** PUBLIC DISCLOSURE COPY **

Form **9900** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2019 calendar year, or tax year beginning OCT 1 , 2019 and endi	ing SE	P 30, 2020	•
B	Check if applicab	le: C Name of organization	[D Employer identific	ation number
	Addre	CONGRESSIONAL HUNGER CENTER			
	Name	ge Doing business as	52-184273	88	
	Initial returr		m/suite E	Telephone number	
	Final returr	200 MASSACHUSETTS AVE, NW, 7TH FLOOR		(202) 547	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	(Gross receipts \$	3,299,659.
Ļ	Amer returr	WASHINGION, DC 20001	ŀ	H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer: STIANNON MATINAND		for subordinates?	
		SAME AS C ABOVE		H(b) Are all subordinates inc	
		tempt status: $X = 501(c)(3) = 501(c)() \rightarrow (insert no.) = 4947(a)(1) \text{ or }$	527		ist. (see instructions)
		ite: WWW.HUNGERCENTER.ORG		H(c) Group exemption	
	orm o art I	f organization: X Corporation Trust Association Other ► 1 Summary	L Year of	formation: 1993 M	State of legal domicile: DC
		Briefly describe the organization's mission or most significant activities: TRAIN &	TNC	DTDE LEADED	C WHO WODK
e	1	TO END HUNGER & ADVOCATE PUBLIC POLICIES FOR			
Activities & Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed or			
/err	3	Number of voting members of the governing body (Part VI, line 1a)			18
ģ	4	Number of independent voting members of the governing body (Fart VI, line 1a)			18
<u>න්</u>	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		·····	12
itie	6	Total number of volunteers (estimate if necessary)			60
ctiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		3,022,423.	2,960,933.
Revenue	9	Program service revenue (Part VIII, line 2g)		320,999.	338,722.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22.	4.
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		192.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,343,636.	3,299,659.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,376,263.	1,478,850.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		944,245.	1,033,480.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 96,942.			
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		765,771.	614,592.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,086,279.	3,126,922.
	19	Revenue less expenses. Subtract line 18 from line 12		257,357.	172,737.
IS OF				nning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		1,422,552.	<u>1,000,177.</u> 76,134.
Net A	21	Total liabilities (Part X, line 26)		671,246. 751,306.	924,043.
	art II	Net assets or fund balances. Subtract line 21 from line 20		101,300.	524,043.
Г	aren	olginataro biook			

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 signature	Date Check PTIN
Paid	FRANK H. SMITH Frank H. Smith	06/14/21 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 II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)
		COPY

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Pa	rt III Statement of Program Service Accomplishments	
		Х
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?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 380, 673. including grants of \$908, 818.) (Revenue \$205, 878	•
	EMERSON NATIONAL FELLOWS. SEE SCHEDULE O.	
4b	(Code:) (Expenses \$ 882,848. including grants of \$ 501,645.) (Revenue \$ 122,750	
40	LELAND INTERNATIONAL FELLOWS. SEE SCHEDULE O.	•
	LELAND INTERNATIONAL FELLOWS. SEE SCHEDULE O.	
4c	(Code:) (Expenses \$ 190, 300. including grants of \$ 68, 387.) (Revenue \$ 10, 094	
	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 PROGRAM IS 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	ī
		—
	COLLEGES ACROSS THE UNITED STATES THAT HAVE COMMITTED TO EDUCATING	
	THEIR 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		
Ψu		
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 2,453,821.	—
4e		
	Form 990 (2	201
3200	2 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	
3200		
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Form 990 (CONGRESSIONAL	HUNGER	CENTER
Part IV	Che	cklist of Required Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	11a	х	
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		х
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		Х
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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			v
45	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	15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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	(continued)		V.	
~	Did the eventiation was strong than f 000 of events on other assistance to be for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	~~	v	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 105			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2019) CONGRESSIONAL HUNGER CENTER 52-1842 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	738	Р	_{age} 5
			Yes	No
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 12			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
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?	6a		X
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).			
	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		X
	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?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a 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			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990	(2019)
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Form 990	(2019)
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CONGRESSIONAL HUNGER CENTER

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

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

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		Yes	t
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					ĺ
	The governing body?			8a	Х	
	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 rea	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				_
			-		Yes	;
	Did the organization have local chapters, branches, or affiliates?		L	10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the fo	orm?	11a	Х	Ē
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		F	12b	Х	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,				
	in Schedule O how this was done		·····	12c	X	_
	Did the organization have a written whistleblower policy?			13	X	_
	Did the organization have a written document retention and destruction policy?		······ -	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official		····· ⊢	15a	X	_
b	Other officers or key employees of the organization		····· -	15b	Х	
	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 arrange			10		
	taxable entity during the year?		······ -	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the contract of the contrac					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			10		
Sect	exempt status with respect to such arrangements?			16b	L	-
	List the states with which a copy of this Form 990 is required to be filed NONE					-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Saction 5	501(c)(2)c	only	availe	-
	for public inspection. Indicate how you made these available. Check all that apply.		501(0)(3)51	uny)	avalla	5
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		licy and f	inang	rial	
	statements available to the public during the tax year.		moy, and i	man	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records				
	SHANNON MAYNARD - 202-547-7022					-
						-
	200 MASSACHUSETTS AVE, NW, 7TH FLOOR, WASHINGTON,	DC 20001				

1

Form 990 (2		52-1842738	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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 Comple	e this table for all persons required to be listed. Report compensation for the calendar year ending wit	h 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.

See instructions for the order in which to list the persons above.

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	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) SHANNON MAYNARD	40.00									
EXECUTIVE DIRECTOR				Х				188,477.	0.	32,759.
(2) KRISTIN ANDERSON	32.00									
CHIEF OPERATING OFFICER		1		Х				105,581.	0.	21,148.
(3) EMILY BYERS	40.00									
SENIOR DIRECTOR, LELAND						Х		100,219.	0.	24,612.
(4) JAMES P. MCGOVERN	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) KAREN COBLE EDWARDS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) MANISHA SHAH	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) KATHARINE EMERSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) BRIAN FOLKERTS	1.00									
MEMBER		Х						0.	0.	0.
(9) LOU GERBER	1.00									
MEMBER		Х						0.	0.	0.
(10) DENNIS HERTEL	1.00									
MEMBER		Х						0.	0.	0.
(11) KATE HOUSTON	1.00									-
MEMBER		Х						0.	0.	0.
(12) SHEILA JACKSON LEE	1.00									•
MEMBER	1 0 0	Х						0.	0.	0.
(13) ALEJANDRA LOPEZ-FERNANDINI	1.00								0	0
MEMBER	1 00	X						0.	0.	0.
(14) ALFONSO MARTINEZ	1.00								0	0
MEMBER	1 00	Х						0.	0.	0.
(15) GERRI MASON HALL	1.00								0	0
MEMBER	1 00	Х						0.	0.	0.
(16) KIMBERLY PERRY	1.00								<u> </u>	<u>^</u>
MEMBER	1 00	Х				-		0.	0.	0.
(17) LESLIE SARASIN	1.00	v							<u>^</u>	0
MEMBER		Х						0.	0.	0 • Form 990 (2019)
932007 01-20-20				_	-					Form ອອບ (2019)

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2019.05094 CONGRESSIONAL HUNGER CENT CHC

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Form 990 (2019) CONGRESS	<u>:ONAL HU</u>	JNG	ER	. C.	EN	ſΤΕ	R		52-18	3427	738	Pa	.ge 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emr	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director 0 x 0	not ci	(C Posif heck n ss pers id a dir	;) nore son is recto	l than c s both	one an tee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations (W-2/1099-MIS	n I S	Est am c comp frc orga and	(F) imated ount co other pensation m the mization related	of ion on ed
	line)	Idividu	stituti	Officer	ey em	ighest mploy	ormer				orgai	nizatio	ns
(18) JIM SCHEIBEL MEMBER	1.00	_ 	<u> </u>	0	¥	E H	Ч	0.		0.			0.
(19) ERIC SILVA	1.00												
MEMBER		Х						0.		0.			0.
(20) ERIC STEINER	1.00												
MEMBER	1	Х						0.		0.			0.
(21) MARY CATHERINE TOKER	1.00	x						0.		ο.			0.
										-			
										-			
1b Subtotal								394,277.		0.	78	8,51	
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								394,277.		0.	78	8,51	.9.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable	:			3
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ee k	ev e	emplo	over	e or	hia	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for su										- 1	3		Х
4 For any individual listed on line 1a, is the su										···· [
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	che	edule	e J f	or such individual			4	X	
5 Did any person listed on line 1a receive or a	-				-			-					
rendered to the organization? If "Yes." com	<u>plete Schedule</u>	e J fo	or sl	ich p	erse	on .				<u></u>	5		Х
Section B. Independent Contractors								• • • • • • • • • • • • • • • • • • •	100.000 - (
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							, ,	ensat		11	
(A)	ne oalendar ye		- Turi	<u>ig wi</u>		<u>, , , , , , , , , , , , , , , , , , , </u>		(B)			(C))	
Name and business	address	NC	ONE	3				Description of se	ervices	C	ompen		1
							_						
							_						
							_						
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	d to t	hos (ted	above) who received mo	re than				
						•					Form S	90 (2	019)

932008 01-20-20

		(2019)	CON	GRESSION	AL	HUNGER	CENTER		52-1842	738 Page 9
Pa	rt VI	II Statemen	nt of Rev	venue						
		Check if Sch	nedule O d	contains a respoi	nse o	or note to any lir	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										sections 512 - 514
ŝ	1 a	Federated campa	aians	1a						
ant	ł	Membership due								
D B		Fundraising ever					1			
fts,		d Related organiza					1			
, Gi		Government gra			2	265,698.	-			
Sins		All other contributi			- /	20370301	-			
utic						695,235.				
Oth		similar amounts no				055,255.	-			
Contributions, Gifts, Grants and Other Similar Amounts	<u>د</u>	Noncash contributions					2 960 922			
a C	ľ	Total. Add lines	1a-11				2,960,933.			
						Business Code	220 700	220 700		
ce	2 8	A SITE MATO	CH RE	VENUE		900099	338,722.	338,722.		
ervi	k)								
n Se		>								
am		k								
Program Service Revenue	e)								
Pr	f	All other progran	n service	revenue						
	ç	Total. Add lines	2a-2f				338,722.			
	3	Investment incor								
		other similar amo					4.			4.
	4	Income from inve								
	5	Royalties		-						
	Ŭ	noyuneo		(i) Real		(ii) Personal				
	6.	Gross rents		6a		(-			
				6b			-			
		Less: rental expe					-			
	0			6c		`				
		Net rental incom)						
	7 8	Gross amount fron			es	(ii) Other	-			
		assets other than in	-	7a			-			
	k	Less: cost or othe								
venue		and sales expenses		7b			4			
	C	Gain or (loss)		7c						
Re		d Net gain or (loss))			🕨				
Other	8 8	a Gross income from		• •						
đ		including \$		of						
		contributions rep	oorted on	line 1c). See						
		Part IV, line 18			8a					
	k	Less: direct expe			8b					
		Net income or (lo			ts	►				
		Gross income fro								
		Part IV, line 19			9a					
	ł	Less: direct expe			9b					
		Net income or (lo				>				
		Gross sales of in								
	10 0	and allowances			10a					
		 Less: cost of good 			10a		-			
		Net income or (Ic	uss) from	sales of inventor	у	Business Code				
sr						Dusiness Code				
eor	11 a				—					
lan	k				_					
scellaneous Revenue	0									
Mis	0	All other revenue								
_	e	e Total. Add lines								
	12	Total revenue. See	e instructio	ons		►	3,299,659.	338,722.	0.	4.
93200	9 01-2	0-20					•		_	Form 990 (2019)

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).

	Check if Schedule O contains a respons mounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and of	ther assistance to domestic organizations				
and domestic	c governments. See Part IV, line 21				
2 Grants and	other assistance to domestic				
individuals.	See Part IV, line 22	1,478,850.	1,478,850.		
	other assistance to foreign				
organizatior	ns, foreign governments, and foreign				
individuals.	See Part IV, lines 15 and 16				
	id to or for members				
	ion of current officers, directors,				
	nd key employees	375,852.	114,643.	240,545.	20,664
	n not included above to disqualified				-
-	defined under section 4958(f)(1)) and				
	cribed in section 4958(c)(3)(B)				
	es and wages	522,729.	377,374.	103,987.	41,368.
	accruals and contributions (include	,	,		,
	<) and 403(b) employer contributions)	15,114.	11,691.	2,137.	1.286.
	oyee benefits	55,690.	41,203.	9,820.	<u> </u>
	es	64,095.	36,029.	23,571.	4,495
	vices (nonemployees):				-, -, -, -, -, -, -, -, -, -, -, -, -, -
	nt				
	·····	105,283.	52,856.	45,577.	6,850.
		105,205.	52,050.	45,5776	0,050
	fundraising services. See Part IV, line 17				
	management fees				
	e 11g amount exceeds 10% of line 25,	109,613.	55,029.	47,452.	7 120
	mount, list line 11g expenses on Sch O.)	694.	642.	27.	7,132. 25.
	and promotion	18,479.	10,391.	6,708.	1,380.
	nses		8,461.	7,296.	1,097.
	technology	16,854.	0,401.	7,290.	1,097.
		145 761	01 745	64 016	
	· ·····	145,761.	81,745.	64,016.	212
		38,895.	37,474.	1,108.	313.
-	of travel or entertainment expenses				
•	eral, state, or local public officials	11 1 10	10 825	210	
	s, conventions, and meetings	11,142.	10,735.	318.	89.
	o affiliates	2 400	1 010	1 40 6	
	n, depletion, and amortization	3,406.	1,910.	1,496.	1 040
3 Insurance		14,336.	8,040.	5,250.	1,046.
above (List m line 24e amo	es. Itemize expenses not covered niscellaneous expenses on line 24e. If unt exceeds 10% of line 25, column (A)				
	ine 24e expenses on Schedule 0.)	114,562.	105,983.	4,384.	4,195.
	ND SUBSCRIPTIONS	34,817.	20,765.	11,717.	2,335
	BT EXPENSE	750.	20,705.	750.	4,000
		750.		750.	
d					
e All other exp	·	2 1 2 6 0 2 2	2,453,821.	576,159.	06 040
	nal expenses. Add lines 1 through 24e	3,126,922.	4,403,041.	5/0,139.	96,942.
	Complete this line only if the organization				
-	olumn (B) joint costs from a combined				
	ampaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

10 2019.05094 CONGRESSIONAL HUNGER CENT CHC

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Form 990 (2019)

orm 990 Part X			52-	1842738 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,167,684.	1	643,365.
2	Savings and temporary cash investments	9,794.	2	12,572.
3	Pledges and grants receivable, net	123,808.	3	189,743.
4	Accounts receivable, net	52,054.	4	92,117.
5	Loans and other receivables from any current or former officer, director,	· ·		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
Š S	Prepaid expenses and deferred charges	37,233.	9	32,842
	a Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 29,175.			
	b Less: accumulated depreciation 10b 18,912.	10,141.	10c	10,263
11	Investments - publicly traded securities	,	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	21,838.	15	19,275
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,422,552.	16	1,000,177
17	Accounts payable and accrued expenses	68,564.	17	72,772
18	Grants payable	,	18	,
19	Deferred revenue	602,682.	19	3,362
20	Tax-exempt bond liabilities	001/0010	20	0,002
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to any current or former officer, director,		21	
ties	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities			22	
E 23	Controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		27	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			25	
26	of Schedule D Total liabilities. Add lines 17 through 25	671,246.	26	76,134
	Organizations that follow FASB ASC 958, check here X	0/1/2100	20	, 0 , 1 0 1
Se	and complete lines 27, 28, 32, and 33.			
0 8 27	- · · · · · · · · · · · · · · · · · · ·	576 796.	27	762,312
		576,796. 174,510.	28	161,731
20 2	Organizations that do not follow FASB ASC 958, check here	1/1/0100	20	101,701
n	and complete lines 29 through 33.			
້ 29	Capital stock or trust principal, or current funds		29	
s 29	Paid-in or capital surplus, or land, building, or equipment fund		<u>29</u> 30	
S 30	-		30 31	
Net Assets or Fund Balances 8 25 8 26 8 25 8	Retained earnings, endowment, accumulated income, or other funds	751,306.	31	924,043
	Total net assets or fund balances	1,422,552.		1,000,177.
33	Total liabilities and net assets/fund balances	±,±44,JJ4•	33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990 (2019)

Form	990 (2019) CONGRESSIONAL HUNGER CENTER	52-18	42738	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,299		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,126		
3	Revenue less expenses. Subtract line 2 from line 1	3	172		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	751	.,30	06.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	924	.,04	<u>43.</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>			
				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	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	L

Form **990** (2019)

932012 01-20-20

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
2019
Open to Public Inspection

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

Name	lame of the organization Employer identification number										
				HUNGER CENTER				5	2-1842738		
Part	Ι	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	S.			
The org	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1 🗌		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 Σ	ζ										
		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	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support t	from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses 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 exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).				
12 🗌		An organization organized a	-	-	-			•			
		more publicly supported or	-						Check the box in		
		lines 12a through 12d that						-			
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting		
		organization. You must o	-					- (-)			
b		Type II. A supporting org	-				-		-		
		control or management o			ame perso	ns that co	ntroi or manag	ye the supp	Joned		
с		organization(s). You mus Type III functionally inte	-		in connoct	ion with	and functional	ly intograte	od with		
U		its supported organization	• • • •					ly integrate	ja with,		
d		Type III non-functionally		-				ted organi:	zation(s)		
u		that is not functionally int						-			
		requirement (see instructi	с С	e ,	•		•	anatom			
е		Check this box if the orga	-					II Type III			
•		functionally integrated, or					.)pe ., .)pe	, . , p e			
f E	Inte	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
g F	rov	vide the following informatior									
) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ng document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total											
10101							1		1		

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

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Schedule A (Form 990 or 990-EZ) 2019 CONGRESSIONAL HUNGER CENTER

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2765226.	2156244.	2656976.	3022423.	2960933.	13561802.
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 \dots						
4	Total. Add lines 1 through 3	2765226.	2156244.	2656976.	3022423.	2960933.	13561802.
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)						190,517.
6	Public support. Subtract line 5 from line 4.						13371285.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2765226.	2156244.	2656976.	3022423.	2960933.	13561802.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	372.	329.	11.	22.	4.	738.
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						13562540.
12	Gross receipts from related activities,	etc. (see instructic	ons)			12 1	,281,381.
13				d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.59 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>99.98 %</u>
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ition			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	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	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	dule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 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	tion A. Public Support			-	-		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	3 received from disqualified persons						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1		1	1	1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
_							
	tion C. Computation of Publi						
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018 tion D. Computation of Invest					16	%
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	organization did r				3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						▶□
b	33 1/3% support tests - 2018. If the	-	-				and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	••••••••••••••••••••••••••••••••••••••
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Schedule A (Form 990 or 990-EZ) 2019 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 (as 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.)

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10a

10b

Schedule A (Form 990 or 990-EZ) 2019

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Yes No

Schedule A (Form 990 or 990-EZ) 2019 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. <i>Complete</i> line 3 <i>below.</i>			
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		
932025	5 09-25-19 Schedule A (Form 99	90 or 99	0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990 EZ) 2019 CONGRESSIONAL HUNGER CE: rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			52-1842738 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	-		,
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	ion C - Distributable Amount			Current Year

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

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 CONGRESSIONAL HUNGER CENTER

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 CONGRESSIONA	L HUNGER	CENTER	52-1842738 F	Page 8
Part VI	Supplemental Information. Provide the ex Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec Section D, lines 5, 6, and 8; and Part V, Section E,	planations requi 9a, 9b, 9c, 11a, tion E, lines 1c,	red by Part II, line 10; Pa 11b, and 11c; Part IV, Se 2a, 2b, 3a, and 3b; Part	ection B, lines 1 and 2; Part IV, Section C V, line 1; Part V, Section B, line 1e; Part), V,
	(See instructions.)		· · ·		
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** 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

2019

Employer identification number

Name of the organization	

Organization type (check one):

52-1842738

Filers of:	Section:
Form 990 or 990-EZ	X 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

CONGRESSIONAL HUNGER CENTER

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

General Rule

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

Special Rules

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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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) (2019)

Name of organization

Employer identification number

52-1842738

CONGRESSIONAL HUNGER CENTER

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
<u>1</u>		\$1,951,314.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
2		\$164,521.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
3		\$159,057.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
		\$126,550.	Person Ž Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
5		\$93,180.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
6 		\$75,000.	Person 2 Payroll 1 Noncash 1 (Complete Part II fo noncash contributi
3452 11-06-19	23	Schedule B (Form	noncash contri

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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.

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

Page **4**

Name of or	rganization		Employer identification number			
CONGRE	ESSIONAL HUNGER CENTER		52-1842738			
Part III	Exclusively religious, charitable, etc., contributor, Complete columns	(a) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	L			
-	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 gif	t I			
-	Transferee's name, address,	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
923454 11-06	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)			

25 2019.05094 CONGRESSIONAL HUNGER CENT CHC___1

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047				
(Form 990 or 990-EZ)	2010								
	2019								
Department of the Treasury Internal Revenue Service	Open to Public Inspection								
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
-		plete Parts I-A and B. Do not com			0	,,			
• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.									
 Section 527 organization 									
9		Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Activ	vities), th	ien			
-		nave filed Form 5768 (election und							
		nave NOT filed Form 5768 (electio	()/	•					
		Form 990, Part IV, line 5 (Proxy	. ,			•			
Tax) (see separate inst						, , ,			
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.							
Name of organization		· · · · ·			Employe	er identification number			
	CONGRES	SIONAL HUNGER CEN	ITER		ļ	52-1842738			
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 52	7 orgar	nization.			
 Provide a description Political campaign a Volunteer hours for 	activity expendit				►\$				
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	8).					
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955	-	▶\$				
		incurred by organization manager			▶\$				
		n 4955 tax, did it file Form 4720 f				Yes No			
4a Was a correction m		·				Yes No			
b If "Yes," describe ir	n Part IV.								
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c), o	except section 5	01(c)(3).			
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt function	on activities	▶\$				
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for sec	ction 527					
exempt function ac	tivities				▶\$				
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,						
line 17b					▶\$				
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes No			
		nployer identification number (EIN tion listed, enter the amount paid							
contributions receiv	ed that were pro	omptly and directly delivered to a	separate political orga	nization, such as a se	parate se	egregated fund or a			
political action committee (PAC). If additional space is needed, provide information in Part IV.									
(a) Name)	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's co er-0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 CONGRESSIONAL HUNGER CENTER 52-1842738 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
Part II-A Complete if the organized section 501(h)).	anization is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under		
	-	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,		
	e of excess lobbying e	expenditures). nd "limited control" pro	viciono onnhy				
	LIOTI CHECKEU DOX A al		visions apply.	(a) Filing	(b) Affiliated group		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbving)					
b Total lobbying expenditures to influ				2,385.			
c Total lobbying expenditures (add lir	-			2,385.			
d Other exempt purpose expenditure				3,124,537.			
e Total exempt purpose expenditures				3,126,922.			
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in both	n columns.	306,346.			
If the amount on line 1e, column (a) of	r (b) is: The lob	bying nontaxable am	ount is:				
Not over \$500,000	20% of	the amount on line 1e.					
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.				
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.				
Over \$17,000,000	\$1,000,	000.					
g Grassroots nontaxable amount (en	ter 25% of line 1f)			76,587.			
h Subtract line 1g from line 1a. If zero	o or less, enter -0			0.			
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.			
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	ation file Form 4720	-			
reporting section 4911 tax for this	/ear?				Yes No		
		eraging Period Under			-		
(Some organizations th		01(h) election do not l ate instructions for lir	•	of the five columns be	elow.		
	· · ·	nditures During 4-Yea	• •				
		l altures During 4- rea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	267,167.	280,991.	304,314.	306,346.	1,158,818.		
b Lobbying ceiling amount (150% of line 2a, column(e))		1,738,227.					
c Total lobbying expenditures	1,890.	1,918.	751.	2,385.	6,944.		
d Grassroots nontaxable amount	66,792.	70,248.	76,079.	76,587.	289,706.		
e Grassroots ceiling amount (150% of line 2d, column (e))					434,559.		
f Grassroots lobbying expenditures	12.	1,425.			1,437.		

Schedule C (Form 990 or 990-EZ) 2019

52-1842738 Page 3

Schedule C (Form 990 or 990-EZ) 2019 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e 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?				
f	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				
	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	i), 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				
	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."	'No" OR (b) Part I		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 politic	cal			
_	expenses for which the section 527(f) tax was paid).		0		
	Current year				
	Carryover from last year				
-	Total				
3 ⊿			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
			4		
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		4		
Par			5		
	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 /	lines 1 or	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	100, 1 art 117	, in 63 T a	10 2 (000	

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE D)
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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

CONGRESSIONAL HUNGER CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes N	ο
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
_	impermissible private benefit?		Yes N	0
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea		f a historically important land area	
	Protection of natural habitat	Preservation o	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Yea	i r
a				
b				
c	Number of conservation easements on a certified historic str			
a	Number of conservation easements included in (c) acquired a			
2	listed in the National Register			
3	year	leased, extinguished, or terminated by the	e organization during the tax	
4	Number of states where property subject to conservation east	sement is located		
- 5	Does the organization have a written policy regarding the per			
Ŭ	violations, and enforcement of the conservation easements in		Yes N	^
6	Staff and volunteer hours devoted to monitoring, inspecting,			Ū
•				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year	
	► \$		······································	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
				o
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		ther Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	herance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			_
•		an una ar athar similar assats for financia		_
2	If the organization received or held works of art, historical tre		a gain, provide	
~	the following amounts required to be reported under FASB A	-	*	
	Revenue included on Form 990, Part VIII, line 1Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 20 ⁻	10
	10-02-19			
		29		

2019.05094 CONGRESSIONAL HUNGER CENT CHC____1

Sche		SIONAL HUNG						52-18			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or (Other S	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that n	nake sigr	nificant u	use of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	_oan or exc	hange program	ו					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organization	's exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	torical treas	sures, or other	similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatic	n answered "Y	es" on F	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
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 fol	llowing ta	able:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f 20	Ending balance Did the organization include an amount on F						1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•	·	L]
Par											<u>_</u>
		(a) Current year		rior year	(c) Two years			/ears back	(e) Fou	vears	hack
1a	Beginning of year balance	(u) ourroint your	(2) ! !	lior your			y 11100 <u>y</u>		(0) 1 001	youro	buon
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administered	d for the	organiza	ation	í		
	by:									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 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	<u>u</u>	wment fl	inds.							
1 41			Dert IV	lino 11a S	Coo Eorm 000	Dart V lin	o 10				
	Complete if the organization answere Description of property	(a) Cost or o			t or other		umulate	ad I	(d) Poo	k volu	
	Description of property	basis (investr		.,	(other)		eciation		(d) Boo	n valu	5
1a	Land		,								
b	Buildings										
	Leasehold improvements										
	Equipment			1	9,950.		9,6	87.	1	0,2	63.
	Other				9,225.		9,2			-	0.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1					1	0,2	
		· •···· ••••• · · · u/t						Cabadul-			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CONGRESSIONAL HUNGER CENTE	IR
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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. (Co	olumn (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) F	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

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_	edule D (Form 990) 2019 CONGRESSIONAL HUNGER CEN'I			1842738 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,299,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	3 ()			
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,299,659.
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		
	Add lines 4a and 4b	4c	0.	
С				
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			3,299,659.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With Exper		
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	ments With Exper	nses per Returi	1.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With Exper	nses per Returi	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Exper	nses per Returi	1.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With Exper	nses per Returi	1.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With Exper	nses per Returi	1.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a. 2a 2b 2b	nses per Returi	1.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a	nses per Returi	1.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a. 2a	1	n. <u>3,126,922.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a	1 2e	1.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a	1 2e	n. <u>3,126,922.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2b 2c 2d	1 2e	n. <u>3,126,922.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	1 2e	n. <u>3,126,922.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	1 1 2e 3 	n. <u>3,126,922.</u> 0. <u>3,126,922.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 2d	1 1 2e 3 4c	n. <u>3,126,922.</u> 0.

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, 2020, 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.

932054 10-02-19

1

SCHEDULE I (Form 990)								OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.					Open to Public Inspection			
Name of the organizat		ONAL HUNG	ER CENTER					Employer identification number $52 - 1842738$
Part I General I	nformation on Grants a	nd Assistance						
criteria used to	zation maintain records t award the grants or assis	stance?	-			-		
	IV the organization's pro							
	nd Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	that received more than S					(f) Method of		
. ,	ddress of organization overnment	(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
3 Enter total num	ber of section 501(c)(3) a ber of other organizations	s listed in the line 1	table	e line 1 table				▶
LHA For Paperwor	k Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)



932102 10-26-19

Schedule I (Form 990) (2019)

34

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 I, LINE 2:

CONGRESSIONAL HUNGER CENTER Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOW STIPENDS	55	1,478,850.	0.		
Part IV Supplemental Information. Provide the information req	ı uired in Part I. lin	e 2: Part III. column	(b): and any other ac	l ditional information.	1

52-1842738

SC	HEDULE J	Compensation Inform	ation	1	OMB No. 1	545-004	47
(Fo	rm 990)	-	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2019	
•	-	Compensated Employees			ZU	IJ)
_		Complete if the organization answered "Yes" on For Attach to Form 990.	m 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and	the latest information.		Inspe	ction	
Nam	e of the organizatio	1		Employer i			nber
		CONGRESSIONAL HUNGER CENTER		52-1	84273	B	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for	r a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regard	ing these items.				
	First-class or o	harter travel Housing allowan	ce or residence for perso	nal use			
	Travel for com	panions Payments for bu	siness use of personal res	sidence			
	Tax indemnifie		club dues or initiation fees				
	Discretionary	pending account Personal service	s (such as maid, chauffeu	r, chef)			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete I			1b		
2	Did the organizatio	require substantiation prior to reimbursing or allowing expenses in	curred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items check	ed on line 1a?		2		<u> </u>
3		y, of the following the organization used to establish the compensation	-				
		ctor. Check all that apply. Do not check any boxes for methods use	ed by a related organization	on to			
	establish compens						
	X Compensation						
	Independent compensation consultant						
	X Form 990 of o	her organizations X Approval by the	board or compensation c	ommittee			
	During the second dia		and the disc Cline of				
4		any person listed on Form 990, Part VII, Section A, line 1a, with res	spect to the filing				
-	organization or a re	-			10		x
a h		e payment or change-of-control payment?					X
b							X
С		ceive payment from, an equity-based compensation arrangement?			40		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501/)(3), 501(c)(4), and 501(c)(29) organizations must complete lines	5-9				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or		n			
5	contingent on the r		accide any compensatio				
а	-				5a		x
		ation?					X
~		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue anv compensatio	n			
-	contingent on the r						
а	-				6a		X
		ation?					X
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provid	e any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contr					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," de					X
9		d the organization also follow the rebuttable presumption procedur					
	Regulations section			<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.			lule J (Forn	n 990)	2019



Schedule J (Form 990) 2019

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		(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SHANNON MAYNARD	(i)	188,477.	0.	0.	7,614.	25,145.	221,236.	0	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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	(ii)	-							
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

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) 2019

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.



52-1842738

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, BRIDGING THE GAP BETWEEN

GRASSROOTS EFFORTS AND NATIONAL AND INTERNATIONAL PUBLIC POLICY TO

PROVIDE ACCESS TO NUTRITION, 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19



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 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.

932212 09-06-19

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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 SEPARATED 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:

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 COMMITTEE OF THE BOARD USING THE COMPARABLE DATA FROM THE FEDERAL FORM 990S OF SIMILAR ORGANIZATIONS AND THROUGH CONSULTING WITH THE HR DEPARTMENTS OF THE PEER ORGANIZATIONS. THE SALARY INCREASE IS VOTED UPON BY THE EXECUTIVE COMMITTEE AND CONFIRMED BY ELECTRONIC MESSAGE. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS REVIEWED IN JULY 2015 AS PART OF HER INITIAL OFFER. IN DECEMBER 2018, Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 40 2019.05094 CONGRESSIONAL HUNGER CENT CHC

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O (Form 990 or 990-EZ) (2019 IUNGER CENT CHC

Page **2**

Schedule O (Form 990 or 990-EZ) (2019)