efile Public Visual Render ObjectId: 202441239349302534 - Submission: 2024-05-02 TIN: 52-1842738 OMB No. 1545-0047

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.

Department of the Treasury

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

Internal	Revenue Service							
A F	or the 2022 c	alendar year, or tax year beginning 10-01-2022 , and endi	ng 09-30-202	3		,		
O Add	ck if applicable: dress change me change	C Name of organization CONGRESSIONAL HUNGER CENTER INC			D Employer 52-18427		fication number	
O Ini	tial return	Doing business as						
_	al return/terminated				E Telephone r	umber		
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) 200 MASSACHUSETTS AVE NW 7TH FLOO	Room/suite		(202) 547	-7022		
_ '	, ,	City or town, state or province, country, and ZIP or foreign postal code			(202) 0 17	, , , ,		
		WASHINGTON, DC 20001			G Gross recei	pts \$ 3	,677,067	
		F Name and address of principal officer:	H(a) Is this	a group retur	n for		
		SHANNON MAYNARD 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001		subord Are all	linates? subordinates		☐Yes ☑No ☐Yes ☐No	
I Tax	-exempt status:	✓ 501(c)(3)	527	include	ea? " attach a list	. See i		
J W	ebsite: > WW	/W.HUNGERCENTER.ORG	-		exemption nu			
K Forn	n of organization:	: 🗸 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year	r of format	tion: 1993 M	State	of legal domicile: DC	
Pa		mary scribe the organization's mission or most significant activities:						
e C		AND INSPIRE LEADERS WHO WORK TO END HUNGER, AND TO AD	OVOCATE FOR F	PUBLIC P	OLICIES FOR	A FOC	D-SECURED	
Activities & Governance	-							
E E								
λοκ	2 Check thi	is box ▶ □					-	
×	3 Number o	of voting members of the governing body (Part VI, line 1a)				3	18	
es	4 Number of	of independent voting members of the governing body (Part VI, line	e 1b)			4	18	
¥	5 Total num	nber of individuals employed in calendar year 2022 (Part V, line 2a)			5	16	
ĘĘ.	6 Total num	nber of volunteers (estimate if necessary)			•	6	75	
-		Total unrelated business revenue from Part VIII, column (C), line 12						
	b Net unrel	b Net unrelated business taxable income from Form 990-T, Part I, line 11						
			Prio	r Year	ļ	Current Year		
9		cions and grants (Part VIII, line 1h)			3,326,586	+	3,202,986	
Revenue	_	service revenue (Part VIII, line 2g)	<u> </u>		395,852	-	474,058	
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)				_	23	
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			(0	
		enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		3,722,444	_	3,677,067	
		nd similar amounts paid (Part IX, column (A), lines 1–3)			1,458,672	2	1,664,206	
		paid to or for members (Part IX, column (A), line 4)	<u> </u>		(0	
88	,	other compensation, employee benefits (Part IX, column (A), lines			1,157,883	3	1,323,252	
Expenses		onal fundraising fees (Part IX, column (A), line 11e)			()	0	
ž		raising expenses (Part IX, column (D), line 25) 67,994						
ш	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			875,667	7	829,511	
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	_		3,492,222	2	3,816,969	
	19 Revenue	less expenses. Subtract line 18 from line 12			230,222	_	-139,902	
Ces Ces		f Current Year	1	End of Year				
sets	20 Total acco	ets (Part X, line 16)			2,037,092	,	1,721,792	
AB		ilities (Part X, line 26)	•		759,929	+	584,531	
Net Assets or Fund Balances		ts or fund balances. Subtract line 21 from line 20	_		1,277,163	+	1,137,261	
			-		-,-,,,100	1	1,101,201	

Signature Block

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

	- Ik						2024-05-02	
Sign	Sig	nature of officer					Date	
Here		ANNON MAVNADE	D EXECUTIVE DIRECT	TOR				
	311	oe or print name a		IOK				
	Į,	Print/Type prep	parer's name	Preparer's	signature	Date	Τ ο	PTIN
Paid	1				,		Check if self-employed	P01608826
	parer	Firm's name	▶ JM&M	<u> </u>			Firm's EIN > 5	2-1853933
	Only							
030	Only	Firm's address	10500 LITTLE PAT 770	TUXENT PARKWAY S	UITE		Phone no. (410) 884-0220
			COLUMBIA, MD	21044				
Mav t	he IRS disc	uss this return	with the preparer	shown above? S	ee Instructions.			. Ves 🗆 No
			t Notice, see the				No. 11282Y	Form 990 (2022)
						Cut.	110. 112021	101111 330 (2022)
					— Page 2 —			
					rage 2			
Form	990 (2022)							Page 2
Par	t III Sta	atement of F	Program Servi	ce Accomplis	hments			
	Che	eck if Schedule	O contains a resp	onse or note to a	nv line in this Parl	:III		🗸
1			nization's mission:		,			
TO TR	RAIN AND IN	NSPIRE LEADER	RS WHO WORK TO	END HUNGER,	AND ADVOCATE PL	BLIC POLICIES TH	AT CREATE A FO	OD-SECURED WORLD. THE
CENT	ER IS A LEA	DER IN THE M	OVEMENT TO ENS	SURE ACCESS TO	FOOD AS A BASIC	HUMAN RIGHT FO	R ALL PEOPLE. 7	THE CENTER CREATES AND
								GAP BETWEEN GRASSROOTS O CULTURALLY APPROPRIATE
FOOD								
2	Did the org	ganization unde	ertake any signific	ant program serv	vices during the ye	ar which were not l	isted on	
	the prior F	orm 990 or 990	O-EZ?					🗆 Yes 🔽 No
	If "Yes," de	escribe these n	ew services on Sc	hedule O.				
3	Did the org	ganization ceas	e conducting, or r	make significant (changes in how it o	conducts, any progr	am	
	services?							. 🗆 Yes 🛂 No
	If "Yes," de	escribe these cl	hanges on Schedu	ıle O.				
4	·		-		ts for each of its t	ree largest progra	m services as m	neasured by expenses.
	Section 50	1(c)(3) and 50	1(c)(4) organizati	ons are required				ers, the total expenses,
	and revenu	ue, if any, for e	ach program serv	ice reported.				
4a	(Code:) (Expenses \$	1 476 712	including grants of	t 928 58	31) (Revenue \$	209,633)
70	•	ON NATIONAL HU						LEADERS. FELLOWS GAIN FIELD
	EXPERIENCE	FIGHTING HUNG	GER AND POVERTY T	HROUGH PLACEMEN	ITS IN COMMUNITY B	ASED ORGANIZATION	S ACROSS THE CO	UNTRY, AND POLICY EXPERIENCE
								LICY, AND FELLOWS DEVELOP AS INTIONAL APPROACHES TO
								Y BENEFICIAL PARTNERSHIPS
						TION OF HUNGER AND DRGANIZING, AND AD'		S. FELLOWS SUPPORT PARTNER
	-			,		•		
4b	(Code:) (Expenses \$	1,051,741	including grants of	645.52	25) (Revenue \$	254,425)
	•	LELAND INTERN						WORLDWIDE. IT IS A UNIQUE
	TWO-YEAR F	PROGRAM THAT C	COMBINES FIELD AND	POLICY WORK. LE	LAND FELLOWS DEVE	LOP NEW SKILLS WHI	LE ACTIVELY WOR	KING TO ALLEVIATE HUNGER AND
								IN THE FIELD. IN THE SECOND ATIONAL, AND INTERNATIONAL
	LEVEL. IN A	DDITION TO THE	IR FIELD AND POLIC	Y WORK, FELLOWS	TAKE PART IN ANNUA	L CENTER-SPONSORE		ONS AND A RANGE OF
	PROFESSIO	NAL DEVELOPMEN	NI ACTIVITIES AIMEI	D AT FURTHER ADD	ING TO THEIR SKILLS	AND EXPERTISE.		
	' 2 :							
4c	(Code:	ED INITIATIVE C) (Expenses \$	286,770	including grants of		00) (Revenue \$	10,000) THE MOVEMENT TO END HUNGER
						HUNGER INTERNSHI		
								KES THE HUNGER CENTER'S U.S.
								JS NETWORK CURRENTLY ROOT CAUSES OF HUNGER AND
	POVERTY AN	ND MOBILIZING T	HEM TO ADVOCATE	FOR LOCAL, STATE,	AND FEDERAL POLIC	IES THAT IMPROVE TH	IE FOOD SECURITY	OF THEIR COMMUNITIES.
	_			_				
	(Code:) (Expenses \$	86,744	including grants of	\$) (Revenue \$)
	ALUM ENGA	GEMENT PROGRA	M					
	_			_				
4d		,	Describe in Sched	•				
	(Expenses	\$	86,744 inc	cluding grants of	\$) (Revenue	2 \$)
4e	Total prog	gram service	expenses 🕨	2,901,9	67			

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Form 990 (2022) Page **3**

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II "Yes," complete Sc</i>	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III $\footnote{10}\]$.	-		
	assessments, or similar unionities as defined in New Processor 15: 17 resp. complete seriedate 6,7 arcm 211	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No

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Form 990 (2022)	Page 4

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	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		
d	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
	Enter the number reported in her 2 of Form 1000 Fatar 0 if act and inching		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51			
D	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0	1		

1c	Yes	
F	orm 99	0 (2022)

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Form 990 (2022) Page **5**

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
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			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
	, , , , ,	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.o.
	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		No
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).			
а	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		No
	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	0 (2022)
		•	01111 33	0 (2022)
	Page 6 ————			
Form	990 (2022)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18)		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18	3	ļ 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O </i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			j
а	The organization's CEO, Executive Director, or top management official	15a		No
b		15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		ļ	1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable foderal tax law, and take stops to cafeguard the organization's exempt		ļ	1

3/23/24, 11:43 AM		Congress	ional I	Hunger Center	- Fu	ll Fil	ing- N	lonp	rofit Explorer - P	roPublica	
status with r	espect to such arrangements				•	•	•		5	16b	
Section C. Dis	sclosure										
17 List the state	es with which a copy of this F	orm 990 is requ	ired to	o be filed▶							
	l requires an organization to nly) available for public inspe									section	
	bsite \Box Another's website										
policy, and fi	Schedule O whether (and if son nancial statements available	to the public du	iring t	he tax year.							
20 State the na	me, address, and telephone MAYNARD 200 MASSACHUS	number of the p ETTS AVE NW 7	erson TH FL	who possesses OOR WASHI	s the NGT	org ON,	janiza DC 20	tion 0001	's books and rec (202) 547-7022	2	000 (2022)
										F	orm 990 (2022)
				Page 7 —							
Form 990 (2022)											Page 7
	pensation of Officers,		ıstee	s, Key Empl	oye	ees	, Hig	hes	t Compensat	ed Employee	es,
	Independent Contracto										
	c if Schedule O contains a rest ficers, Directors, Trust	•									U
of compensation. E List all of the o List the organiz who received repor the organization an List all of the o of reportable comp List all of the o organization, more See the instruction: Check this box	organization's current office inter -0- in columns (D), (E), organization's current key er zation's five current highest table compensation (box 5 od any related organizations. organization's former officers ensation from the organization than \$10,000 of reportable of some the order in which to list if neither the organization n	and (F) if no comployees, if any compensated ef Form W-2, box s, key employee on and any relations or trustees compensation from the persons all	ompen. See to mploy of 6 of s, or hed orgon the pove.	sation was paid the instructions tees (other than Form 1099-MIS nighest compen ganizations. received, in the e organization zation compens (C)	d. s for n an SC, a sate and	defi offi and/ ed e acit any	inition cer, di or bo mploy ty as a relat y curr	of 'irect x 1 or ees a for ed o	key employee." or, trustee or ke of Form 1099-NE who received m mer director or rganizations. officer, director, (D)	y employee) EC) of more thar ore than \$100,0 trustee of the	(F)
Na	ame and title	Average hours per week (list	one	ition (do not che box, unless per fficer and a direction)	neck ersor	n is	both a		Reportable compensation from the	Reportable compensation from related	Estimated amount of other
		1 '		Institutional Trustee;	Office			Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) SHANNON MAYNA		40.00			Х				212,046	0	36,590
EXECUTIVE DIRECTOR					Ĺ				212,040		30,390
(2) KRISTIN ANDERSO		32.00			Х				108,256	0	22,619
(3) TONY JACKSON		40.00									
(S) TOTAL SACKSON		l				l	v		100.020		17.210

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	1.000	

(9) RIA SHAH TREASURER	1.00	х	х		0	0	0
(10) BRIAN FOLKERTS DIRECTOR	1.00	Х			0	0	0
(11) LOUIS GERBER DIRECTOR	1.00	Х			0	0	0
(12) PATIENCE PEABODY DIRECTOR	1.00	Х			0	0	0
(13) DENNIS HERTEL DIRECTOR	1.00	х			0	0	0
(14) KATE HOUSTON DIRECTOR	1.00	х			0	0	0
(15) SHEILA JACKSON LEE DIRECTOR	1.00	х			0	0	0
(16) LESLIE SARASIN DIRECTOR	1.00	Х			0	0	0
(17) JIM SCHEIBEL DIRECTOR	1.00	Х			0	0	0

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Form 990 (2022)

Page 8

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck erso ecto	n is r/tru	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(18) ERIC SILVA	1.00	X						0	0	0	
(19) ERIC STEINER DIRECTOR	1.00	x						0	0	0	
(20) MARY CATHERINE TOKER DIRECTOR	1.00	x						0	0	0	
(21) YESENIA GARCIA DIRECTOR AS OF JULY 2023	1.00	x						0	0	0	
(22) Joan McGlockton Director as of July 2023	1.00	x						0	0	0	
(23) AZAD OOMMEN DIRECTOR AS OF JULY 2023	1.00	x						0	0	0	
(24) GERRI MASON HALL DIRECTOR UNTIL JULY 2023	1.00	x						0	0	0	
(25) KIMBERLY PERRY DIRECTOR UNTIL JULY 2023	1.00	x						0	0	0	

/23/2	24, 11:43 AM		Congres	sional H	lunger Center -	Full F	Filing- N	onprofit Exp	lorer - I	ProPublica	l		
	Sub-Total				•	•	•	•		•			•
	Total from continuation sheets t Total (add lines 1b and 1c)					*		421,231			0		76,427
	Total number of individuals (included)								00.000		U		70,427
2	of reportable compensation from t			those ii	sted above) wn	o rec	eivea ii	iore than \$1	00,000				
												Yes	No
3	Did the organization list any form	er officer,	director or t	rustee,	key employee,	or hi	ghest c	ompensated	emplo	yee on			
	line 1a? If "Yes," complete Schedu									•	3		No
4	For any individual listed on line 1a								n the				
	organization and related organization	tions great	er than \$15	0,000?	If "Yes," comple	ete S	chedule 	J for such	_	_	١.	V	
5	Did any person listed on line 1a re	aceive or a	ccrue compe	neation	n from any unre	lated	organi:	zation or ind	ividual	for	4	Yes	
3	services rendered to the organizat										5		No
s	ection B. Independent Contr	actors										<u>.</u>	
1	Complete this table for your five h	nighest com									npens	ation	
	from the organization. Report com	npensation (A)		ndar ye	ear ending with	or wi	thin the	organizatio	n's tax (B)	,		(0	<u> </u>
	Na		ness address					Desc		f services		Comper	
2	Total number of independent contra	ctors (inclu	ıding but no	t limite	d to those listed	labo	ve) who	received m	ore tha	n \$100,00	00 of		
	compensation from the organization	▶ 0										Form 99	0 (2022)
													• (2022)
					Page 9 ——								
Forn	n 990 (2022)												D=== 0
	art VIII Statement of Reven	ue											Page 9
	Check if Schedule O cont		onse or not	e to any	y line in this Pa	rt VIII							
					(A) Total revenu	_	Do	(B) ated or	11	(C) nrelated		(D) Rever	
					lotal revenu	٤	e	xempt	b	usiness		excluded	from
								nction venue	r	evenue	ta	x under 512 -	sections 514
	· -	la									•		
\cap : $f+$	tributions,												
	Membership dues 1 erAmt	l b											
Cim	ilar												
Armo	Eunglraising events 1	lc_											
d	Related organizations	ld											
	, <u>L</u>												
е	Government grants (contributions)	le											
İ	2,391,339												
f	All other contributions, gifts, grants, and similar amounts not included	_											
	above	<u>Lf</u>											
	811,647												
g	Noncash contributions included in lines 1a - 1f:\$	·											
l	111165 14 - 11.5	Lg											
h	Total. Add lines 1a-1f		. Þ _{3,}	202,986									
			Business	Code									
	2a SITE MATCH REVENUE			900099	474	,058		474,058					<u> </u>
9	<u> </u>		-										
946													
r in	•					_	_	_		-	-	-	

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9											
Service											
8 1											
Program											
<u>Jo</u>											
f All other program	service revenue.										
9 Total. Add lines	2a-2f	•	474,058	<u> </u>							
3 Investment income				1			1				
similar amounts) .			•	23			23				
4 Income from inves	stment of tax-exe	mpt bond	proceeds >								
5 Royalties	. <u>.</u>										
	(i) Re	al	(ii) Personal								
6a Gross rents	6a										
b Less: rental				1							
expenses	6b										
c Rental income or (loss)	6c										
d Net rental incom				<u> </u>							
wet rental incom	(i) Secur	rities	(ii) Other								
7. Cross amount	(i) Secui	ricies	(ii) Other								
7a Gross amount from sales of	7a										
assets other than inventory											
Less: cost or	7b										
other basis and sales expenses											
Č (caia an (lasa)	7c										
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)				ļ							
d Net gain or (loss a Gross income from f			>								
(not including \$	of										
contributions reporte See Part IV, line 18											
		8a									
b Less: direct expen		8b									
c Net income or (lo	iss) irom iunurais	ing event	s >	1							
9a Gross income from	gaming activities.										
See Part IV, line 19	9	9a									
b Less: direct exper	nses	9b		1							
c Net income or (lo	ss) from gaming	activities	· · · •	•							
10aGross sales of inv returns and allow	entory, less ances	10-									
b Less: cost of good		10a 10b		•							
				J							
C Net income or (lo	iss) from sales or		Business Code								
11a				•							
b											
		_									
Other Revenue Misc Amt											
d All other revenue											
e Total. Add lines 1	11a-11d										
12 Total revenue.	See instructions		. •								
				3,677,067	474,058	C	23 Form 990 (2022)				

Part IX	Statement	of I	Functional	Expenses
---------	-----------	------	------------	-----------------

9
Section
501(c)(3) ar
nd 501(c)(4)
organizations
must comi
plete all co
olumns. All
lother
organizations mus
t complete c
olumn (A).
Ī

	Check if Schedule O contains a response or note to an	any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,500	2,500	J					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,661,706	1,661,706						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	416,556	217,211	188,783	10,562				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	728,751	380,004	330,270	18,477				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,227	11,590	10,073	564				
9	Other employee benefits	75,842	39,547	34,372	1,923				
10	Payroll taxes	79,876	41,651	36,200	2,025				
11	Fees for services (non-employees):								
а	Management								
	Legal								
	Accounting	126,439		126,439					
	Lobbying	1,044	544	497	3				
	Professional fundraising services. See Part IV, line 17	2,2							
	Investment management fees								
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	257,353	226,490	26,971	3,892				
12	Advertising and promotion								
13	Office expenses	26,986	16,204	10,111	671				
14	Information technology								
15	Royalties								
16	Occupancy	60,296	30,972	29,324					
17	Travel	77,071	65,818	5,134	6,119				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	5,016	2,577	2,439					
23	Insurance	20,690	10,628	9,514	548				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
;	a TRAINING AND EVENTS	209,884	173,867	13,087	22,930				
İ	b DUES AND SUBSCRIPTIONS	40,232	20,658	19,294	280				
•	c BAD DEBT EXPENSE	4,500		4,500					
	d								
	e All other expenses								
25	Total functional expenses. Add lines 1 through 24e	3,816,969	2,901,967	847,008	67,994				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.								
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).			l					

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Form 990 (2022) Page **11**

2 Savings and temporary cash investments 15,800 2 15,803 3 Pledges and grants receivable, net 61,371 3 469,828 4 Accounts receivable, net 61,371 3 469,828 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)1), and persons described in section 4958(r)(1), and persons and deferred charges	Р	art X	Balance Sheet					
1 Cash-non-interest-bearing 1,790.091 1 1,176,782 2 Savings and temporary cash investments 15,900 2 15,883 3 Pledges and grants receivable, net 61,371 3 469,828 4 Accounts receivable, net 81,866 4 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 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 Lash and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 6 6 8 Inventories for sale or use 7 7 7 7 7 7 7 7 7			Check if Schedule O contains a response or not	e to an	y line in this Part IX			
2 Savings and temporary cash investments								
3 Pledges and grants receivable, net		1	Cash-non-interest-bearing			1,790,091	1	1,176,782
4 Accounts receivable, net		2	Savings and temporary cash investments .			15,900	2	15,883
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. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(13), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net		3	Pledges and grants receivable, net			61,371	3	469,828
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons of these persons of these persons of these persons of the section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		4	Accounts receivable, net			81,866	4	
Comparison of the disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 6		5	trustee, key employee, creator or founder, subs	tantial	contributor, or 35%		5	
8 Inventories for sale or use		6	Loans and other receivables from other disquali	fied pe	rsons (as defined under		6	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 31,217 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10	s	7	Notes and loans receivable, net				7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 31,217 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10	et	8	Inventories for sale or use				8	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 31.217 14.071 10c 14.307 11 Investments—publicly traded securities	SS	9	Prepaid expenses and deferred charges			65,393	9	36,592
11 Investments—publicly traded securities	4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	45,524			
Investments—other securities. See Part IV, line 11		ь	Less: accumulated depreciation	10b	31,217	14,071	10c	14,307
13 Investments—program-related. See Part IV, line 11		11	Investments—publicly traded securities .				11	
14 Intangible assets		12	Investments—other securities. See Part IV, line	11 .			12	
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line			13		
16 Total assets. Add lines 1 through 15 (must equal line 33)		14	Intangible assets		14			
16 Total assets. Add lines 1 through 15 (must equal line 33)		15	Other assets. See Part IV, line 11		8,400	15	8,400	
18 Grants payable		16	•	<u> </u>	2,037,092	16	1,721,792	
19 Deferred revenue		17	Accounts payable and accrued expenses	56,076	17	89,914		
20 Tax-exempt bond liabilities		18	Grants payable		18			
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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		19			703,853	19	494,617	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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		20	Tax-exempt bond liabilities				20	
24 Unsecured notes and loans payable to unrelated third parties	(0	21	•		of Schedule D		21	
24 Unsecured notes and loans payable to unrelated third parties	bilitie	22	employee, creator or founder, substantial contri	butor, o	or 35% controlled entity		22	
24 Unsecured notes and loans payable to unrelated third parties		23	Secured mortgages and notes payable to unrela	ited thi	rd narties			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		ł			· —			
			Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24	avables	_			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25 .		<u> </u>	759,929	26	584,531
27 Net assets without donor restrictions	ances	2-	complete lines 27, 28, 32, and 33.	heck h	ere 🕨 🔽 and	052.042	2-	000 206
	Sal			•		424,150		227,965
28 Net assets with donor restrictions	d E	28	Net assets with donor restrictions			424,150	28	221,900
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	or Fun	29	complete lines 29 through 33.	•	check here and		29	
20 Paid-in or capital surplus, or land, building or equipment fund 30	St	30	Paid-in or capital surplus, or land, building or ed	quipme	nt fund		30	
30 Paid-in or capital surplus, or land, building or equipment fund	SSE	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
32 Total net assets or fund balances	t A	32	Total net assets or fund balances			1,277,163	32	1,137,261
33 Total liabilities and net assets/fund balances	Se	33	Total liabilities and net assets/fund balances .			2,037,092	33	1,721,792

Form **990** (2022)

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Form 990 (2022) Page **12**

	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	,677,067
2	Total expenses (must equal Part IX, column (A), line 25)	2			,816,969
3	Revenue less expenses. Subtract line 2 from line 1	3			-139,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,277,163
5	Net unrealized gains (losses) on investments	5			<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	,137,261
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed esparate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: $\frac{1}{2}$	basis,			
	✓ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	iform		.,	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red	3a	Yes	
-	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	i cu	3b	Yes	
			F	orm 99	0 (2022)
orm	990 (2022)				
	ditional Data		Return	ı to Fo	rm
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	Special Condition Description				

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TIN: 52-1842738

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

		ne organization					Employer identific	ation number			
CONG	RESSIC	DNAL HUNGER CENTER INC					52-1842738				
	rt I	Reason for Public					See instructions.				
The o	rganiz	ration is not a private for	undation because	e it is: (For lines 1 thro	ugh 12, check	only one box.)					
1		A church, convention o	f churches, or as	sociation of churches	described in se	ction 170(b)(1)	(A)(i).				
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)					
3		A hospital or a coopera	itive hospital ser	vice organization desci	ribed in sectio i	170(b)(1)(A)(iii).				
4		A medical research org name, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section 1	170(b)(1)(A)(iii). Ei	nter the hospital's			
5		An organization operat			rsity owned or o	operated by a gov	ernmental unit descril	oed in section			
6		A federal, state, or loca	al government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).				
7	✓	An organization that no section 170(b)(1)(A			s support from	a governmental u	nit or from the genera	al public described in			
8		A community trust des	cribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)					
9		An agricultural researc non-land grant college						ege or university or a			
10		An organization that no from activities related investment income and 30, 1975. See section	to its exempt fur I unrelated busin	ections—subject to cert less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	pport from gross			
11		An organization organi	zed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).				
12		more publicly supporte	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b		Type II. A supporting management of the su must complete Part	organization sup pporting organiz	ervised or controlled in the sar							
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its			
d		Type III non-function functionally integrated instructions). You must	nally integrate The organizatio t complete Par	d. A supporting organing organing organing organizationd. A supporting organizationd. A supporti	ization operated fy a distributior I D, and Part \	d in connection with requirement and	th its supported orgar an attentiveness requ	uirement (see			
е		Check this box if the or integrated, or Type III				IRS that it is a Ty	pe I, Type II, Type III	functionally			
f	Enter	the number of supporte	•	3 11 3	_		<u> </u>				
g	Provi	de the following informa	tion about the su	upported organization(s).						
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
			· 								
Total	1										
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128] 35F	Schedule	A (Form 990) 2022			
				Par	ge 2 ———						
Scher	lule A	(Form 990) 2022		1 4	<i>3</i> - -			Daga 3			
	rt II	Support Schedu		rations Described ne box on line 5, 7,							

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

8/23	/24, 11:43 AM	Congre	essional Hunger C	enter - Full Filing- I	Nonprofit Explorer	- ProPublica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	3,022,423	2,960,933	2,760,445	3,326,586	3,202,986	15,273,373
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by	3,022,423	2,960,933	2,760,445	3,326,586	3,202,986	15,273,373
,	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)						724,747
6	Public support. Subtract line 5 from line 4.						14,548,626
	Section B. Total Support		1	l.			
	lendar year r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	3,022,423	2,960,933	2,760,445	3,326,586	3,202,986	15,273,373
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	22	. 4	. 2	6	5 23	57
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10		192	!	21			213
11	Total support. Add lines 7 through 10						15,273,643
12		etc. (see instructi	ons)			12	1,938,34
13	First 5 years. If the Form 990 is for t	=			-		nization, check
_	this box and stop here			<u> </u>		▶∪	
	Public support percentage for 2022 (lin		_	column (f))		14	95.250 %
	Public support percentage for 2021 Sc					15	95.300 %
16	33 1/3% support test—2022. If the						
ı	and stop here. The organization quali 33 1/3% support test—2021. If the box and stop here. The organization	e organization did	not check a box o	on line 13 or 16a, a	and line 15 is 33 1	/3% or more, chec	k this
17	and if the organization meets the "fact	—2022. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b	o, and line 14 is 10)% or more, anization
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets to	t-2021. If the c	organization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
18	meets the "facts-and-circumstances" Private foundation. If the organization						
	instructions	<u> </u>					▶ □ Form 990) 2022
							,
_			Page 3	-			
	edule A (Form 990) 2022						Page 3
	Part III Support Schedule for (Complete only if you the organization fails	checked the bo	ox on line 10 of	Part I or if the o	rganization faile		er Part II. If
	Section A. Public Support	1	_	1			1
	lendar year r fiscal year beginning in) Gifts, grants, contributions, and	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	membership fees received. (Do not						
2			+		+		
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3		е					
4	under section 513						

8/23/2	4, 11:43 AM	Congres	sional Hunger Ce	enter - Full Filing-	Nonprofit Explorer	- ProPublica			
	to or expended on its behalf		1				1		
5	The value of services or facilities						+		
	furnished by a governmental unit to								
_	the organization without charge						+-		
6 73	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						+-		
<i>7</i> a	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support			I					
	endar year		413 2010	1,,,,,,,	(1) 2024	() 2000	Τ		
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources						Д		
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
C	Add lines 10a and 10b.						₩		
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.						4—		
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,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thi	rd. fourth, or fifth	tax vear as a sect	ion 501(c)(3) ora	anizati	on. ch	neck
	this box and stop here	=			-				
Se	ection C. Computation of Public								
15	Public support percentage for 2022 (lin			, column (f))		15			
16	Public support percentage from 2021 S					16			
	ection D. Computation of Invest		-			10			
17	Investment income percentage for 20			/ line 13, column	(f))	17			
18	Investment income percentage from 2					18			
	33 1/3% support tests-2022. If the	•				-	ne 17 i	s not	
190	more than 33 1/3%, check this box and							• ()	
b	33 1/3% support tests—2021. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 i	s more than 33 1/2	3% an	d line	18 is
-	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pul	olicly supported or	ganization		, 🔘	
20	Private foundation. If the organization							_	
	Private roundation. If the organization	on did not check a	a DOX OII IIIIE 14,	194, 01 190, 016	ck this box and see	Schedule A (Form	990)	2022
						Schedule A (. 0	,,,	
			Dage 4						
			Page 4						
Sche	dule A (Form 990) 2022							Р	age 4
Par	t IV Supporting Organization	S							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section	ections A and C. If	you checked bo	x 12c, of Part I, c	omplete Sections A	A, D, and E. If you	ı check	ed bo	X
- 50	ection A. All Supporting Organiz		ompiete rait v.)						
	ection A. An Supporting Organiz	ations						Yes	No
	Ave all of the average time /a average at		ماه سن مصمم ناما اما	iti/-			\longrightarrow		
1	Are all of the organization's supported If "No," describe in Part VI how the sa								
	describe the designation. If historic an				a by class of parp	-	1		
2	Did the organization have any support	ad arganization th	aat daas nat hay	an IDC datarmir	antion of status un	dor costion	-	-	
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F								
	described in section $509(a)(1)$ or (2) .		. 9		- 	-	2		
2-	Did the organization have a super-ti-d	organization des	cribod in costing	E01(c)(4) (F) =:	c (6)2 If "Va= " ===	wor lines 25 ===	-+	\dashv	
3a	Did the organization have a supported 3c below.	organization desc	cribed in section	٥٠١(د)(4), (5), ٥١	(o): IF res," ans	wei iiiies 3D and	<u>_</u>		
-							3a		
b	Did the organization confirm that each the public support tests under section								
	determination.	303(a)(Z): II TE	o, acscribe ili P e	art vi viicii ailu	now the organizati	on made tile	26	\dashv	
_		nnout to such -	onizotiese ···-	and aveluation to C	r costic = 170(-)(0)	\(B) pure 2 2 - 3	3b	\longrightarrow	<u> </u>
С	Did the organization ensure that all su	pport to such org	anızations was u:	seu exclusively fo	i section $1/U(c)(2)$	ן purposes (I	ļ	

	ir res, explain in Part vi what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	4c 5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part V1.	9c		
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 line 10b below.	10a		
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). Schedule A	10b	990)	2022
Sche	dule A (Form 990) 2022			Page 5
Par	t IV Supporting Organizations (continued)			- 5
	Use the approximation accorded a sift on contribution from any of the following garages?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Se	ection C. Type II Supporting Organizations		V-	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		Yes	No

	3/23/24, 11:43 AM Congressional Hunger Center - Full Filing- Nonprofit Explorer - ProPublica						
	eacn of the organization's supported organization(s)? If "No," describe in a supporting organization was vested in the same persons that controlled or				1		
Sec	tion D. All Type III Supporting Organizations						
						Yes	No
	Did the organization provide to each of its supported organizations, by the tax year, (i) a written notice describing the type and amount of support pr	rovided durin	g the	prior tax year, (ii) a copy of the	e		
	Form 990 that was most recently filed as of the date of notification, and (i documents in effect on the date of notification, to the extent not previousl		the or	ganization's governing	<u> </u>		
	·				1		-
	Were any of the organization's officers, directors, or trustees either (i) appropriation(s) or (ii) serving on the governing body of a supported organ organization maintained a close and continuous working relationship with	nization? If "N	lo," ex	plain in Part VI how the			
_			ـ ـ ـ ـ ـ		2		-
	By reason of the relationship described in line 2 above, did the organization voice in the organization's investment policies and in directing the use of the during the tax year? If "Yes," describe in Part VI the role the organization	the organizat	ion's i	ncome or assets at all times	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organ	nizations					
	Check the box next to the method that the organization used to satisfy the		rt Tes	during the year (see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below	w.					
b	The organization is the parent of each of its supported organization	ns. Complete	line 3	B below.			
С	The organization supported a governmental entity. Describe in Par	t VI how you	ı supp	orted a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.						
						Yes	No
	Did substantially all of the organization's activities during the tax year dire supported organization(s) to which the organization was responsive? If "Yo	'es," then in I	Part V	'I identify those supported			
	organizations and explain how these activities directly furthered their eresponsive to those supported organizations, and how the organization de						
	substantially all of its activities.				2a		
	Did the activities described on line 2a, above constitute activities that, but of the organization's supported organization(s) would have been engaged						
	the organization's position that its supported organization(s) would have e organization's involvement.				2b		
	-						
а	Did the organization have the power to regularly appoint or elect a majorithe supported organizations? If "Yes" or "No", provide details in Part VI.	ty of the offic	cers, c	lirectors, or trustees of each of	3a		
	Did the organization exercise a substantial degree of direction over the po	olicies, progra	ıms ar	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by				3b		
				Schedule A	4 (Forn	n 990)	202
	Page 6						
	ule A (Form 990) 2022					F	Page (
Par	t V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Or	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a q instructions. All other Type III non-functionally integrated support					e	
-	Section A - Adjusted Net Income	<u> </u>		(A) Prior Year	(B) Cur	rent Yea	ır
1	Net short-term capital gain		1		(opti	orial)	
	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				
	Portion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of property helpproduction 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						ar
1	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				
	Average monthly cash balances		1b				

1c

1d

 $\boldsymbol{c}\ \ \mbox{Fair market value of other non-exempt-use assets}$

e Discount claimed for blockage or other factors

d Total (add lines 1a, 1b, and 1c)

	(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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
3 4	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year

Schedule A (Form 990) 2022

— Раде 7 **—**

Schedule A (Form 990) 2022

Page 7

Section D - Distributions						
1 Amounts paid to supported organizations to accomplish exempt purposes	1					
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4 Amounts paid to acquire exempt-use assets	4					
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5					
6 Other distributions (describe in Part VI). See instructions	6					
7 Total annual distributions. Add lines 1 through 6.	7					
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8					
9 Distributable amount for 2022 from Section C, line 6	9					
10 Line 8 amount divided by Line 9 amount	10					
Section E - Distribution Allocations (i) (ii)		(iii)				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 i Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	———— Page 8 ———		
chedule A (Form 990) 2022			Page
Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 11 on E, lines 1c, 2a, 2b, 3a	c; Part IV, Section B, lines and 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, line 1; V, Section B, line 1e; Part V
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 11 on E, lines 1c, 2a, 2b, 3a	c; Part IV, Section B, lines and 3b; Part V, line 1; Par o complete this part for an	7a or 17b; Part III, line 12; Part IV, 1 and 2; Part IV, Section C, line 1; t V, Section B, line 1e; Part V
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11 on E, lines 1c, 2a, 2b, 3a n E, lines 2, 5, and 6. Als	c; Part IV, Section B, lines and 3b; Part V, line 1; Par o complete this part for an	7a or 17b; Part III, line 12; Part IV, 1 and 2; Part IV, Section C, line 1; t. V, Section B, line 1e; Part V

Additional Data Return to Form

efile Public Visual Render	ObjectId: 202441239349302534	- Submission: 2024-05-02		TIN: 52-1842738
Schedule B	Schedu	le of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF. //Form990 for the latest information.		2022
Name of the organization CONGRESSIONAL HUNGER CE	NTER INC		Employer i	dentification number
Organization type (check o	ne):		52-1842738	3
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) or	ganization		
	4947(a)(1) nonexempt charit	able trust not treated as a private fou	undation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private fou	ndation		
	4947(a)(1) nonexempt charit	able trust treated as a private founda	tion	
	501(c)(3) taxable private fou	ndation		
under sections 509(a	i)(1) and 170(b)(1)(A)(vi), that chec	Form 990 or 990-EZ that met the 33 ¹ ked Schedule A (Form 990 or 990-EZ	Z), Part II, line 13	, 16a, or 16b, and that
received from any or		contributions of the greater of (1) \$5,		
during the year, total	contributions of more than \$1,000	or (10) filing Form 990 or 990-EZ that exclusively for religious, charitable, so animals. Complete Parts I, II, and III.	t received from a cientific, literary,	ny one contributor, or educational
during the year, cont If this box is checked purpose. Don't comp	ributions exclusively for religious, c l, enter here the total contributions lete any of the parts unless the Ge	or (10) filing Form 990 or 990-EZ that naritable, etc., purposes, but no such that were received during the year for neral Rule applies to this organization r more during the year	contributions tot r an <i>exclusively</i> r n because it rece	aled more than \$1,000 eligious, charitable, etc eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it m	ust answer "No" on Part IV, line 2,	e and/or the Special Rules doesn't file of its Form 990; or check the box on t the filing requirements of Schedule	line H of its Form	
For Paperwork Reduction Act No for Form 990, 990-EZ, or 990-PF.	otice, see the Instructions	Cat. No. 30613X	Sc	chedule B (Form 990) (2022
		— Page 2 ———————————————————————————————————		
		-		
Schedule B (Form 990) (202	2)		Page 2	

Name of organization

Employer identification number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Φ.	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Φ.	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		<u> </u>	Schedule B (Form 990) (2022)
	5 . ^		
	Page 3 ———		
Schedule P	(Form 990) (2022)		Page 3
Name of org	anization	Employer identification	
CONGRESSI	DNAL HUNGER CENTER INC	52-1842738	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

Part I

(See instructions)

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
		Page 4			Schedule B (Form 990) (2022)
Caba dula	D (Farma 000) (2000)	Ü			Davis 4
Name of o	B (Form 990) (2022) rganization SIONAL HUNGER CENTER INC				Page 4
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional specific processes in the second of the secon	tributor. Complete columns (a e total of <i>exclusively</i> religious tructions.) ► \$	a) through (e) a	and the followin	ig line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of gi	<u> </u>		
	Transferee's name, address, and			p of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gir		p of transferor to	o transferee
(a)	(h) Purpose of gift	(c) Use of nift		(d) Descri	ntion of how aift is held

23/24, 11:43 AN Part I	И (w) г чероос от у пт	congressional		er Center - Full Filing- Non	nprofit Ex	plorer - ProPublica
=	Transferee's name, address, ar	nd ZIP 4	(e) Transfer of gift Relatio	onship o	f transferor to transferee
(a) lo. from Part I	(b) Purpose of gift		_ _ (c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, al	nd ZIP 4	(e) Transfer of gift Relatio	onship o	f transferor to transferee
			<u>-</u>			Schedule B (Form 990) (202
Addition	al Data					Return to Form

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ObjectId: 202441239349302534 - Submission: 2024-05-02

TIN: 52-1842738OMB No. 1545-0047

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Part II-A

Political Campaign and Lobbying Activities

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

2022

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

	Section 501(c)(4), (5), or (6) ne of the organization GRESSIONAL HUNGER CENTER	INC		E	mployer iden	tification nur	nber
CON	GRESSIONAL HUNGER CENTER	INC		5	52-1842738		
Parl	t I-A Complete if the	e organization is exc	empt under section 501(c)	or is a section	527 organiz	zation.	
1	Provide a description of the "political campaign activit		nd indirect political campaign activ	ities in Part IV. Se	e instructions fo	or definition of	
2	Political campaign activity	expenditures. See instru	ictions		▶	\$	
3	Volunteer hours for politic	al campaign activities. Se	ee instructions				
Par	t I-B Complete if the	e organization is exc	empt under section 501(c)((3).			
1			e organization under section 4955			\$	
2			ganization managers under section			\$	
3	If the organization incurre	ed a section 4955 tax, did	l it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part I	V.					
Par	t I-C Complete if the	e organization is exc	empt under section 501(c),	except sectio	n 501(c)(3)		
1	Enter the amount directly	expended by the filing of	rganization for section 527 exempt	t function activities	s 🕨	\$	
2	Enter the amount of the fi		contributed to other organizations			¢	
	function activities					Ψ	
3	function activities		d 2. Enter here and on Form 1120			\$\$	
3 4 5	function activities Total exempt function exp Did the filing organization Enter the names, address	enditures. Add lines 1 an file Form 1120-POL for es and employer identific	d 2. Enter here and on Form 1120 this year?	9-POL, line 17b 527 political organ	izations to whic	\$ Yes	□ No
4	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re	enditures. Add lines 1 an file Form 1120-POL for es and employer identificants. For each organizatio eceived that were prompt	d 2. Enter here and on Form 1120 this year?	1-POL, line 17b 527 political organ the filing organ trate political organ	izations to which ization's funds. initiation's funds. nization, such a	\$ Yes the filing Also enter the	□ No
4 5	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re	enditures. Add lines 1 an file Form 1120-POL for es and employer identificants. For each organizatio eceived that were prompt	d 2. Enter here and on Form 1120 this year? ation number (EIN) of all section 5 n listed, enter the amount paid fro	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. initiation's funds. nization, such a	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political
4 5	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	enditures. Add lines 1 an file Form 1120-POL for es and employer identification. For each organizatio eccived that were promptommittee (PAC). If addit	ad 2. Enter here and on Form 1120 this year?	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. nization, such a side is mount paid from gorganization's s. If none, enter	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	enditures. Add lines 1 an file Form 1120-POL for es and employer identification. For each organizatio eccived that were promptommittee (PAC). If addit	ad 2. Enter here and on Form 1120 this year?	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. nization, such a side is mount paid from gorganization's s. If none, enter	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	enditures. Add lines 1 an file Form 1120-POL for es and employer identification. For each organizatio eccived that were promptommittee (PAC). If addit	ad 2. Enter here and on Form 1120 this year?	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. nization, such a side is mount paid from gorganization's s. If none, enter	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	enditures. Add lines 1 an file Form 1120-POL for es and employer identification. For each organizatio eccived that were promptommittee (PAC). If addit	ad 2. Enter here and on Form 1120 this year?	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. nization, such a side is mount paid from gorganization's s. If none, enter	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5 (a) 1 1 2 2 3 3	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	enditures. Add lines 1 an file Form 1120-POL for es and employer identification. For each organizatio eccived that were promptommittee (PAC). If addit	ad 2. Enter here and on Form 1120 this year?	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. nization, such a side is mount paid from gorganization's s. If none, enter	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions and promptly y delivered ate politica on. If none,
4 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	enditures. Add lines 1 an file Form 1120-POL for es and employer identification. For each organizatio eccived that were promptommittee (PAC). If addit	ad 2. Enter here and on Form 1120 this year?	527 political organ om the filing organ rate political organ ormation in Part IV	izations to which ization's funds. nization, such a side is a such a side is a such a side is a such a side is a such a s	Yes the filling Also enter the sa a separate s m (e) Am political correceived ar and directly to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,

Schedule C (Form 990) 2022 Page **2**

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

	Section Sorting.					
A	Check if the filing organization belongs to an a	2	in Part IV each af	filiated group me	mber's name	, address, EIN,
В	expenses, and share of excess lobbying Check $ ightharpoonup$ if the filing organization checked box A	• •	vicione apply			
•			ovisions apply.	(6	a) Filing	(b) Affiliated group
	Limits on Lobbying (The term "expenditures" means		erod)	orga	anization's totals	totals
	(The term expenditures means	amounts paid of micur	reu.)		totals	
la	Total lobbying expenditures to influence public opinior	, ,,			1.044	
b	Total lobbying expenditures to influence a legislative by	, , , , , , , , , , , , , , , , , , , ,			1,044 1,044	
c d	Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures				3,747,931	
e	Total exempt purpose expenditures (add lines 1c and				3,748,975	
f	Lobbying nontaxable amount. Enter the amount from	the following table in bo	th		337,449	
	If the amount on line 1e, column (a) or (b) is:	The lobbying pontaval	ale amount is:	→ ├─		
	, ,,,,,	20% of the amount on line 1		_		
	·	\$100,000 plus 15% of the ex		_		
		\$175,000 plus 10% of the ex				
		\$225,000 plus 5% of the exc				
		\$1,000,000.	Ψ1/300/000			
		+-,,				
g	Grassroots nontaxable amount (enter 25% of line 1f)				84,362	
h	Subtract line 1g from line 1a. If zero or less, enter -0-				0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-				0	
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?					☐ Yes ☐ No
	Section 1911 tax for this year.					
	Lobbying Expe	nditures During 4-Y	ear Averagin	g Period		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
la_	Lobbying nontaxable amount	306,346	302,304	324,621	337,4	1,270,720
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,906,080
с	Total lobbying expenditures	2,385	609	1,357	1,0	5,395
d	Grassroots nontaxable amount	76,587	75,576	81,155	84,3	317,680
е	Grassroots ceiling amount (150% of line 2d, column (e))					476,520
f	Grassroots lobbying expenditures					
					Schedule C	C (Form 990) 2022
		Page 3 —				
	- dula C (Farma 000) 2022					
	edule C (Form 990) 2022 art II-B Complete if the organization is earth	vomet under coctie	m F01/a)/3\ n	nd has NOT f	ilad	Page 3
ГС	Form 5768 (election under section		11 301(C)(3) a	iiu iias NOT i	iieu	
or	each "Yes" response on lines 1a through 1i below, prov		description of the	e lohhvina	(a)	(b)
	vity.	rae iii raic 17 a detailea	acsemption of the	. 1000 y 111g	Yes No	Amount
1	During the year, did the filing organization attempt t including any attempt to influence public opinion on					
a	Volunteers?					
b	Paid staff or management (include compensation in	expenses reported on lin	nes 1c through 1i)			\exists
c d	Media advertisements?					+
e	Publications, or published or broadcast statements?					+

-					
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a L	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
d	3 3	/F\ .			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	r section		
				Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> </u>
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 expenditures from the prior year?		3		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
1 2	Dues, assessments and similar amounts from members	1			
	expenses for which the section 527(f) tax was paid).	2a			
a b	Current year	2b			
c	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	<u> </u>			
•	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
_	expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures. See Instructions	5			
Pa	rt IV Supplemental Information				
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); l ructions), and Part ll-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines 1 ar	nd 2 (se	e:e
	Return Reference Explanation				
		Sched	ule C (Forr	n 990)	202
				,	
Δι	ditional Data		Return t	n Form	n

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ObjectId: 202441239349302534 - Submission: 2024-05-02

TIN: 52-1842738

SCHEDULE D

(Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public

IIILEIIIC	in Nevertue Service Go to <u>www.irs.gov/Form</u>	101 instructions and the latest infor	mation. Inspection
	me of the organization NGRESSIONAL HUNGER CENTER INC		Employer identification number
			52-1842738
Pa	organizations Maintaining Donor Advistance Complete if the organization answered "Yes		or Accounts.
		(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 advisor organization's property, subject to the organization's exc	rs in writing that the assets held in donor ad clusive legal control?	vised funds are the Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	m of a conservation
	easement on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	* *	2c
d	Number of conservation easements included in (c) acquire historic structure listed in the National Register	red after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located 🕨	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	er Similar Assets.
1a	If the organization elected, as permitted under FASB AS		nt and balance sheet works of art,
	historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme	ic exhibition, education, or research in furth ents that describes these items.	erance of public service, provide, in
b	If the organization elected, as permitted under FASB ASI historical treasures, or other similar assets held for publ following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1	•	▶\$
b	Assets included in Form 990, Part X		

_			_
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edule D (Form 990) 2022										Pag
t III Organizations M	aintaining Co	llections o	f Art, Histor	ical Tre	asures	, or Oth	ner Similar	Assets (continue	d)
Using the organization's acq items (check all that apply):		n, and other	records, check	any of th	ne followi	ng that a	re a significar	nt use of it	s collecti	on
Public exhibition			d	О I	_oan or e	xchange	programs			
Catalant			е		Other					
Scholarly research					Julie					
Preservation for future	e generations									
Provide a description of the Part XIII.	organization's co	llections and	explain how th	ey furthe	r the org	anization	's exempt pu	rpose in		
During the year, did the org assets to be sold to raise fur								□ Y ₁	es [No
rt IV Escrow and Cust Complete if the or line 21.			' on Form 990), Part I	V, line 9	, or repo	orted an am			
Is the organization an agent included on Form 990, Part	t, trustee, custodi X?	ian or other i	ntermediary fo	r contribu	itions or	other ass	sets not	· 🗆 Y	es 🗆	No
If "Yes," explain the arrange	ement in Part XII!	I and comple	te the following	table:				Amount		
Beginning balance						1c				
Additions during the year .						1d				
Distributions during the yea	ır					1e				
Ending balance						1 f				
Did the organization include	an amount on Fo	orm 990, Par	t X, line 21, for	escrow	or custod	al accour	nt liability? .	🗆 Y	es 🗆	No
If "Yes," explain the arrange	ement in Part XIII	. Check here	if the explanat	ion has b	een prov	ided in P	art XIII	🗆		
rt V Endowment Fun			-							
Complete if the or	ganization answ									
Beginning of year balance .		(a) Curren	t year (b)	Prior year	(c) 1	wo years b	ack (a) Inree	years back	(e) Four	years bac
Contributions										
Net investment earnings, gair	ns. and losses									
Grants or scholarships	•									
Other expenditures for faciliti										
Administrative expenses .										
End of year balance										
Provide the estimated perce Board designated or quasi-e	-	•	-	.g, colum	n (a)) he	ld as:				
Permanent endowment										
Term endowment										
The percentages on lines 2a		uld equal 100	1%.							
Are there endowment funds organization by:	not in the posses	ssion of the o	organization tha	at are hel	d and ad	ministere	d for the		Ye	es No
organization by.								T3	a(i)	25 140
(i) Unrelated organizations			· · · ·	· · ·					a(ii)	
(i) Unrelated organizations(ii) Related organizations								+	3b	
(ii) Related organizations				edule R?						
(ii) Related organizations	elated organization	ns listed as r	equired on Sch					• _	l .	
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inter t VI Land, Buildings,	elated organization ended uses of the and Equipme	ns listed as re e organization ent.	equired on Sch n's endowment	funds.				· L		
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inte t VI Land, Buildings, Complete if the or	elated organization ended uses of the and Equipme ganization ansv	ns listed as ree organization nt. wered "Yes'	equired on Sch n's endowment ' on Form 990	funds.), Part I'	V, line 1	1a. See				alue
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inter t VI Land, Buildings,	elated organization ended uses of the and Equipme	ns listed as records organization ont. wered "Yes' ther basis	equired on Sch n's endowment	funds.), Part I'	V, line 1	1a. See	Form 990, lted depreciation		ne 10. (d) Book v	ralue
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inte t VI Land, Buildings, Complete if the or Description of property	elated organization rended uses of the and Equipme ganization answ (a) Cost or ot	ns listed as records organization ont. wered "Yes' ther basis	equired on Sch n's endowment ' on Form 990	funds.), Part I'	V, line 1	1a. See				ralue
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inte t VI Land, Buildings, Complete if the or Description of property Land	elated organization rended uses of the and Equipme ganization answ (a) Cost or ot	ns listed as records organization ont. wered "Yes' ther basis	equired on Sch n's endowment ' on Form 990	funds.), Part I'	V, line 1	1a. See				ralue
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inte t VI Land, Buildings, Complete if the or Description of property Land Buildings	elated organization rended uses of the and Equipme ganization answ (a) Cost or ot	ns listed as records organization ont. wered "Yes' ther basis	equired on Sch n's endowment ' on Form 990	funds.), Part I'	V, line 1	1a. See				ralue
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inte t VI Land, Buildings, Complete if the or Description of property Land Buildings Leasehold improvements	elated organization rended uses of the and Equipme ganization answ (a) Cost or ot	ns listed as records organization ont. wered "Yes' ther basis	equired on Sch n's endowment ' on Form 990	funds.), Part I'r basis (ot	V, line 1	1a. See	ted depreciation			
(ii) Related organizations If "Yes" on 3a(ii), are the re Describe in Part XIII the inte rt VI Land, Buildings, Complete if the or	elated organization rended uses of the and Equipme ganization answ (a) Cost or ot	ns listed as records organization ont. wered "Yes' ther basis	equired on Sch n's endowment ' on Form 990	funds.), Part I'r basis (ot	V, line 1	1a. See		21		ralue

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book	(c) Method of valuation:				
(melading name of security)	value		or or end or year market value			
1) Financial derivatives						
2) Closely-held equity interests						
A)						
В)						
C)						
D)						
E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•					
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	orm 990, Part X, line 13.			
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu			
(1)			,			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•					
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See Fo	rm 990, Part X, line 15.			
(a) Description			(b) Book valu			
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	• •		•			
Complete if the organization answered 'Yes' on Form 990,		ine 11e or 11f.S				
Part X Other Liabilities.	Part IV, I					

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_						
\+ > I	. (Column (b) must equal Form 990, Part X, col.(B) line 25	: 1				
	ability for uncertain tax positions. In Part XIII, pro-		to the ora	anization's financial	statements that	reports the
	nization's liability for uncertain tax positions under		-			_
gui	inzacion o nability for affect tall tax positions affect	111 10 (15C 7 10)1 Check 11		ext of the foothote i	· · · · · · · · · · · · · · · · · · ·	(Form 990) 2022
						` ,
		———— Page 4 —				
	L L D (5					
	dule D (Form 990) 2022					Page 4
'a	rt XI Reconciliation of Revenue per A Complete if the organization answer				r Keturn.	
	Total revenue, gains, and other support per audit				1	3,677,067
	Amounts included on line 1 but not on Form 990	, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments .	•	2a			
b	Donated services and use of facilities		2b			
С	Recoveries of prior year grants		2c		_	
d	Other (Describe in Part XIII.)		2d		-	
e	Add lines 2a through 2d					0
	Subtract line 2e from line 1				3	3,677,067
	Amounts included on Form 990, Part VIII, line 12	2, but not on line 1:				
а	Investment expenses not included on Form 990,		4a			
b	Other (Describe in Part XIII.)		4b			
С	Add lines 4a and 4b				4c	0
	Total revenue. Add lines 3 and 4c. (This must eq	jual Form 990, Part I, line 12	2.)		5	3,677,067
aı	t XII Reconciliation of Expenses per A				er Return.	
	Complete if the organization answer		art IV, lin	e 12a.		2.016.060
	Total expenses and losses per audited financial s				1	3,816,969
	Amounts included on line 1 but not on Form 990	, Part IX, line 25:	la-l			
a	Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
C 	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	0
	Subtract line 2e from line 1				3	3,816,969
	Amounts included on Form 990, Part IX, line 25,		1 - 1			
			4a			
а	Investment expenses not included on Form 990,	,				
b	Other (Describe in Part XIII.)	,	4b		_	
b	Other (Describe in Part XIII.)		4b		4c	0
a b c	Other (Describe in Part XIII.)		4b		4c 5	3,816,969
a b c	Other (Describe in Part XIII.)	equal Form 990, Part I, line	4b		5	3,816,969
a b c	Other (Describe in Part XIII.)	equal Form 990, Part I, line i	4b	V, lines 1b and 2b; F	5	3,816,969
c Pai	Other (Describe in Part XIII.)	equal Form 990, Part I, line i	4b	V, lines 1b and 2b; F	Part V, line 4; Par	3,816,969
a b c	Other (Describe in Part XIII.)	equal Form 990, Part I, line i	4b 18.) and 4; Part I any addition	V, lines 1b and 2b; Fonal information. Explanation S APPROPRIATE SUF	PPORT FOR ANY	3,816,969 t X, line 2; Part XI,

Schedule D (Form 990) 2022

Additional Data Return to Form

TIN: 52-1842738

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

(Form 900)

Grants and Other Assistance to Organizations

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service		Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.										2022 Open to Public Inspection		
Name of the organization CONGRESSIONAL HUNG	GER CENTER I	NC									Employer identification 52-1842738	ation number		
Part I General	Informatio	n on Gra	nts and Assista	nce							32-1042736			
the selection crite	eria used to av	ard the gra	substantiate the arnts or assistance?						for the grants or assistan	ce, and		Yes	□ No	
			omestic Organiz				ents. Complete i	f the o	rganization answered "Yes	" on Fo	rm 990, Part IV, line	21, for any recipi	ent	
(a) Name and addr organization or government	ress of	(b) EIN	(c) IRC se (if applica	ction	(d) Amount gran	of cash	(e) Amount of cash assistance		(f) Method of valuation (book, FMV, appraisal, other)		g) Description of oncash assistance	(h) Purpose of or assistance	of grant	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
	er of other org	anizations l	isted in the line 1 t	able							▶	edule I (Form 990) 2022	
Schedule I (Form 990) 7				- Page								F	Page 2	
			al space is needed				answered "Yes"	on For	m 990, Part IV, line 22.					
(a) Type of grant	t or assistance	<u> </u>	(b) Number o recipients	f	(c) Amou cash gra					ook, (f) Description of noncash assistance				
(1) FELLOWSHIP STIP	PENDS		55		1,661,706	5								
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7) Part IV Suppl	lemental In	formatio	n. Provide the in	formatio	n required in	Part I. li	ne 2; Part III.	colum	nn (b); and any other a	dditior	nal information.			
Return Reference		Explanatio				· ·			, , ,					
PART I, LINE 2:									IEWED BY THE CENTER'S THE FUNDS ARE AWARD!		DITIONAL MONITORI		IRED.	
Additional Dat	ta											Return to F	orm	

2

4b

4c

5b

6a

6b

No

No

Nο

No

No

No

No

Congressional Hunger Center - Full Filing- Nonprofit Explorer - ProPublica 8/23/24, 11:43 AM efile Public Visual Render ObjectId: 202441239349302534 - Submission: 2024-05-02 TIN: 52-1842738 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization CONGRESSIONAL HUNGER CENTER INC Employer identification number 52-1842738 **Questions Regarding Compensation** Part I Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. $\hfill \Box$ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all

Compensation committee

related organization:

The organization? .

The organization? .

Any related organization? .

Independent compensation consultant

Receive a severance payment or change-of-control payment? .

Form 990 of other organizations

compensation contingent on the revenues of:

If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of:

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

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

directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods

used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Participate in, or receive payment from, an equity-based compensation arrangement?..

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

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

payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe No If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

Schedule J (Form 990) 2022

Cat. No. 50053T

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

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(F) Compensation in			
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 SHANNON MAYNARD EXECUTIVE DIRECTOR	(i)	212,046	0	0	8,846	27,744	248,636	0
	(ii)	0	0	0	0	0	0	0
							•	

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							Schedule J (Fo	orm 990) 2022
			Page 3 ———					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Information							1100	
Provide the information, explanation, or descriptions required for Return Reference	r Part I, lines 1a,	1b, 3, 4a, 4b, 4c		and 8, and for Par Explanation	t II. Also complete	this part for any	additional infor	mation.
Return Reference				Apianation			Schodulo 1 /Eo	orm 990) 2022
							Scriedule J (FO	niii 990) 2022
Additional Data							Retu	urn to Form

efile Public Visual Render

ObjectId: 202441239349302534 - Submission: 2024-05-02

TIN: 52-1842738

OMB No. 1545-0047

2022

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization CONGRESSIONAL HUNGER CENTER INC Employer identification number

52-1842738

	52-1842/38
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, THE EXECUTIVE DIRECTOR, SECRETARY, TREASURER, AND AT LEAST ONE (1) OTHER ELECTED DIRECTOR, ELECTED BY A MAJORITY OF ELECTED DIRECTORS THEN IN OFFICE. TWO-THIRDS OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS. THE EXECUTIVE COMMITTEE SHALL, WHEN THE BOARD IS NOT IN SESSION, ADMINISTER THE AFFAIRS OF THE CORPORATION. DURING SUCH INTERIM, IT SHALL HAVE ALL POWERS AND EXERCISE ALL DUTIES OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION THAT MAY LAWFULLY BE DELEGATED TO IT BY THE BOARD TO AMEND OR REPEAL THESE BYLAWS, TO AUTHORIZE DISTRIBUTIONS, OR ANY OTHER MATTER AS TO WHICH THE BOARD MAY, BY RESOLUTION, WITHHOLD FROM THE EXECUTIVE COMMITTEE AUTHORITY TO ACT. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER OF APPOINTMENT TO FILL A VACANCY ARISING FROM ANY CAUSE IN ANY CORPORATE OFFICE OF THE CORPORATION; PROVIDED, HOWEVER, THAT THE TERM OF ANY APPOINTMENT UNDER THIS SECTION MAY EXTEND UP TO BUT NOT BEYOND THE END OF THE NEXT ANNUAL MEETING OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	ONCE THE DRAFT VERSION OF THE FEDERAL FORM 990 IS PROVIDED BY AN INDEPENDENT ACCOUNTING FIRM, THE EXECUTIVE DIRECTOR REVIEWS WITH AN INTERNAL ACCOUNTANT. UPON APPROVAL, IT IS THEN SHARED AND DISCUSSED WITH THE TREASURER. THE DRAFT VERSION OF THE FEDERAL FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS VIA EMAIL BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BOARD OF DIRECTORS' MEETING, THE OFFICERS, DIRECTORS, AND 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.
FORM 990, PART VI, SECTION C, LINE 19	THE CENTER MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:	THE CENTER HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.
and Deal	tion Act Notice see the Instructions for Form 990 or 990-F7 Cat. No. 51056K Schedule O (Form 990) 2022

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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