х

15a

15b

16a

16b

х

Х

Х

Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	

14	Did the organization have a written document retention and destruction policy?
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?
а	The organization's CEO, Executive Director, or top management official
b	Other officers or key employees of the organization
	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?
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's
	exempt status with respect to such arrangements?

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	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:
	810 7TH STREET, NE, NO. 02-146, WASHINGTON, DC 20002
73200	6 11-28-17 Form 990 (2017)
805	510 150872 CHC 2017.05060 CONGRESSIONAL HUNGER CENT CHC1

Т

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do			itior more		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau	lieciu	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual t	nstitutional trustee	-	nploy	st cor	-			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES P. MCGOVERN	1.00									
CHAIR		х		х				0.	Ο.	0.
(2) KAREN COBLE EDWARDS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) ALEJANDRA LOPEZ-FERNANDINI	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) MARSHALL MATZ	1.00									
SECRETARY - UNTIL 07/2018		Х		Х				0.	0.	0.
(5) KATHARINE EMERSON	1.00									
SECRETARY - AS OF 07/2018		Х		Х				0.	0.	0.
(6) DAMIANA ASTUDILLO	1.00									
MEMBER - UNTIL 07/2018		Х						0.	0.	0.
(7) PAMELA G. BAILEY	1.00									_
MEMBER - UNTIL 07/2018		х						0.	0.	0.
(8) BRIAN FOLKERTS	1.00									
MEMBER		Х						0.	0.	0.
(9) LOU GERBER	1.00									
MEMBER	1	Х						0.	0.	0.
(10) DENNIS HERTEL	1.00									•
MEMBER	1 00	Х						0.	0.	0.
(11) KATE HOUSTAN	1.00								•	•
MEMBER	1 00	X						0.	0.	0.
(12) DANIEL S. KAHN	1.00								0	0
MEMBER - UNTIL 01/2018 (13) DAVID KANTOR	1.00	Х						0.	0.	0.
MEMBER - UNTIL 05/2018	1.00	x						0.	0.	0.
(14) SHEILA JACKSON LEE	1.00							0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(15) ERIC MITCHELL	1.00									
MEMBER - UNTIL 04/2018	1.00	х						0.	0.	0.
(16) KIMBERLY PERRY	1.00									
MEMBER	1.00	х						0.	0.	0.
(17) LISA MARSH RYERSON	1.00								.	
MEMBER - UNTIL 07/2018		x						0.	0.	0.
732007 11-28-17	1									Form 990 (2017)
					-					

7

2017.05060 CONGRESSIONAL HUNGER

1

CHC

Form 990 (2017) CONGRESS	IONAL HU	ING	ER	С	EN	ΤE	R		52-1842	738 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) LESLIE SARASIN MEMBER	1.00	x						0.	0.	0.
(19) JIM SCHEIBEL MEMBER	1.00	x						0.	0.	0.
(20) ERIC SILVA MEMBER	1.00	x						0.	0.	0.
(21) ERIC STEINER MEMBER	1.00	x						0.	0.	0.
(22) MARY CATHERINE TOKER MEMBER	1.00	x						0.	0.	0.
(23) SHANNON MAYNARD EXECUTIVE DIRECTOR	40.00			х				183,833.	0.	26,513.
(24) KRISTIN ANDERSON CHIEF OPERATING OFFICER	32.00			х				98,486.	0.	17,600.
								000.010		44 112
1b Sub-total c Total from continuation sheets to Part VI	, Section A							282,319. 0. 282,319.	0. 0. 0.	44,113. 0. 44,113.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization ► 							o re			1
3 Did the organization list any former officer,	director or tru	ictor		v on	nnlo		or	highest componented or		Yes No
 Ine 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su 	uch individual			, 				· ·		3 X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	,		•							4 X
rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors	plete Schedule	e J fo	or su	ch į	bers	on .				5 X
1 Complete this table for your five highest co the organization. Report compensation for	•	•							· · ·	tion from
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices ((C) Compensation
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	ation 🕨				C)				Form 990 (2017)

Part				HUNGER C	ENTER		52-1842	738 Page 9
	t VII							
		Check if Schedule O cont	ains a response	or note to any line	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
oun	b	Membership dues	1b					
Am S		Fundraising events						
ar Gitt		Related organizations						
ns,		Government grants (contribut		977,540.				
er	f	All other contributions, gifts, gran		670 426				
<u>e</u> E E	-	similar amounts not included abo		679,436.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines Total. Add lines 1a-1f	-		2,656,976.			
<u> </u>				Business Code				
e	2 a	SITE MATCH REVE		900099	288,940.	288,940.		
N N	b							
am Serv evenue	с							
am	d							
Program Service Revenue	е							
ā		All other program service reve			200 040			
—		Total. Add lines 2a-2f			288,940.			
	3	Investment income (including other similar amounts)			11.			11.
	4	Income from investment of tax			• ± ±			
	- 5	Royalties		Г				
	Ŭ	noyanico	(i) Real	(ii) Personal				
	6 a	Gross rents	()	() 1 0100110				
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising						
anı	oa	including \$						
ver		contributions reported on line						
Å		Part IV, line 18	-					
Other Revenue	b	Less: direct expenses						
0	с	Net income or (loss) from fund	traising events	►				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
1	10 a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
	U	Miscellaneous Revenu		Business Code				
- -	11 a	RECOV. & OTHER		900099	335,099.			335,099.
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			335,099.			
		Total revenue. See instructions.			3,281,026.	288,940.	0.	335,110.

9 2017.05060 CONGRESSIONAL HUNGER CHC____1

CONGRESSIONAL HUNGER CENTER 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		скренеев	general expenses	CAPCINGO
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	1,055,443.	1,055,443.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	349,801.	84,920.	247,528.	17,353
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	387,508.	258,943.	92,236.	36,329
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	9,452.	8,837.	504.	111
9 Other employee benefits	50,330.	39,231.	10,008.	<u> 111 </u>
0 Payroll taxes	46,757.	24,204.	18,780.	3,773
1 Fees for services (non-employees):				
a Management				
b Legal	5,974.		5,974.	
c Accounting	109,087.	59,698.	49,389.	
d Lobbying	1,918.		1,918.	
e Professional fundraising services. See Part IV, line 17	1,368.			1,368
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	94,212.	67,957.	26,255.	
2 Advertising and promotion				
3 Office expenses	41,475.	24,428.	14,089.	<u>2,958</u> 333
4 Information technology	23,295.	16,563.	6,399.	333.
5 Royalties				
6 Occupancy	140,425.	67,527.	72,898.	
7 Travel	34,897.	33,267.	1,623.	7.
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	43,890.	41,840.	2,042.	8 .
0 Interest	15,507.		15,507.	
Payments to affiliates				
2 Depreciation, depletion, and amortization	11,199.	8,903.	1,967.	329
3 Insurance	9,641.	7,665.	1,693.	283
4 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 0.)	1 6 1 . 0 5 0	110 000		26.005
a TRAINING AND EVENTS	161,853.	117,227.	7,730.	36,896
b BAD DEBT EXPENSE	16,500.	F 0.05	0.000	16,500
c <u>DUES AND SUBSCRIPTIONS</u>	9,285.	7,025.	2,000.	260
d				
e All other expenses		1 000 680		110 500
5 Total functional expenses. Add lines 1 through 24e	2,619,817.	1,923,678.	578,540.	117,599
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 Figure I following SOP 98-2 (ASC 958-720)				Form 990 (201)

10 2017.05060 CONGRESSIONAL HUNGER CENT CHC_

1

08480510 150872 CHC

-161,649.

837,094.

30

31

32

33

34

	section 4958(f)(1)), persons described in section	3)(B), and contributing				
	employers and sponsoring organizations of secti					
	employees' beneficiary organizations (see instr).		6			
	Notes and loans receivable, net				7	
	Inventories for sale or use				8	
				31,335.	9	22,474.
a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	<u>24,217.</u> 14,101.			
b	Less: accumulated depreciation	10b	14,101.	89,102.	10c	10,116.
	Investments - publicly traded securities				11	
	Investments - other securities. See Part IV, line 1	1			12	
	Investments - program-related. See Part IV, line 1	1			13	
	Intangible assets				14	
	Other assets. See Part IV, line 11			16,782.	15	19,463.
	Total assets. Add lines 1 through 15 (must equa			837,094.	16	1,278,727.
	Accounts payable and accrued expenses			25,795.	17	49,374.
	Grants payable				18	
	Deferred revenue			582,455.	19	732,673.
	Tax-exempt bond liabilities				20	
	Escrow or custodial account liability. Complete F				21	
	Loans and other payables to current and former	officers,	directors, trustees,			
	key employees, highest compensated employees	s, and d	squalified persons.			
	Complete Part II of Schedule L				22	
	Secured mortgages and notes payable to unrelation	ted third	parties	311,136.	23	
	Unsecured notes and loans payable to unrelated	l third pa	urties		24	
	Other liabilities (including federal income tax, pay	ables to	related third			
	parties, and other liabilities not included on lines	17-24).	Complete Part X of			
	Schedule D			<u>79,357.</u> 998,743.	25	<u>2,731.</u> 784,778.
	Total liabilities. Add lines 17 through 25			998,743.	26	784,778.
	Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🗴 and			
	complete lines 27 through 29, and lines 33 and	d 34.				
	Unrestricted net assets		-196,649.	27	<u>422,059.</u> 71,890.	
	Temporarily restricted net assets			35,000.	28	71,890.
	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (AS	check here				

CONGRESSIONAL HUNGER CENTER Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L

Loans and other receivables from other disqualified persons (as defined under

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

.. ..

.

(B) End of year

7,501.

493,949.

Form 990 (2017)

1,278,727.

10,000.

116,643.

1,092,530.

(A) Beginning of year

621,715.

5,127.

54,337.

18,696.

1

2

3

4

5

Form 990 (2017)

1

2

3

4

5

6

7 8

9 10a

15

16

17 18

23 24 25

26

27

28 29

30

31 32

33

34

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2017) CONGRESSIONAL HUNGER CENTER	52-18	42738	Page	_e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	[X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,281		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,619	,81	.7.
3	Revenue less expenses. Subtract line 2 from line 1	3	661		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-161	,64	<u>.9.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 5	,61	.1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	493	,94	<u>.9.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> l</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of	of the	organization
---------	--------	--------------

Nar	ne or i	ine organization	DEGGEONIAL		-						
D	CONGRESSIONAL HUNGER CENTER 5 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 5								2-1842738		
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
	organ										
1	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	\square	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). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or		
		university:									
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersł	nip fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjee	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusion	ively to test for public sat	fety. See	section 50	09(a)(4).				
12		An organization organized a	•	•	•			•			
		more publicly supported or							Check the box in		
	_	lines 12a through 12d that				-		-			
a		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the direc	ctors or trustee	es of the su	ipporting		
		organization. You must o	-								
k		Type II. A supporting org	-				-		-		
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	Dorted		
		organization(s). You mus				tion with a	and functional	lu into grata			
Ċ		J Type III functionally inte						ly integrate	a with,		
c		its supported organization Type III non-functionally		-				tod organi	ration(a)		
,		that is not functionally int						-			
		requirement (see instructi	•	e ,			•	anallenin	7611633		
e		Check this box if the orga						II Type III			
	-	functionally integrated, or					rype i, rype	n, rype m			
1	f Ente	er the number of supported of									
Ċ		vide the following information	•								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	-	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tot	al										

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 13

2017.05060 CONGRESSIONAL HUNGER **ZENT** CHC

1

Schedule A (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CENTER

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2950050.	3002544.	2765226.	2156244.	2656976.	13531040.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2950050.	3002544.	2765226.	2156244.	2656976.	13531040.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						13531040.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	2950050.	3002544.	2765226.	2156244.	2656976.	13531040.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,013.	1,855.	372.	329.	11.	3,580.	
9	Net income from unrelated business	,					· · · ·	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						13534620.	
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	727,160.	
	First five years. If the Form 990 is for	•	,					
	organization, check this box and stor	-			•			
Sec	ction C. Computation of Publi							
14	Public support percentage for 2017 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	99.97 %	
15	Public support percentage from 2016					15	99.97 %	
16a	33 1/3% support test - 2017. If the c					ore, check this bo	x and	
	stop here. The organization qualifies							
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on I					
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not o					
	and if the organization meets the "fac	ts-and-circumstanc	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization	~	▶□	
b	10% -facts-and-circumstances test	-		• • • •	-			
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ				• •			
18	Private foundation. If the organization			•			s	
	Schedule A (Form 990 or 990-EZ) 2017							

732022 10-06-17

08480510 150872 CHC

14 2017.05060 CONGRESSIONAL HUNGER CENT CHC____1

Part II

Schedule A (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CENTER 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
c							
	Total. Add lines 1 through 5						
78	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	•					·
0.1	check this box and stop here	- 0					
	ction C. Computation of Public						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016	(1			16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20			ne 13, column (f))		17	%
						18	%
19a	33 1/3% support tests - 2017. If the	-					7 is not
-	more than 33 1/3%, check this box a	-	-		•••••		►
b	33 1/3% support tests - 2016. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	va, or 19b, check t			
/3202	23 10-06-17		15	5	SCh		0 or 990-EZ) 2017

2017.05060 CONGRESSIONAL HUNGER CENT CHC____1

Schedule A (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CENTER

Part IV Supporting Organizations

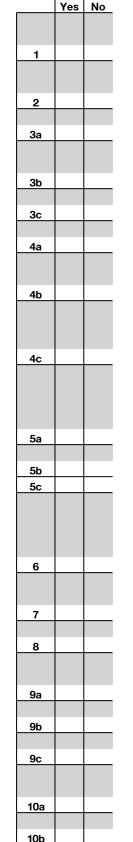
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

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

16

732024 10-06-17



Schedule A (Form 990 or 990-EZ) 2017

2017.05060 CONGRESSIONAL HUNGER CENT CHC

Schedule A (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CENTER Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9	90 or 99	0-EZ)	2017

08480510 150872 CHC

Schedule A (Form 990 or 990-EZ) 2017

17 2017.05060 CONGRESSIONAL HUNGER CENT CHC___1 17

Sche	dule A (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CEN	ITER		52-1842738 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain	in Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		

5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
			· · · - · · ·	/

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2017

_

08480510 150872 CHC



732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CENTER

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive	Current Year
 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 	
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6.	
 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 	
 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 	
 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 	
 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 	
7 Total annual distributions. Add lines 1 through 6.	
¥	
8 Distributions to attentive supported organizations to which the organization is responsive	
• Biomodiono to attornitio oupportos organizationo to milion tro organization lo rosponorio	
(provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	
(i) (ii)	(iii)
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2017	Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2017 (reason-	
able cause required- explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2017	
a	
b From 2013	
c From 2014	
d From 2015	
e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4 Distributions for 2017 from Section D,	
line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2017, if	
any. Subtract lines 3g and 4a from line 2. For result greater	
than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2017. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2018. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2013	
b Excess from 2014	
c Excess from 2015	
d Excess from 2016	
e Excess from 2017	

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	Form 990 or 990-EZ) 2017 CONGRESSIONAL	HUNGER	CENTER	52-1842738 Page 8
Part VI	Supplemental Information. Provide the expla Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	nations requir 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 10 1b, and 11c; Part IV 2a, 2b, 3a, and 3b; I); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
	. ,			
732028 10-06-1	,	20		Schedule A (Form 990 or 990-EZ) 2017

2017.05060 CONGRESSIONAL HUNGER CENT CHC____1

Schedule B (Form 990, 990-EZ,

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

Organization type (check one):

52-1842738

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

CONGRESSIONAL HUNGER CENTER

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

CONGRESSIONAL HUNGER CENTER

Name of organization

Employer identification number

52-1842738

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,852,057. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 125,483. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 114,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 85,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 60,000. Noncash \$ (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 22 CHC

1

2017.05060 CONGRESSIONAL HUNGER

14280516 150872 CHC

Page 3

Employer identification number

52-1842738

CONGRESSIONAL HUNGER CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-17		\$Schedule B (Form 9	990, 990-EZ, or 990-PF) (20

Name of org	anization		Employer identification number					
CONCRE	CCTONAL UINCED CENTED		50 1040720					
Part III	ESSIONAL HUNGER CENTER Exclusively religious, charitable, etc., co	ntributions to organizations described in	<u>52-1842738</u> section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	the year from any one contributor. Complet completing Part III, enter the total of exclusively religio	e columns (a) through (e) and the follow ous. charitable, etc., contributions of \$1,000 or le	ing line entry. For organizations					
	Use duplicate copies of Part III if addition	nal space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F		(e) Transfer of gift						
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
Γ								
	-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			— ———					
Ļ								
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
Γ								
723454 11-01-	.17	· · · ·	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)					

 Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

 24
 CONGRESSIONAL HUNGER CENT CHC____1

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047				
(Form 990 or 990-EZ)						201	17			
For Organizations Exempt From Income Tax Under section 501(c) and section 527						20	1/			
Department of the Treasury Internal Revenue Service		if the organization is described I Go to www.irs.gov/Form990 for ir			990-EZ.	Open to P Inspect				
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 3, or Fori	m 990-EZ, Part V, line	e 46 (Political Camp	aign Acti	ivities), then				
-		plete Parts I-A and B. Do not com			-					
 Section 501(c) (other 	than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below. [Do not complete Par	t I-B.					
 Section 527 organiza 	ations: Complete	e Part I-A only.								
If the organization answ	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) org 	• 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) org 	anizations that I	have NOT filed Form 5768 (electior	n under section 501(h))	: Complete Part II-B	. Do not c	omplete Part II-/	۹.			
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 5 (Proxy)	Tax) (see separate in	structions) or Form	990-EZ,	Part V, line 35c	; (Proxy			
Tax) (see separate instr	ructions), then									
 Section 501(c)(4), (5) 	, or (6) organizat	tions: Complete Part III.								
Name of organization					Employe	er identification	number			
		SIONAL HUNGER CEN				52-18427	38			
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organiz						nization.				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.						
2 Political campaign	activity expendit	ures			. ▶\$					
3 Volunteer hours for	political campai	gn activities								
Part I-B Comple	ete if the org	anization is exempt under								
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		► \$					
2 Enter the amount o	f any excise tax	incurred by organization managers	under section 4955		► \$					
3 If the organization in	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?			Yes	No No			
4a Was a correction m	ade?					Yes	No No			
b If "Yes," describe ir	ı Part IV.									
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section t	501(c)(3))				
1 Enter the amount d	irectly expended	by the filing organization for section	on 527 exempt functio	on activities	► \$					
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527						
exempt function ac	tivities				▶\$					
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,							
line 17b					▶\$					
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes	No No			
5 Enter the names, ad	ddresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to	which the	e filing organizat	tion			
made payments. Fo	or each organiza	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also er	iter the an	nount of politica	ıl			
	•	omptly and directly delivered to a s			eparate se	egregated fund o	or a			
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV	/.						
(a) Name)	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of p				
				filing organizatio		ontributions rece promptly and c				
				funds. If none, ent		delivered to a se				
						political organi	zation.			
						lf none, ente	r -0			
		1	1	1						

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

732041 11-09-17

LHA

Schedule C (Form 990 or 990-EZ) 2017

_1

Schedule C (Form 990 or 990-EZ) 2017 C	ONGRESSION	AL HUNGER CH	ENTER	52-1	842738 Page 2
Part II-A Complete if the orga	nization is exer	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 🔄 if the filing organization	on belongs to an affi	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check 🕨 🔄 if the filing organization	on checked box A a	nd "limited control" pro	visions apply.		
	on Lobbying Expe tures" means amou	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (arass roots lobbving)		1,425.	
b Total lobbying expenditures to influe				493.	
c Total lobbying expenditures (add line				1,918.	
d Other exempt purpose expenditures				2,617,899.	
e Total exempt purpose expenditures				2,619,817.	
f Lobbying nontaxable amount. Enter	the amount from the	e following table in both	n columns.	280,991.	
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	00,000 \$225,00	00 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)			70,248.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero o	or less, enter -0			0.	
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this ye	ear?				Yes No
(Some organizations that	at made a section 5	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount		286,782.	267,167.	280,991.	834,940.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,252,410.
c Total lobbying expenditures		1,608.	1,890.	1,918.	5,416.
d Grassroots nontaxable amount		71,696.	66,792.	70,248.	208,736.
e Grassroots ceiling amount (150% of line 2d, column (e))					313,104.
f Grassroots lobbying expenditures		1,608.	12.	1,425.	3,045.

Schedule C (Form 990 or 990-EZ) 2017

52-1842738 Page 3

Schedule C (Form 990 or 990-EZ) 2017 CONGRESSIONAL HUNGER CENTER 52-18427 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
	lobbying activity.	Yes	No	Amo	unt
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."		-		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	- app.				
	de 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 ai	nd 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2017

08480510 150872 CHC

SCHEDULE D)
------------	---

Department of the Treasury Internal Revenue Service

Part I

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 for instructions and the latest information.



Employer identification number

52-1842738

Name of the organization

CONGRESSIONAL HUNGER CENTER

Par	tl	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Ac	count	S. Complete	e if the	
		organization answered "Yes" on Form 990, Part IV, line	6.					
			(a) Donor advised funds	(b) Fund	s and other a	ccounts	6
1	Total r	number at end of year						
2	Aggre	gate value of contributions to (during year)						
3	Aggre	gate value of grants from (during year)						
4	Aggre	gate value at end of year						
5	Did th	e organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed fund	ls		_	
	are the	e organization's property, subject to the organization's e	xclusive legal control?			🗋 Ye	s	No
6	Did th	e organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used or	nly			
	for cha	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ng		_	
_		missible private benefit?				Ye	s	No
Par	tll	Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV,	line 7.			
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).					
		Preservation of land for public use (e.g., recreation or ec	lucation)	torically	importa	ant land area		
		Protection of natural habitat	Preservation of a cer	tified his	storic st	ructure		
		Preservation of open space						
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a cor	nservatio	on easement	on the la	ast
	day of	f the tax year.			1	Held at the End	of the T	ax Year
а	Total r	number of conservation easements			2a			
b	Total a	acreage restricted by conservation easements			2b			
с	Numb	er of conservation easements on a certified historic stru	cture included in (a)		2c			
d	Numb	er of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struct	ure				
	listed	in the National Register			2d			
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organiz	zation d	uring the tax		
	year 🕨							
4	Numb	er of states where property subject to conservation ease	ement is located					
5	Does t	the organization have a written policy regarding the perio	odic monitoring, inspection, handling of				_	
	violatio	ons, and enforcement of the conservation easements it	holds?			🗌 Ye	s	No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servatio	n easen	nents during t	he year	
	▶ _							
7	Amou	nt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion eas	ements	during the ye	ar	
	►\$							
8	Does e	each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)((i)		_	
	and se	ection 170(h)(4)(B)(ii)?				🗋 Ye	s	No
9	In Par	t XIII, describe how the organization reports conservatio	n easements in its revenue and expense	statem	ent, and	l balance she	et, and	
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the orga	anizatio	n's accounting	g for	
D - 1		rvation easements.				A I .		
Par	τιιι	Organizations Maintaining Collections of		ther S	Imilar	Assets.		
		Complete if the organization answered "Yes" on Form						
1a		organization elected, as permitted under SFAS 116 (ASC	<i>//</i>				,	
		ical treasures, or other similar assets held for public exhi		ince of p	oublic se	ervice, provide	e, in Par	t XIII,
		xt of the footnote to its financial statements that describ						
		organization elected, as permitted under SFAS 116 (ASC						
	treasu	ires, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic serv	vice, pro	vide the follo	wing am	nounts
		g to these items:						
	(i) Re	evenue included on Form 990, Part VIII, line 1						
	• •							
		organization received or held works of art, historical trea		al gain, p	orovide			
		llowing amounts required to be reported under SFAS 11						
а	Reven	ue included on Form 990, Part VIII, line 1			▶ \$			
					▶ \$			
_HA	For Pa	aperwork Reduction Act Notice, see the Instructions	for Form 990.		S	Schedule D (F	orm 99	0) 2017
732051	10-09-1	7						

28 2017.05060 CONGRESSIONAL HUNGER CENT CHC___1 28

Sche	dule D (Form 990) 2017 CONGRES	SIONAL HUNG	ER C	ENTER			5	52-18	42738	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art,	Histo	rical Tre	easures, or	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check	any of the f	following that	are a sig	nificant us	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain h	now the	y further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, hist	torical treas	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		e if the	organizatio	n answered '	'Yes" on I	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi								-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing ta	ble:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						_ 1f _		7		.
	Did the organization include an amount on Fo						y?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>				
T ai	t V Endowment Funds. Complete i							aana kaali	(-) [heals
4.	Designing of year balance	(a) Current year	(D) Pr	ior year	(c) Two year	rs dack (d) Three ye	ears dack	(e) Four	years	раск
1a 5	Beginning of year balance										
D	Contributions										
C A	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the curr	ent year and balance (line 1a	column (a))) held as:						
2 a	Board designated or quasi-endowment		,inte rg, %	column (a)	// Heiu as.						
h	Permanent endowment	%	.70								
č	Temporarily restricted endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		on that	are held ar	nd administer	ed for the	organiza	tion			
	by:	eeren er ine ergunzun		are nera ar			- or gaining a		Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV,	line 11a. S	ee Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or oth	ner	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value	e
		basis (investme	ent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment				3,574.		3,45		10),1	16.
	Other			1	0,643.		10,64	3.			0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X.	colum	n (B), line 1	0c.)				10),1:	16.
								Schedule	D (Form	990)	2017

Schedule D (Form 990) 2017 CONGRESSIONAL HUNGER CENTER
--

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	2,731.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,731.

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

Schedule D (Form 990) 2017

1

732053 10-09-17

Sche	edule D (Form 990) 2017 CONGRESSIONAL HUNGER CENTE	52-1842738		Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,122,	951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	. 2b	177,035.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	, 177 2,945	035.
3	Subtract line 2e from line 1			3	2,945,	<u>916.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b	335,110.			
с	Add lines 4a and 4b	4c		110.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	3,281,	026.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	2,619,	817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	. 2b				
с	• · · ·					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,619,	817.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,619,	817.
Pa	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b	and 2b: Part V. line 4	1: Part)	X. line 2: Part XI	I

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

PART X, LINE 2:

THE CENTER EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED

SEPTEMBER 30, 2018, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY

EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RECOVERIES AND OTHER INCOME	335,099.
INTEREST INCOME	11.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	335,110.

732054 10-09-17

1

Part XIII	Supplemental Information	on (continued)		
			Schedule D (Form 99	2017
732055 10-09-	17			55, 2017

SCHEDULE I (Form 990)									
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo	m 990. or the latest inform	nation.		Open to Public Inspection	
Name of the organizati	on CONGRESSI	ONAL HUNG	ER CENTER					Employer identification number 52-1842738	
Part I General Information on Grants and Assistance									
-	ation maintain records t ward the grants or assis		-			-			
	IV the organization's pro								
	d Other Assistance to	-				anization answered "Y	'es" on Form 990, Par	: IV, line 21, for any	
	hat received more than S					(f) Method of			
.,	Idress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total numb	er of section 501(c)(3) a	 nd government org	anizations listed in the	l e line 1 table	l		l	L	
3 Enter total numb	er of other organizations	s listed in the line 1	table						
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2017)	



732102 11-01-17

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
FELLOW STIPENDS	50	1,055,442.	0.			

34

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

PART I, LINE 2:

CANDIDATES SUBMIT A RESUME AND APPLICATION FORM WHICH IS REVIEWED BY THE

CENTER'S PROGRAM STAFF. THERE ARE INDIVIDUAL INTERVIEWS AND REFERENCE

CHECKS CONDUCTED BEFORE THE FINALISTS ARE DETERMINED AND THE FUNDS ARE

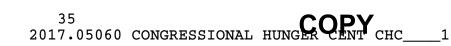
AWARDED.

Part III

Part III can be duplicated if additional space is needed.

52-1842738

SC	I	OMB No. 1545-0047					
(Fo	rm 990)	Compensation I For certain Officers, Directors, Trustees			00	47	,
-		Compensated En	nployees		20	11	
Dene	the and of the Treesury	Complete if the organization answered "Y Attach to Forn			Open to	Publi	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instruct			Inspe		
Nan	e of the organizatio	1		Employer id			nber
		CONGRESSIONAL HUNGER CEN	TER	52-1	84273	8	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the followi	ing to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant informa	tion regarding these items.				
	First-class or charter travel Housing allowance or residence for persona						
	Travel for companions Payments for business use of personal resid						
			h or social club dues or initiation fees				
	Discretionary	pending account	onal services (such as, maid, chauffe	ur, chef)			
	If any other is		h				
b		on line 1a are checked, did the organization follow a writ					
•	•	rovision of all of the expenses described above? If "No,"			1b		<u> </u>
2	-	require substantiation prior to reimbursing or allowing e					
	trustees, and office	rs, including the CEO/Executive Director, regarding the it			2		<u> </u>
3	Indianta which if a	w of the following the filing organization used to establic	b the componentian of the organizat	tion'o			
5		y, of the following the filing organization used to establis					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	·		pensation survey or study				
	X Form 990 of c		oval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line	1a, with respect to the filing				
	organization or a re						
а	-						X
b	Participate in, or re	eive payment from, a supplemental nonqualified retirem	ient plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arra	ngement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
)(3), 501(c)(4), and 501(c)(29) organizations must com					
5	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organiza	ation pay or accrue any compensatio	n			
	contingent on the r						
							X
b		ation?			5b		x
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organiza	ation pay or accrue any compensatio	n			
	contingent on the net earnings of:						v
	a The organization?						X X
b		ation?			6b		
7		r 6b, describe in Part III.					
1		n Form 990, Part VII, Section A, line 1a, did the organiza			-		x
0		es 5 and 6? If "Yes," describe in Part III			7		
8		reported on Form 990, Part VII, paid or accrued pursuan			8		x
٥		ption described in Regulations section 53.4958-4(a)(3)? I d the organization also follow the rebuttable presumptio					
9					9		
	Regulations section	53.4958-6(c)? eduction Act Notice, see the Instructions for Form 99			j 9 ule J (Forn	1 0001	2017
гпА	I UI Faper WUIK R	succion Activolice, see the instructions for Form 99	v.	Sched	ue o (rom	1 990)	2017



Schedule J (Form 990) 2017

52-1842738

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SHANNON MAYNARD	(i)	183,833.	0.	0.	6,390.	20,123.	210,346.	0	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2017

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.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 for the latest information.



CONGRESSIONAL HUNGER CENTER

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

THE MISSION OF THE CONGRESSIONAL HUNGER CENTER, INC. (THE CENTER) IS TO

TRAIN AND INSPIRE LEADERS WHO WORK TO END HUNGER, AND ADVOCATE PUBLIC

POLICIES THAT CREATE A FOOD SECURE WORLD. THE CENTER IS A LEADER IN THE

MOVEMENT TO ENSURE ACCESS TO FOOD AS A BASIC HUMAN RIGHT FOR ALL

PEOPLE. THE CENTER CREATES AND NURTURES A COMMUNITY OF INNOVATIVE AND

INSPIRING LEADERS WHO ACT AS CHANGE AGENTS, BRIDING THE GAP BETWEEN

GRASSROOTS EFFORTS AND NATIONAL AND INTERNATIONAL PUBLIC POLICY TO

PROVIDE ACCESS TO NUTRITIONS, AFFORDABLE AND CULTURALLY APPROPRIATE

FOOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EMERSON NATIONAL FELLOWS - THE EMERSON NATIONAL HUNGER FELLOWS PROGRAM IS A SOCIAL JUSTICE PROGRAM THAT TRAINS, INSPIRES, AND SUSTAINS LEADERS. FELLOWS GAIN FIELD EXPERIENCE FIGHTING HUNGER AND POVERTY THROUGH PLACEMENTS IN COMMUNITY BASED ORGANIZATIONS ACROSS THE COUNTRY, AND POLICY EXPERIENCE THROUGH PLACEMENTS IN WASHINGTON, D.C. THE PROGRAM BRIDGES COMMUNITY-BASED EFFORTS AND NATIONAL PUBLIC POLICY, AND FELLOWS DEVELOP AS EFFECTIVE LEADERS IN THE MOVEMENT TO END HUNGER AND POVERTY.

THE EMERSON PROGRAM SUPPORTS A DIVERSITY OF LOCAL AND NATIONAL
APPROACHES TO ELIMINATE HUNGER, POVERTY AND SOCIAL INEQUALITY,
PARTICULARLY RACISM. WE SEEK TO CRAFT SUCCESSFUL AND MUTUALLY
BENEFICIAL PARTNERSHIPS BETWEEN FELLOWS AND PARTNER ORGANIZATIONS WHILE
DEVELOPING A NEW GENERATION OF HUNGER AND POVERTY LEADERS. FELLOWS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
722211 09-07-17

Name of the organization

SUPPORT PARTNER ORGANIZATIONS WITH PROGRAM DEVELOPMENT, RESEARCH,

EVALUATION, OUTREACH, ORGANIZING, AND ADVOCACY PROJECTS.

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

LELAND INTERNATIONAL FELLOWS - THE MICKEY LELAND INTERNATIONAL HUNGER

FELLOWS PROGRAM TRAINS EMERGING LEADERS IN THE FIGHT TO END HUNGER

WORLDWIDE. IT IS A UNIQUE TWO-YEAR PROGRAM THAT COMBINES FIELD AND

POLICY WORK.

LELAND FELLOWS DEVELOP NEW SKILLS WHILE ACTIVELY WORKING TO ALLEVIATE HUNGER AND POVERTY IN ASIA, AFRICA, AND LATIN AMERICA. DURING THE FIRST YEAR, FELLOWS WORK DIRECTLY TO BUILD FOOD SECURITY IN THE FIELD. IN THE SECOND YEAR, FELLOWS APPLY THEIR FIELD EXPERIENCE TO THE DESIGN OF SOUND DEVELOPMENT POLICY AT THE ORGANIZATIONAL, NATIONAL, AND INTERNATIONAL LEVEL. IN ADDITION TO THEIR FIELD AND POLICY WORK, FELLOWS TAKE PART IN ANNUAL CENTER-SPONSORED TRAINING SESSIONS AND A RANGE OF PROFESSIONAL DEVELOPMENT ACTIVITIES AIMED AT FURTHER ADDING TO THEIR SKILLS AND EXPERTISE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ANTI-HUNGER CORPS SUMMIT

EXPENSES \$ 25,913. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF DIRECTORS ADOPTED NEW BYLAWS IN JULY 2018, WHICH WERE WRITTEN

TO ENSURE COMPLIANCE WITH DC NONPROFIT CODE. THE BYLAWS BETTER DEFINE

COMMITTEE STRUCTURES FOR CHC MOVING FORWARD, INCLUDE THE PROVISION OF A NEW

VICE CHAIR OFFICER ROLE, LIMIT THE NUMBER OF BOARD MEMBERS TO NO MORE THAN
732212 09-07-17
Schedule O (Form 990 or 990-EZ) (2017)
39

08480510 150872 CHC

2017.05060 CONGRESSIONAL HUNGER CENT CHC

1

Schedule O	(Form	990	or §	990-	EZ)	((2017)	
------------	-------	-----	------	------	-----	---	--------	--

Name of the organization

25, AND ESTABLISH NEW BOARD OF DIRECTORS TERM GUIDELINES.

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

ONCE THE DRAFT VERSION OF THE FEDERAL FORM 990 IS PROVIDED BY AN

INDEPENDENT ACCOUNTING FIRM, THE EXECUTIVE DIRECTOR REVIEWS WITH AN

INTERNAL ACCOUNTANT. UPON APPROVAL IT IS THEN SHARED AND DISCUSSED WITH THE TREASURER. THE DRAFT VERSION OF THE FEDERAL FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS VIA EMAIL BEFORE IT IS FILED WITH THE INTERNAL

REVENUE SERVICE.

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

AT THE BOARD OF DIRECTORS' MEETING, THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR PERCEIVED CONFLICTS OF INTEREST ON AN ANNUAL BASIS. BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM WHICH IS RETAINED FOR RECORD AT THE CENTER. UPON DISCLOSURE OR DISCOVERY THAT A BOARD MEMBER OR STAFF MEMBER HAS A POTENTIAL CONFLICT OF INTEREST, DUE DILIGENCE IS CONDUCTED BY MANAGEMENT. THE INDIVIDUAL IN QUESTION WOULD BE GIVEN AN OPPORTUNITY TO PRESENT THEIR CASE TO THE EXECUTIVE DIRECTOR WHO WOULD MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD ON HOW BEST TO PROCEED WITH THE MATTER. IN THE EVENT THAT THE RECOMMENDATION IS REMOVAL OF THE INDIVIDUAL, THE INDIVIDUAL WOULD BE GIVEN AN OPPORTUNITY TO PRESENT THEIR CASE TO THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR WOULD SEEK A RESOLUTION FROM THE BOARD OF DIRECTORS TO DETERMINE WHETHER OR NOT THE INDIVIDUAL SHOULD BE SEPERATED FROM THEIR ROLE AT THE CENTER. THE RESOLUTION WOULD BE DOCUMENTED AND KEPT ON FILE AT THE CENTER.

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

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

1

40 2017.05060 CONGRESSIONAL HUNGER CENT CHC_

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CONGRESSIONAL HUNGER CENTER	Employer identification number 52-1842738
CONGRESSIONAL HONGER CENTER	52-1042750
IT IS POLICY AND PRACTICE OF THE CHC TO ANNUALLY EVALUATE	THE WORK
PERFORMANCE OF THE EXECUTIVE DIRECTOR. COMPENSATION OF THE	EXECUTIVE
DIRECTOR IS DETERMINED AFTER COMPLETION OF THE EVALUATION.	THE EVALUATION
OF THE EXECUTIVE DIRECTOR IS CONDUCTED BY THE EXECUTIVE CO	MMITTEE OF THE
BOARD USING THE COMPARABLE DATA FROM THE FEDERAL FORM 990S	OF SIMILAR
ORGANIZATIONS AND THROUGH CONSULTING WITH THE HR DEPARTMEN	TS OF THE PEER
ORGANIZATIONS. THE SALARY INCREASE IS VOTED UPON AND CONFI	RMED BY
ELECTRONIC MESSAGE. THE EXECUTIVE DIRECTOR'S COMPENSATION	WAS REVIEWED IN
JULY 2015 AS PART OF HER INITIAL OFFER. IN DECEMBER 2018,	CHC'S EXECUTIVE
COMMITTEE WAS PROVIDED WITH A COMPENSATION SURVEY OF DC NO	NPROFITS TO
ASSESS EXECUTIVE DIRECTOR'S SALARY AND DETERMINE INCREASE.	

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

THE CENTER MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET LOSS FROM LEASE TEMINATION

-5,611.

732212 09-07-17