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PUBLIC DISCLOSURE COPY

CENTER FOR DISASTER PHILANTHROPY, INC. 1201 CONNECTICUT AVE NW, NO. 300 WASHINGTON, DC 20036

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form	JJU	

** PUBLIC DISCLOSURE COPY **

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Α	For th	e 2016 calendar year, or tax year beginning and e	ending	_							
В	Check if applicab	le: C Name of organization		D Employer identifie	cation number						
	Addre	CENTER FOR DISASTER PHILANTHROPY, INC.									
Name Doing business as 45-5257937											
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number											
Final 1201 CONNECTICUT AVE NW 300 202-595-1026											
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4,398,											
	Amer	WASHINGTON, DC 20050		H(a) Is this a group re							
	Appli tion		ק	for subordinates	? Yes X No						
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No						
		empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) o	r 🛄 527	lf "No," attach a	list. (see instructions)						
_		te: WWW.DISASTERPHILANTHROPY.ORG		H(c) Group exemption	-						
_		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: $2012 _{N}$	State of legal domicile: DC						
P	art I	Summary									
Governance	1	Briefly describe the organization's mission or most significant activities: INCRE DISASTER PHILANTHROPY .	CASE T	HE EFFECTIV	ENESS OF						
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.						
0 Vē	3	Number of voting members of the governing body (Part VI, line 1a)		3	7						
ୁ ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b)		7							
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3							
Activities &	6	Total number of volunteers (estimate if necessary)		25							
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.						
				Prior Year	Current Year						
ne	8	Contributions and grants (Part VIII, line 1h)		2,937,070. 95,697.	4,219,632. 173,583.						
Revenue	9	Program service revenue (Part VIII, line 2g)		5,087.	5,201.						
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,007.	<u> </u>						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,037,854.	4,398,416.						
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,323,819.	1,238,888.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
s		Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		590,273.	705,019.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
be	b	Total fundraising expenses (Part IX, column (D), line 25) 155,96	57.								
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		894,403.	672,375.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,808,495.	2,616,282.						
	19	Revenue less expenses. Subtract line 18 from line 12		229,359.	1,782,134.						
or			Be	ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,149,913.	5,091,969.						
tAs	21	Total liabilities (Part X, line 26)		97,184.	257,106.						
		Net assets or fund balances. Subtract line 21 from line 20		3,052,729.	4,834,863.						
_	art II	-									
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is						

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT G. OTTENHOFF, P Type or print name and title	Date	
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	SVETLANA CHEBAKINA	04/	24/17 self-employed P01399152
Preparer	Firm's name 🕨 HALT, BUZAS & PO		Firm's EIN 26-0004395
Use Only	Firm's address 1199 N. FAIRFAX	ST. 10TH FLOOR	
	ALEXANDRIA, VA 2	2314	Phone no. (703) 836-1350
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			= 000 (00.10)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2016) CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Image: Check if Schedule O contains a response or note to any line in this Part III
1	
1	Briefly describe the organization's mission: CDP'S MISSION IS TO TRANSFORM DISASTER GIVING BY PROVIDING TIMELY AND
	THOUGHTFUL STRATEGIES TO INCREASE DONORS' IMPACT DURING DOMESTIC AND
	INTERNATIONAL DISASTERS WITH AN EMPHASIS ON RECOVERY AND DISASTER RISK
	REDUCTION. (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	LEARNING CENTER. THROUGH OUR WEBSITE, ONLINE COMMUNITY, WEBINARS AND
	TRAININGS, DONORS CAN FIND INFORMATION, ANALYSIS AND EDUCATIONAL
	RESOURCES ABOUT DISASTERS. USERS HAVE THE ABILITY TO ACCESS INFORMATIO
	BASED ON THEIR INTERESTS AS WELL AS ENGAGE IN DIALOGUES WITH OTHER
	DONORS. THIS INFORMATION IS ALSO SHARED WITH OUR PARTNERS, MEMBERSHIP
	ORGANIZATIONS AND THE MEDIA.
	CDP PROVIDED INFORMATION ON DISASTERS AND DISASTER PHILANTHROPY VIA IT
	WEBSITE, BLOG, WEBINARS AND SOCIAL MEDIA TOOLS INCLUDING FACEBOOK AND
	TWITTER. IN ADDITION TO PROVIDING INFORMATION ON DISASTERS, CDP FOCUSE
	ON INCLUDING RELEVANT GRANTMAKER AND FIELD PRACTITIONER CONTENT AND
	RELEVANT NGO DISASTER RELIEF AND RECOVERY STAKEHOLDER INPUTS. CDP'S
4b	(Code:) (Expenses \$ 47,708. including grants of \$) (Revenue \$ 173,583 CUSTOM APPROACHES. FOR DONORS WHO PREFER TO HAVE A MORE TAILORED
	STRATEGY, WE WORK ONE-ON-ONE TO HELP THEM FIT THEIR DISASTER GIVING
	INTO LARGER PHILANTHROPIC GOALS. PARTNERS INCLUDE PRIVATE INDIVIDUALS
	CONSORTIUMS OF DONORS ENGAGED IN COLLECTIVE WORK AND COMMUNITY
	FOUNDATIONS INVOLVED WITH INDIVIDUAL DONORS.
	CDP SERVED SIX ORGANIZATIONS WITH CUSTOM APPROACHES IN THE DISASTER
	PHILANTHROPY AREAS OF DEVELOPING STRATEGIC PLANS TO INCREASE DISASTER
	FUNDING EFFECTIVENESS, CREATING GRANTMAKING PROCESSES, AND CONDUCTING
	WORKSHOPS DESIGNED TO EDUCATE AND INNOVATE DISASTER RESPONSE.
4c	(Code:) (Expenses \$ 1,423,018. including grants of \$ 1,238,888.) (Revenue \$
	DONOR COLLABORATION. OUR TEAM OF PROGRAM EXPERTS WITH DEEP KNOWLEDGE I
	DOMESTIC AND INTERNATIONAL DISASTER PHILANTHROPY WILL ALLOCATE OR
	MANAGE FUNDS ACROSS A RANGE OF NEEDS BEFORE, DURING, AND AFTER A
	DISASTER, DIRECTING RESOURCES STRATEGICALLY AND EFFICIENTLY TO HELP
	COMMUNITIES RECOVER MORE QUICKLY AND BECOME MORE RESILIENT.
	CDP LAUNCHED THE REFUGEE CRISIS FUND IN 2015 WITH DONATIONS OF
	APPROXIMATELY \$288,000 FROM TEN DONORS. CDP AWARDED ONE GRANT IN 2015
	TO PROVIDE INITIAL TRANSITIONAL SUPPORT TO REFUGEES ARRIVING ON THE
	GREEK ISLAND OF LESBOS AND TWO GRANTS IN 2016 TO PROVIDE SUPPORT AND
	ASSISTANCE TO WOMEN AND ADOLESCENTS DISPLACED IN SYRIA.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,262,441.
	Form 990 (2
32002	SEE SCHEDULE O FOR CONTINUATION(S)
~ ~	
80	424 756386 73049.0 2016.03030 CENTER FOR DISASTER PHILANT 73049_

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Form	990	(2016))

Pa	rt IV 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)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		
a	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	4.45		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 27
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		<u> </u>
	complete Schedule G. Part III	19		x

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CENTER FOR DISASTER PHILANTHROPY, INC.

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

Form **990** (2016)

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Form 990 (2016)

Form	990 (2016) CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257	937	Р	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	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			<u> </u>
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	ти		<u> </u>
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h.	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a 1-		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		x
	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		
	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	_		- v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year7d			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		E	000	(2016)

Form **990** (2016)

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Form 990	(2016))
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CENTER FOR DISASTER PHILANTHROPY, INC.

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

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X

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

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	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 0.	_		
	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u>.</u>
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
6a	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		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ect	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, GA, HI, IL, KS, K	Y,LA	, ME	:,№
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
U	THE ORGANIZATION - 202-595-1026			
U				
	1201 CONNECTICUT AVE NW, NO. 300, WASHINGTON, DC 20036 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES			

CENTER FOR DISASTER PHILANTHROPY, INC.

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	s person is both an a director/trustee)		h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY ANTHONY	2.00	x						0.	0.	0.
BOARD MEMBER (2) HENRY BERMAN	5.00	^						0.	0.	0.
BOARD VICE CHAIR	5.00	x		x				0.	0.	0.
(3) LORI BERTMAN	10.00								Ŭ.	
BOARD CHAIR		x		x				0.	0.	0.
(4) KATHLEEN LOEHR	2.00									
BOARD MEMBER		x						0.	0.	0.
(5) ERIC KESSLER	5.00									
BOARD SECRETARY		X		Х				0.	0.	0.
(6) JOE RUIZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KENNETH JONES II	2.00									-
BOARD TREASURER		X		X				0.	0.	0.
(8) SAM WORTHINGTON	2.00									<u> </u>
BOARD MEMBER	40.00	X						0.	0.	0.
(9) ROBERT G. OTTENHOFF	40.00			x				250 000	0.	20 560
PRESIDENT & CEO (10) REGINE WEBSTER	25.00			<u> </u>				250,000.	0.	30,560.
VICE PRESIDENT	23.00			x				180,040.	0.	0.
(11) JENNIFER COMMANDER	15.00							100,040.	••	0.
CHIEF FINANCIAL OFFICER	13100			x				70,100.	0.	0.
632007 11-11-16										Form 990 (2016)

632007 11-11-16

Form **990** (2016)

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		CENTER FO	OR DISA	ST	ER	PI	III	LAN	1 T.	HROPY, INC.	45-5	257	937	Page 8
Part	VII Section A. Officers,	Directors, Trus	tees, Key Er	nploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title			(B) (C) verage burs per week vesk v						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		am comp	(F) timated ount of other pensation om the
			related organization below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI		orga and	anization I related nizations
													_	
	Sub-total Total from continuation s	sheets to Part VI								500,140.		0.),560. 0.
2	Total (add lines 1b and 10 Total number of individuals compensation from the org	s (including but n								500,140. eceived more than \$100),000 of reportat	0. ole	3(),560. 2
	Did the organization list an line 1a? <i>If "Yes," complete</i>	•					•			•			3	Yes No
4	For any individual listed on and related organizations of	l line 1a, is the su greater than \$150	ım of reporta 0,000? <i>If</i> "Yes	ble co s, " cc	omp omple	ensa ete S	atior Sche	n and edule	l ot g J i	her compensation from for such individual	the organization	۱ 	4	x
	Did any person listed on lir rendered to the organization ion B. Independent Contr	on? If "Yes," com	-				-			-			5	X
	Complete this table for you the organization. Report co											npens		
NAN	Nar CY BEERS	(A) me and business	address							(B) Description of s	services	с	(C omper) Isation
	LAKEVIEW BLV	D, ALBER	Γ LEA,	MN	56	50()7			PROGRAM MANA	GER		13(),000.
	Total number of independe \$100,000 of compensatior			not li	mite	d to		se lis 1	stec	d above) who received r	nore than			00 (65 15)
													⊢orm •	990 (2016)

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	n 990 (FOR DI	ISASTER PI	HILANTHROP	Y, INC.	45-5257	937 Page 9
Pa	rt VII							
		Check if Schedule O contains a	a response	or note to any lin	e in this Part VIII	(<u>P</u>)	(0)	
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
gra Do	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events						
	d	Related organizations						
	е	Government grants (contributions)						
er io	f	All other contributions, gifts, grants, and		210 622				
<u>ę</u> ż		similar amounts not included above		219,632.				
	9 5	Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f			4,219,632.			
0.0	<u> </u>	Total. Add lines fa fit		Business Code	1/215/0520			
ė	2 a	ADVISORY SERVICE	FEES	900099	173,583.	173,583.		
۳ Z	b							
Se	c							
Program Service Revenue	d							
Б Ш	е							
۲,		All other program service revenue						
	g	Total. Add lines 2a-2f		►	173,583.			
	3	Investment income (including divide			F 001			F 0.01
		other similar amounts)			5,201.			5,201.
	4	Income from investment of tax-exer	•					
	5	Royalties						
	6.0		(i) Real	(ii) Personal				
		Gross rents						
		Rental income or (loss)						
		Net rental income or (loss)						
			Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		· <u>·····</u>				
ne	8 a	Gross income from fundraising eve						
ven		including \$						
Other Revenue		contributions reported on line 1c).						
her		Part IV, line 18						
đ		Less: direct expenses Net income or (loss) from fundraisir						
		Gross income from gaming activitie						
		Part IV, line 19						
	Ь	Less: direct expenses						
		Net income or (loss) from gaming a						
		Gross sales of inventory, less return						
		and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of in	nventory .					
		Miscellaneous Revenue		Business Code				
	11 a			ļļ				
	b			├ ───┤				
	C I							
	d							
	12 e	Total. Add lines 11a-11d Total revenue. See instructions.			4,398,416.	173,583.	0.	5,201.
	1 12 09 11-11				-, -, -, -, -, -, -, -, -, -, -, -, -, -	1,5,505•		Form 990 (2016)

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CENTER FOR DISASTER PHILANTHROPY, INC.

Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		oxponeee	general expenses	expenses
	and domestic governments. See Part IV, line 21	1,238,888.	1,238,888.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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,				
Ŭ	trustees, and key employees	530,700.	320,891.	114,655.	95,154.
6	Compensation not included above, to disqualified	,	,		
U	persons (as defined under section 4958(f)(1)) and				
	nervous described in section $40\Gamma0(s)(0)(D)$				
7	Other salaries and wages	120,707.	108,505.	12,202.	
7 8	Pension plan accruals and contributions (include		100,000	±2,202•	
0	section 401(k) and 403(b) employer contributions)	2,841.	2,552.	289.	
•		29,909.	27,181.	2,728.	
9 10	Other employee benefits	20,862.	15,414.	2,640.	2,808.
10	Payroll taxes	20,002.	±J,414•	2,040.	4,000.
11	Fees for services (non-employees):	1,842.	1,842.		
	Management	33,625.	7,187.	25,214.	1 221
		15,601.	11,471.	25,214.	1,224. 1,953.
	Accounting	10,001.	11,4/1•	۵, ۱/۰	1,903.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		460 000	200 002		44 610
	column (A) amount, list line 11g expenses on Sch 0.)	469,023.	398,823.	25,590.	44,610.
12	Advertising and promotion	51,284.	51,284.	2 510	2 250
13	Office expenses	18,053.	13,275.	2,519.	2,259.
14	Information technology	3,452.	2,677.	451.	324.
15	Royalties	4 - 24 -	11 000		1 001
16	Occupancy	15,345.	11,283.	2,141.	1,921.
17	Travel	41,738.	34,499.	3,285.	3,954.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,122.	3,766.	715.	641.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,918.	6,334.	1,584.	
23	Insurance	2,122.	1,560.	296.	266.
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 0.)	7,250.	5,009.	1,388.	853.
a	LICENSES, FEES, AND REG	1,430.	5,009.	τ, 300.	000.
b					
С					
d					
	All other expenses	0 616 000	0.000.444		
25	Total functional expenses. Add lines 1 through 24e	2,616,282.	2,262,441.	197,874.	155,967.
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)				
63201	D 11-11-16				Form 990 (2016)

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34

3,052,729.

3,149,913.

33

34

8	Inventories for sale or use		8			
9				1,263.	9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	22,328. 2,073.			
b	Less: accumulated depreciation	10b	2,073.	5,845.	10c	
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa	al line (34)	3,149,913.	16	
17	Accounts payable and accrued expenses			97,184.	17	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
22	Loans and other payables to current and former	office	rs, directors, trustees,			
	key employees, highest compensated employee	s, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
24	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	Other liabilities (including federal income tax, pay	yables	to related third			
	parties, and other liabilities not included on lines	17-24). Complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			97,184.	26	
	Organizations that follow SFAS 117 (ASC 958)), cheo	ck here ▶ 🔯 and			
	complete lines 27 through 29, and lines 33 and			1 006 540		
27	Unrestricted net assets			1,226,713.	27	
28	Temporarily restricted net assets			1,826,016.	28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (As	SC 95	8), check here 🕨 🛄			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq				31	
32	Retained earnings, endowment, accumulated ind	or other funds		32		

CENTER FOR DISASTER PHILANTHROPY, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary

employees' beneficiary organizations (see instr). Complete Part II of Sch L

Notes and loans receivable, net

Total net assets or fund balances

Total liabilities and net assets/fund balances

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 45-5257937 Page 11

(B)

End of year

1,319,053.

3,749,274.

3,387.

20,255.

5,091,969.

254,814

2,292.

257,106.

815,758.

4,019,105.

4,834,863.

5,091,969.

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0.

(A)

Beginning of year

2,124,470.

961,094.

52,288.

4,953.

1

2

3

4

5

6

7 8

Part X Balance Sheet

Form	aan	(201	6)
-om	990	(20 I	O)

1

2

3

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6

7

Assets

_iabilities

Net Assets or Fund Balances

	<u>1990 (2016)</u> CENTER FOR DISASTER PHILANTHROPY, INC.	45-	<u>5257937</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,61		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,78		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,05	2,7	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,83	4,8	63.
Pa	rt XII 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2016)

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SCHEDULE A	
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(Form	990	or	990-EZ)
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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.

	2016							
	Open to Public Inspection							
r	r identification number							

OMB No. 1545-0047

Department of the Treasury				Attach to Form 990 or Form 990-EZ.						Open to Public
Interr	al Reve	nue Service	Informati	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	tions is at W	ww.irs.gov/fe	orm990.	Inspection
Nar	ne of	the organizat							Employer	identification number
			CENT	ER FOR DIS	ASTER PHILAN	THROP	Y, IN	C.	4	5-5257937
Pa	art I	Reason	for Public	Charity Status (/	All organizations must co	omplete th	nis part.) Se	e instructior	IS.	
The	organ	nization is not a	a private found	dation because it is: ((For lines 1 through 12, o	heck only	one box.)			
1	Ň		•		on of churches describe		,			
2	\square				Attach Schedule E (Forn			·//· ·//·		
3					anization described in se			ii)		
4	\square				njunction with a hospita				(Viii) Enter	the hospital's name
-		city, and stat			injunction with a nospita					the hospital s hame,
5		-	-	or the bonefit of a co	llege or university owned	d or opora	tod by a a	ovornmontal	unit doscrik	ood in
5				Complete Part II.)			lieu by a g	oveninentai		
6					nental unit described in	contion 1	70(6)(4)(4)	64		
7	X								the general	nublic described in
'	- 23	Ũ			Intial part of its support f	rom a gov	remmenta	unit or from	the general	public described in
~				omplete Part II.)						
8	H				(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, cit	, and state d	of the colleg	je or
10		university:			····					
10					e than 33 1/3% of its sup					
					ct to certain exceptions,					
					(less section 511 tax) fr	om busine	esses acqu	lired by the d	rganization	after June 30, 1975.
				mplete Part III.)		(-t- 0		0(-)(4)		
11	\mathbb{H}	-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			-	
					ed in section 509(a)(1) o					Sheck the box in
			-		of supporting organizatio		-		-	
a				-	supervised, or controlled	•				
			-		gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
				complete Part IV, Se						
k				-	d or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
				t complete Part IV,						
c	: [-		g organization operated				ally integrate	ed with,
	_				s). You must complete I					
C					porting organization oper				-	
					zation generally must sa				nd an attent	iveness
	_	- ·	,	,	nplete Part IV, Sections		,			
e			•		written determination fro			а Туре I, Туре	e II, Type III	
				• •	nally integrated support	ing organi	zation.			
1		er the number		•						
<u></u>				n about the supporte		(iv) Is the oras	anization listed			
		 (i) Name of supp organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	,	(vi) Amount of other support (see instructions)
		organization	I		above (see instructions))	Yes	No	Support (See 1	nstructionsj	

<u>Tot</u>al

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 14

2016.03030 CENTER FOR DISASTER PHILANT 73049_01

Schedule A (Form 990 or 990 EZ) 2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1712809.	3352301.	2937070.	4219632.	12221812.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		1712809.	3352301.	2937070.	4219632.	12221812.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8143584.
6	Public support. Subtract line 5 from line 4.						4078228.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4) 2012	1712809.	3352301.	2937070.	4219632.	12221812.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		1,272.	2,435.	5,087.	5,201.	13,995.
٩	Net income from unrelated business		_/_/_/				
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,148.	300.			1,448.
44	Total support. Add lines 7 through 10						12237255.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	269,280.
	First five years. If the Form 990 is for			d fourth or fifth to			20372001
10	organization, check this box and stop						► X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (column (f))		14	%
	Public support percentage for 2015					15	<u>%</u>
	33 1/3% support test - 2016. If the c						
100	stop here. The organization qualifies	•		•			
h	33 1/3% support test - 2015. If the c						
L.		•					
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	•	
۲.	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
IÖ	Private foundation. If the organization	n dia not check a		a, 100, 17a, or 17t		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here				•	·····	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve			•			
17	Investment income percentage for 20)16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2016. If the	organization did r				33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2015. If the						, and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly sup	oorted organizatio	n ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions)
63202	23 09-21-16			16	Scł	nedule A (Form 99	90 or 990-EZ) 2016
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

17

Schedule A (Form 990 or 990-EZ) 2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page 5

1 41	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	,		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	,		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		N
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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					PHILANTHROPY,		45-5257937	Page 6
Part V	Type III Non-Funct	tionally Integ	grated	509(a)(3) Sup	porting Organizations	;		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or incu	rred for production or			
collection of gross income or for managem	ent, conservation, or			
maintenance of property held for production	n of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6,	and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exem	pt-use assets (see			
instructions for short tax year or assets hel	d for part of year):			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-use	assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to nor	-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter 1	-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use assets (subtra	act line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line	: 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Se	ction A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (from	Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from	n line 4, unless subject to			
emergency temporary reduction (see instru	ctions)	6		
	organization's first as a non-functionally	/ inteara	ted Type III supporting org	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
Secti	on D - Distributions		· · · ·	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	าร				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii)	(iii)		
Conti	on E. Distribution Allocations (ass instructions)	Excess Distributions	Underdistributions	Distributable		
Secu	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
а						
b						
с	From 2013					
d	From 2014					
e	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c					
8	Breakdown of line 7:					
a						
b	Excess from 2013					
c	Excess from 2014					
d	Excess from 2015					
е	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A		Z) 2016 CENTER								
Part VI	Part IV, Section A, line 1; Part IV, Sec	I Information. Pro , lines 1, 2, 3b, 3c, 4k ction D, lines 2 and 3 , 6, and 8; and Part V	o, 4c, 5a, ; Part IV, S	6, 9a, 9b, 9c, 1 [.] Section E, lines	1a, 11b, and 1 1c, 2a, 2b, 3a	1c; Part I\ , and 3b;	V, Section B Part V, line 1	, lines 1 ; Part V,	and 2; Part I Section B, li	V, Section C, ne 1e; Part V,
	(See instructions.)		, Section	E, lines 2, 5, an	d 6. Also com	ipiete this	part for any	addition	iai informatio	n.
32028 09-21-	16						S	chedule	A (Form 99	0 or 990-EZ)
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			201			1 010				10047

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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

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

Name of the organization

CENTER	FOR	DISASTER	PHILANTHROPY,	INC.
Organization type (check one):				

45-5257937

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

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)
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Name of organization

Employer identification number

45-5257937

CENTER FOR DISASTER PHILANTHROPY, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$345,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,060,016.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$236,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)
	23		, , ,, (2010)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)
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Name	of	organ	nization

Employer identification number

CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person

 \$
 15,000.

 \$
 15,000.

 (Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

24 2016.03030 CENTER FOR DISASTER PHILANT 73049_01

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)
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Name of organization

Employer identification number

45-5257937

CENTER FOR DISASTER PHILANTHROPY, INC.

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Page **3**

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623453 10-18-16

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Name of org	anization		Employer identification number
CENTER	R FOR DISASTER PHILANTH	ROPY, INC.	45-5257937
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	ributions to organizations described columns (a) through (e) and the follov is, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, a 	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 10-18-	.16		Schedule B (Form 990, 990-EZ, or 990-PF) (201

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Page 4

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(Form 990)

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



	nent of the Treasury Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.i	irs.gov/forr	n990.	Open to Pu Inspection	
	e of the organizat					identification n	number
			R PHILANTHROPY, INC.			5-525793	
Par	t I Organiz	ations Maintaining Donor Advise	-	s or Acc			
		on answered "Yes" on Form 990, Part IV, lir					
			(a) Donor advised funds	(b)	Funds and	d other accounts	S
1	Total number at e	end of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor advisors in		ised funds			
	-	on's property, subject to the organization's	-			Yes	No
6		ion inform all grantees, donors, and donor a					
		poses and not for the benefit of the donor of					
	impermissible priv	vate benefit?	· · · · · · · · · · · · · · · · · · ·			Yes	No
Par	t II Conserv	vation Easements. Complete if the org					
1	Purpose(s) of con	nservation easements held by the organizat	ion (check all that apply).				
	Preservatio	n of land for public use (e.g., recreation or e	education) Preservation of a his	torically im	iportant la	and area	
	Protection of	of natural habitat	Preservation of a cer	rtified histo	oric struct	ure	
	Preservatio	n of open space					
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in the form	n of a cons	ervation e	asement on the	last
	day of the tax yea					at the End of the T	
а		conservation easements			2a		
		tricted by conservation easements			2b		
		rvation easements on a certified historic str			2c		
		rvation easements included in (c) acquired					
	listed in the Natio	nal Register		2	2d		
3		rvation easements modified, transferred, re			ation durin	ig the tax	
	year 🕨						
4	Number of states	where property subject to conservation ea	sement is located				
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of	•			
	violations, and en	forcement of the conservation easements i	it holds?			Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation	easement	ts during the yea	ar
	►						
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ease	ments du	ring the year	
	▶\$						
8	Does each conse	rvation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)	1		
	and section 170(h	n)(4)(B)(ii)?				Yes	No
9	In Part XIII, descri	ibe how the organization reports conservat	ion easements in its revenue and expens	se stateme	nt, and ba	alance sheet, and	d
	include, if applica	ble, the text of the footnote to the organiza	tion's financial statements that describes	s the orgar	nization's a	accounting for	
	conservation ease						
Par		ations Maintaining Collections o		Other Sil	milar As	ssets.	
	Complete	if the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and	balance s	heet works of ar	rt,
	historical treasure	es, or other similar assets held for public ex	hibition, education, or research in further	ance of pu	blic servic	ce, provide, in Pa	art XIII,
		otnote to its financial statements that descr					
b	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and bala	ance shee	t works of art, hi	istorica
	treasures, or othe	er similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic servio	ce, provide	e the following a	mount
	relating to these if	tems:					
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			▶ \$		
	(ii) Assets includ	led in Form 990, Part X)	▶ \$		
2	If the organization	n received or held works of art, historical tre	easures, or other similar assets for financi	ial gain, pro	ovide		
	the following amo	ounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included	d on Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

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		FOR DISAST						45-52			age 2
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, access (check all that apply):	on, and other record	ls, check	any of the	following tha	it are a si	ignificant (use of its	collectio	n item	S
а	Public exhibition	d	I 🗆 L	oan or exc	hange progra	ams					
b	Scholarly research	е	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical trea	sures, or oth	er similaı	rassets				
	to be sold to raise funds rather than to be m	aintained as part of t	the organi	ization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the c	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, oi		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontributior	ns or other as	sets not	included		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:							
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	ount liabil	ity?	L	Yes		No
-	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "	Yes" on Fo							
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Fou	' years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g	, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment										
_	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for t	he organiz	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment tu	inas.							
Fai	Complete if the organization answere		Dort IV	lina 11a G	Soo Form 000	Dort V	lino 10				
	· •							al I			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	a	(d) Boo	k value	3
1a	Land										
	Buildings										
	Leasehold improvements				1						<u> </u>
d	Equipment				1,528.			40.		1,1	
	Other				0,800.		1,7:	33.		9,0	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 1	0c.)				2	0,2	55.

Schedule D (Form 990) 2016

632052 08-29-16

Schedule D	(Form 990) 2016	CENTER	FOR	DISASTER	PHIL	ANTHROPY,	INC.	45-5257937 F	Page 3
Part VII	Investments -	Other Securit	ies.						
	Complete if the org								
(a) Descrip	otion of security or cate	JOIY (including name of	security)	(b) Book va	lue	(c) Method of	valuation: Co	ost or end-of-year market val	lue
(1) Financia	al derivatives								
• • •	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F) (G)									
(H)									
	b) must equal Form 990) Part X col (B) line	12)						
	Investments -								
	Complete if the org	-		on Form 990 Pa	rt IV line	11c. See Form 99() Part X line	13	
	(a) Description of		100	(b) Book va				ost or end-of-year market val	lue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	b) must equal Form 990), Part X, col. (B) line	e 13.) 🕨						
Part IX	Other Assets.								
	Complete if the org	anization answere			rt IV, line	11d. See Form 99	0, Part X, line		
			(a)	Description				(b) Book valu	ie
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)	mn (b) must squal E	orm 000 Dort V o	ol (D) lin	15)					
Part X	imn (b) must equal Fo Other Liabilitie		01. (В) Ш	ie 15.)				🕨	
I dit X	Complete if the org		ad "Yes'	on Form 990 Pa	rt IV line	11e or 11f. See Fo	rm 990 Part	X line 25	
1.	-	escription of liabili		01110111000,112		(b) Book value	1000,1 art 2	X, III C 20.	
	leral income taxes		-,				-		
(2)							-		
(3)					_		-		
(4)							-		
(5)									
(6)									
(7)									
(8)									
(9)									
							-		
Total. (Colu	ımn (b) must equal Fo	orm 990, Part X, c	ol. (B) lir	ne 25.)					

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

632053 08-29-16

_	edule D (Form 990) 2016 CENTER FOR DISASTER PHILA	-			5257937 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With I	Revenue per	Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			. 1	4,398,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			. 2e	0.
3	Subtract line 2e from line 1			. 3	4,398,416.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			. 4c	0.
F	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,398,416.
				. •	
	rt XII Reconciliation of Expenses per Audited Financial State			. •	
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With a.	Expenses pe	er Retu	irn.
	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With a.	Expenses pe	er Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With a.	Expenses pe	er Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With a.	Expenses pe	er Retu	irn.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With a. 2a	Expenses pe	er Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b 2b	Expenses pe	er Retu	irn.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c	Expenses pe	er Retu	rn.
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses po		rn. 2,616,282. 0.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses po		rn.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses po		rn. 2,616,282. 0.
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses po		rn. 2,616,282. 0.
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ments With a. 2a 2b 2c 2d 2d	Expenses po		rn. 2,616,282. 0. 2,616,282.
Pa 1 2 a b c d 3 4 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	Expenses po		rn. 2,616,282. 0. 2,616,282. 0.
Pa 1 2 a b c d 3 4 b 5	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	Expenses po	2e 3	rn. 2,616,282. 0. 2,616,282.

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

PART X, LINE 2:

THE CENTER IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM ACTIVITIES
RELATED TO ITS EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE CENTER TO
ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR.
THE CENTER IS SUBJECT TO INCOME TAXES ON TAXABLE INCOME FROM UNRELATED
BUSINESS ACTIVITIES. FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, THE
CENTER DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING
CONSOLIDATED FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS
TAXABLE INCOME.

LDRA IS WHOLLY OWNED BY THE CENTER AND ITS OPERATING RESULTS FLOW THROUGH 632054 08-29-16 14280424 756386 73049.0 2016.03030 CENTER FOR DISASTER PHILANT 73049_01 Schedule D (Form 990) 2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page 5 Part XIII Supplemental Information (continued) TO THE CENTER FOR TAX REPORTING PURPOSES. FOR THE YEAR ENDED DECEMBER 31, 2016, LDRA DID NOT HAVE ANY ACTIVITY CONSIDERED TO BE UNRELATED BUSINESS ACTIVITY, AND AS A RESULT, NO TAX PROVISION WAS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN IS FILED. IF MATERIAL OMISSIONS OF INCOME EXIST, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2016 AND 2015, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS WHICH SHOULD BE RECOGNIZED AS A LIABILITY.

632055 08-29-16

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual	s in the Un on Form 990, Pa	ted States		OMB No. 1545-0047 2016 Open to Public
Internal Revenue Service	Information	ion about Schedule I	•		t www.irs.gov/form99	0.	Inspection
Name of the organization CENTER FC	R DISASTI	ER PHILANTHR	ROPY, INC.				Employer identification number 45-5257937
Part I General Information on Grants a							
1 Does the organization maintain records criteria used to award the grants or assi							tion
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "	/es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	tional space is need	led.		i	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RE-MEMBER 3432 BROOK TRAILS SE							PROVIDE DISASTER CASE MANAGEMENT, RECONSTRUCTION MANAGEMENT
GRAND RAPIDS, MI 49508	38-3553177	501(C)(3)	74,800.	0.			AND COMMUNITY OUTREACH TO
	50 5555177	501(0)(0)	,1,000.	•••			PROVIDE DISASTER CASE
LUTHERAN SOCIAL SERVICES OF SOUTH							MANAGEMENT, EDUCATION AND
DAKOTA - 705 E. 41ST STREET, STE							OUTREACH SUPPORT FOR
200 - SIOUX FALLS, SD 57105	46-0224731	501(C)(3)	30,000.	0.			TORNADO IN DELMONT, SD
			,				PROVIDE COMMUNITY
SOCIETY OF ST VINCENT DE PAUL -							OUTREACH AND DISASTER
USA - 320 DECKER DRIVE, STE 100 -							CASE MANAGEMENT FOR
IRVING, TX 75062	47-1556785	501(C)(3)	34,435.	0.			TORNADO IN TULSA, OK
							PROVIDE SUPPORT AND
MERCY CORPS							ASSISTANCE FOR WOMEN AND
45 SW ANKENY STREET							ADOLESCENTS DISPLACED IN
PORTLAND, OR 97204	91-1148123	501(C)(3)	123,000.	0.			SYRIA.
CONCERN WORLDWIDE US INC.							PROVIDE SUPPORT AND ASSISTANCE FOR WOMEN AND
355 LEXINGTON AVENUE, 19TH FLOOR	4.2. 2.7.4.0.2.0		100.155				ADOLESCENTS DISPLACED IN
NEW YORK, NY 10017	13-3712030	501(C)(3)	122,457.	0.			SYRIA
JEFFERSON COUNTY COMMUNITY							PROVIDE A LONG-TERM
PARTNERSHIP, INC 3875 PLASS							COMMUNITY RECOVERY
ROAD, BUILDING A - FESTUS, MO 63028	42 1600630	501(0)(2)	60.000	0.			COORDINATOR FOR SEVERE
	43-1699639		69,096.	υ.			STORMS/FLOODS IN
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•	•	ie line i tadle				······· C <u> </u>
3 Enter total number of other organization LHA For Paperwork Reduction Act Notice						<u></u>	Schedule I (Form 990) (2016)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) CENTER FOR DISASTER PHILANTHROPY, INC.

45-5257937 Page 1

		SK PHILANIAR					E 5 - 5 2 5 7 9 5 7 Page 1
Part II Continuation of Grants and Other	Assistance to Ge	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO HIRE AND TRAIN A STAFF
PARTNERSHIP FOR YOUTH, INC. DBA							TO DEVELOP A PILOT
AMERICORPS ST. LOUIS - 1315 ANN							PROGRAM AND COALITION OF
AVENUE - ST. LOUIS, MO 63104	43-1873533	501(C)(3)	110,000.	٥.			ORGANIZATIONS TO SUPPORT
							PROVIDE DISASTER CASE
CATHOLIC CHARITIES OF THE DIOCESE							MANAGEMENT SUPPORT FOR
OF TULSA, INC PO BOX 580460 -							THOSE IMPACTED BY
TULSA, OK 74158	73-1171950	501(C)(3)	50,000.	٥.			TORNADOES IN NORTHEAST
							PROVIDE AN ASSET
THE LAKOTA FUND INCORPORATED							DEVELOPMENT TECHNICAL
PO BOX 340							ASSISTANCE SPECIALIST TO
KYLE, SD 57752	46-0421416	501(C)(3)	51,766.	٥.			ASSIST 300+ FAMILIES
ARKSANSAS STATE UNIVERSITY FOUNDATION, INC PO BOX 1990 -							ASSIST 4 CHILDCARE PROVIDERS WITH THEIR
STATE UNIVERSITY, AR 72467	71-0489924	501(C)(3)	20,000.	0.			RECOVERY FROM FLOODS.
							PROVIDE DISASTER CASE
LOWER BRULE COMMUNITY COLLEGE INC.							MANAGEMENT & VOLUNTEER
PO BOX 230							COORDINATION FOR DISASTER
LOWER BRULE, SD 57548	46-0430791	501(C)(3)	20,350.	0.			ON LOWER BRULE
							HIRE THREE DISASTER
ARKANSAS CONFERENCE UNITED							RECOVERY CASE MANAGERS TO
METHODIST CHURCH - 800 DAISY BATES							ASSIST WITH FAMILIES'
DRIVE - LITTLE ROCK, AR 72202	71-0554172	501(C)(3)	100,000.	0.			UNMET NEEDS DUE TO
							PROVIDE EMOTIONAL &
UNIVERSITY CITY CHILDREN'S CENTER							MENTAL HEALTH SUPPORT FOR
6646 VERNON AVENUE							CHILDREN AND THEIR
ST. LOUIS, MO 63130	43-0958608	501(C)(3)	35,000.	0.			FAMILIES POST DISASTER
							PROVIDE DISASTER CASE
MAZASKA OWECASO OTIPI FINANCIAL							MANAGEMENT SUPPORT FOR
INC 108 OGLALA STREET - PINE							THOSE IMPACTED BY STORMS
RIDGE, SD 57770	76-0761743	501(C)(3)	95,000.	0.			ON PINE RIDGE RESERVATION
							PROVIDE OUTREACH AND
COMMUNITYGIVING							DISASTER CASE MANAGEMENT
101 7TH AVENUE S, SUITE 100							SUPPORT FOR FLOOD VICTIMS
ST. CLOUD, MN 56301	36-3412544	501(C)(3)	75,000.	Ο.			IN WILLMAR, MN.

Schedule I (Form 990)

Schedule I (Form 990) CENTER FOR DISASTER PHILANTHROPY, INC.

45-	5257937	Page 1

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							HIRE 2-3 DISASTER CASE
GREAT PLAINS ANNUAL CONFERENCE OF							MANAGERS TO COORDINATE
UNITED METHODIST CHURCH - 4201 SW							UNMET NEEDS OF THOSE
15TH STREET - TOPEKA, KS 66604	46-3536484	501(C)(3)	90,000.	٥.			AFFECTED BY RECENT
							PROVIDE DISASTER CASE
LUTHERAN SOCIAL SERVICE OF							MANAGEMENT FOR COUNTIES
MINNESOTA - 2485 COMO AVENUE, -							IN MN IMPACTED BY
SAINT PAUL, MN 55108	41-0872993	501(C)(3)	96,253.	0.			FLOODING.
							PLAN AND ORGANIZE A
NEW MEXICO COMMUNITY FOUNDATION							CONVENING AND PARTNERSHIP
502 W. CORDOVA ROAD, SUITE 1							DEVELOPMENT PROJECT ON
SANTA FE, MN 87505	85-0311210	501(C)(3)	20,000.	0.			PINE RIDGE RESERVATION TO
FRIENDS OF FONDATION DE FRANCE							PROVIDE SUPPORT FOR
275 MADISON AVENUE, 6TH FLOOR							TERROR ATTACK VICTIMS AND
NEW YORK, NY 10016	13-3966503	501(C)(3)	7,056.	0.			THEIR FAMILIES

Schedule I (Form 990)

Schedule I (Form 990) (2016)

CENTER FOR DISASTER PHILANTHROPY, INC.

45-5257937

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE CENTER FOR DISASTER PHILANTHROPY CLOSELY MONITORS ALL OF ITS GRANTEES

THROUGH FREQUENT PHONE CALLS AND EMAIL COMMUNICATION. EACH GRANTEE IS

REQUIRED TO COMMUNICATE ANY SUBSTANTIVE BUDGET OR PROGRAMMATIC CHANGES.

ALL GRANTEES SUBMIT A FINAL REPORT DETAILING THEIR PROGRESS AGAINST GOALS,

ACTIVITIES AND OBJECTIVES, HOW THEY WERE ABLE TO SERVE THE AFFECTED

POPULATION, AND DETAILING FINAL EXPENDITURES. DEPENDING ON THE SIZE OF THE

GRANT, SOME GRANTEES SUBMIT BOTH AN INTERIM/PROGRESS REPORT AND A FINAL

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RE-MEMBER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DISASTER CASE MANAGEMENT,

RECONSTRUCTION MANAGEMENT AND COMMUNITY OUTREACH TO THOSE IMPACTED BY

STORMS ON PINE RIDGE RESERVATION IN SD.

PROVIDE DISASTER CASE MANAGEMENT, RECONSTRUCTION MANAGEMENT AND COMMUNITY

OUTREACH TO THOSE IMPACTED BY STORMS ON PINE RIDGE RESERVATION IN SD.

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON COUNTY COMMUNITY PARTNERSHIP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A LONG-TERM COMMUNITY

RECOVERY COORDINATOR FOR SEVERE STORMS/FLOODS IN JEFFERSON COUNTY, MO.

NAME OF ORGANIZATION OR GOVERNMENT:

PARTNERSHIP FOR YOUTH, INC. DBA AMERICORPS ST. LOUIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE AND TRAIN A STAFF TO DEVELOP

A PILOT PROGRAM AND COALITION OF ORGANIZATIONS TO SUPPORT DISASTER CASE

MANAGEMENT FOR THE MOST VULNERABLE HOUSEHOLDS IN THE 33 COUNTIES INCLUDED

IN THE MO FLOOD DECLARATION.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF TULSA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DISASTER CASE MANAGEMENT

SUPPORT FOR THOSE IMPACTED BY TORNADOES IN NORTHEAST OK.

NAME OF ORGANIZATION OR GOVERNMENT: THE LAKOTA FUND INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE AN ASSET DEVELOPMENT

37

Schedule I (Form 990)

632291 04-01-16

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TECHNICAL ASSISTANCE SPECIALIST TO ASSIST 300+ FAMILIES RECEIVING FEMA HOMES.

NAME OF ORGANIZATION OR GOVERNMENT: LOWER BRULE COMMUNITY COLLEGE INC. (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DISASTER CASE MANAGEMENT & VOLUNTEER COORDINATION FOR DISASTER ON LOWER BRULE RESERVATION

NAME OF ORGANIZATION OR GOVERNMENT:

ARKANSAS CONFERENCE UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HIRE THREE DISASTER RECOVERY CASE

MANAGERS TO ASSIST WITH FAMILIES' UNMET NEEDS DUE TO FLOODING.

NAME OF ORGANIZATION OR GOVERNMENT: MAZASKA OWECASO OTIPI FINANCIAL INC. (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DISASTER CASE MANAGEMENT

SUPPORT FOR THOSE IMPACTED BY STORMS ON PINE RIDGE RESERVATION IN SD.

NAME OF ORGANIZATION OR GOVERNMENT:

GREAT PLAINS ANNUAL CONFERENCE OF UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HIRE 2-3 DISASTER CASE MANAGERS TO

COORDINATE UNMET NEEDS OF THOSE AFFECTED BY RECENT STORMS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PLAN AND ORGANIZE A CONVENING AND

PARTNERSHIP DEVELOPMENT PROJECT ON PINE RIDGE RESERVATION TO ADDRESS

HOUSING NEEDS

Schedule I (Form 990)

632291 04-01-16

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	16	<u> </u>
-	-	Compensated Employees		ZU	IU)
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe	ction	
Nam	e of the organizatio			identificati		mber
		CENTER FOR DISASTER PHILANTHROPY, INC.	45-5	525793	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	onal use			
	Travel for com					
		cation and gross-up payments X Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as, maid, chauffe	eur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			v	
_		provision of all of the expenses described above? If "No," complete Part III to explain		1 b	X	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v	
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	<u> </u>
~						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo			
		ther organizations $\begin{tabular}{c} X \\ Approval by the board or compensation of the second secon$	committee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	0	e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
Ŭ		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•			5a		Х
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?	-		6а		X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990) 2016

632111 09-09-16

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2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ROBERT G. OTTENHOFF (i)	250,000.	0.	0.	7,525.	23,035.	280,560.	0.
PRESIDENT & CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(2) REGINE WEBSTER (i)	180,040.	0.	0.	0.	0.	180,040.	
VICE PRESIDENT (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(1)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i) (ii)							
(i)							<u> </u>
(i) (ii)							<u> </u>
(i)							
(i) (ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDUL (Form 990 of Department of the Internal Revenue S	r 990-EZ) C	omplete if t	he org	anization ans 28b, or 28c, o ▶ Atta	swere or Forr ch to	d "Yes n 990- Form ⁽	s" on F -EZ, P 990 oi	art V, line 38a Form 990-E2	rt IV a or Z.	, line 25a, 25b, 2			O	^{1B No.} 20 Den T spect	16 • Pub	5
Name of the o	rganization											-	r identi		on nı	ımber
								THROPY,					579	37		
										(29) organizatior						
	Complete if the o							line 25a or 25l	o, oi	Form 990-EZ, Pa	art V,	line 40	Db.	(_n	0	
1 (a) Name	of disqualified p	erson		ationship betv person and or			linea	(0	c) De	escription of tran	sactio	n		<u> </u>	es	ected?
				·										<u> </u>		
														_		
2 Enter the	amount of tax i	ncurred by t		anization man	agore	or disc	nualifi	d persons du	rina	the year under						
section 4		-	-		-		-	-	-			▶ \$				
												► \$				
							-									
	oans to and					-										
	-	-					, Part	V, line 38a or l	Forn	n 990, Part IV, lin	e 26;	or if th	ne orga	nizati	on	
	eported an amo ame of	(b) Relations		(c) Purpose	1	∠. an to or	10	e) Original	14) Balance due	(0)) In	(h) Ap	proved	(i) V	/ritten
	ed person	with organiza		of loan	from	n the zation?		cipal amount	"	J Balarice due		ault?	bý boa comm		agree	ement?
						From					Yes	No	Yes	No	Yes	No
Total	N			Cities on Look and				> \$								
	Grants or As			-												
	Complete if the one of interested p	-								(d) Type	of		(0)	Purp		f
(a) Nam		Jerson		Relationship nterested pers the organiza	son an		, t	c) Amount of assistance		assistan			• • •	assist		1
LHA For Pap	erwork Reduct	ion Act Not	ice, se	e the Instruc	tions	for Fo	rm 99	0 or 990-EZ.		Sche	edule	L (Fo	rm 990) or 99	90-EZ	2016

	Business Transaction							
Schedule I	(Form 990 or 990-FZ) 2016	CENTER	FOR	DISASTER	PHILANTHROPY,	INC.	45-5257937	Page 2

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between person and the organ		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
					Yes	No
ARABELLA ADVISORS, LLC	CDP DIRECTOR	IS A P	15,344.	CDP LEASES		Х
NEW VENTURE FUND	CDP DIRECTOR	IS CHA	13,250.	NVF PERFORM		Х

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CDP DIRECTOR IS A PRINCIPAL & SENIOR MANAGING DIRECTOR OF ARABELLA ADVISORS

(D) DESCRIPTION OF TRANSACTION: CDP LEASES OFFICE SPACE FROM ARABELLA

ADVISORS ON A MONTH-TO-MONTH BASIS.

(A) NAME OF PERSON: NEW VENTURE FUND

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CDP DIRECTOR IS CHAIRMAN OF THE BOARD OF NEW VENTURE FUND

(D) DESCRIPTION OF TRANSACTION: NVF PERFORMS PAYROLL AND HUMAN RESOURCES

FUNCTION FOR CDP.

Schedule L (Form 990 or 990-EZ) 2016

632132 10-24-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number 45-5257937

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

CDP AIMS TO:

- INCREASE THE EFFECTIVENESS OF THE CONTRIBUTIONS GIVEN TO DISASTERS;

- BRING GREATER ATTENTION TO THE LIFE CYCLE OF DISASTERS, FROM

PREPAREDNESS AND PLANNING, TO RELIEF, TO REBUILDING AND RECOVERY

EFFORTS;

- PROVIDE TIMELY AND RELEVANT ADVICE FROM EXPERTS WITH DEEP KNOWLEDGE

OF DISASTER PHILANTHROPY;

- CONDUCT DUE DILIGENCE SO DONORS CAN GIVE WITH CONFIDENCE;

- CREATE PLANS FOR INFORMED GIVING FOR INDIVIDUALS, CORPORATIONS AND

FOUNDATIONS.

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

UNIQUE WEBSITE VISITORS PER MONTH AVERAGED ABOUT 3,600 A MONTH, WITH A

CONSIDERABLE SPIKE IN TRAFFIC DURING TIMES OF DISASTERS. CDP PROVIDED

IMMEDIATE INFORMATION ON ON-GOING DISASTERS AND LONGER-TERM ORIENTED

INFORMATION VIA ITS ISSUE INSIGHTS AND SPOTLIGHTS. ADDITIONALLY, CDP

STAFF LEVERAGED ITS KNOWLEDGE THROUGH SPEAKING AND MEDIA APPEARANCES

AND A 24/7 DISASTER GIVING HOTLINE.

CDP, IN PARTNERSHIP WITH FOUNDATION CENTER, RELEASED THE STATE OF DISASTER PHILANTHROPY, A COMPREHENSIVE DATA COLLECTION AND ANALYSIS EFFORT ON DISASTER-FOCUSED CHARITABLE GIVING. THE PURPOSE OF THE ANNUAL REPORT IS TO MORE ACCURATELY CAPTURE HOW PHILANTHROPY CURRENTLY RESPONDS TO DISASTERS AND ENCOURAGE THE PHILANTHROPY COMMUNITY TO SUPPORT THE FULL ARC OF A DISASTER, NOT JUST THE IMMEDIATE HUMANITARIAN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16 44

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~ -

2016.03030 CENTER FOR DISASTER PHILANT 73049_01

Schedule O (Form 990 or 9	90-EZ) (2016)					Page 2
Name of the organization	CENTER	FOR	DISASTER	PHILANTHROPY,	INC.	Employer identification number $45-5257937$
NEEDS.						

CDP, IN PARTNERSHIP WITH THE COUNCIL OF NEW JERSEY GRANTMAKERS AND IN ASSOCIATION WITH THE FORUM OF REGIONAL ASSOCIATIONS OF GRANTMAKERS, ISSUED THE DISASTER PHILANTHROPY PLAYBOOK TO ADVANCE LEARNING AND UNDERSTANDING ON HOW THE PHILANTHROPIC SECTOR CAN RESPOND TO AND LEAD THE RECOVERY IN THEIR COMMUNITIES SHOULD A DISASTER OCCUR. CDP CONTINUED TO EXPAND THE CONTENT AVAILABLE IN THE DISASTER PHILANTHROPY PLAYBOOK.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CDP LAUNCHED THE NICE TERROR ATTACK FUND IN PARTNERSHIP WITH CROWDRISE AND RAISED DONATIONS OF OVER \$7,000. CDP AWARDED ONE GRANT FROM THE FUNDS RAISED TO SUPPORT THE NEEDS OF TERROR ATTACK VICTIMS AND THEIR FAMILIES.

DURING 2016, CDP CONTINUED ITS WORK WITH ITS MIDWEST EARLY RECOVERY FUND. CDP RECEIVED A GRANT FOR THIS FUND OF \$2.1 MILLION IN 2014 AND WAS AWARDED A NEW THREE-YEAR GRANT OF \$3.1 MILLION IN 2016, WHICH WILL SUPPORT THE FUND THROUGH 2019. THE FUND RELIES ON A STREAMLINED GRANTMAKING PROCESS TO MAKE AWARDS TO ORGANIZATIONS IN TEN STATES. THE FUND'S PURPOSE IS TO GET MONEY QUICKLY AND EFFICIENTLY TO ORGANIZATIONS WORKING WITH THE MOST VULNERABLE POPULATIONS THAT ARE IMPACTED BY LOCAL "LOW-ATTENTION" DISASTERS.

FORM 990, PART VI, SECTION A, LINE 8B:

CDP DOES NOT HAVE COMMITTEES TO ACT ON BEHALF OF THE GOVERNING BODY.

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS IN ORD	ER TO ALLOW THEIR

REVIEW, COMMENT AND APPROVAL BEFORE IT IS FILED.

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

ALL BOARD MEMBERS AND SENIOR MANAGERS ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST POLICY STATEMENT. IF ANY POTENTIAL AREAS OF CONFLICT ARISE, ACTIONS WILL BE TAKEN TO ENSURE THAT ALL CONFLICTS ARE HANDLED APPROPRIATELY.

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

ANNUAL COMPENSATION IS REVIEWED BY THE FULL BOARD OF DIRECTORS IN ORDER TO DETERMINE COMPARABLE COMPENSATION FOR ORGANIZATIONS OF A SIMILAR SCOPE AND SCALE TO CDP. ANNUAL COMPENSATION OF THE PRESIDENT AND CEO IS APPROVED BY THE FULL BOARD OF DIRECTORS. COMPENSATION OF ALL OTHER EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO WITH GENERAL GUIDANCE PROVIDED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR PA, RI, SC, TN, UT, VA, WA, WV, WI, NV, AL, AK, AR, DC

FORM 990, PART VI, SECTION C, LINE 18:

CDP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

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

CDP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Schedule O (Form 990 or 990-EZ) (2016)

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Schedule O (Form 990 or 990-EZ) (2016) Name of the organization CENTER FOR DIG CHER DUILD ON THE	Page Employer identification numbe
CENTER FOR DISASTER PHILANTHROPY, INC.	45-5257937
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADVISORY SERVICES CONSULTANTS:	
PROGRAM SERVICE EXPENSES	317,708
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	317,708
CORE SERVICES CONSULTANTS:	
PROGRAM SERVICE EXPENSES	28,348
MANAGEMENT AND GENERAL EXPENSES	23,193
FUNDRAISING EXPENSES	41,748
TOTAL EXPENSES	93,289
CONSULTING AND HR:	
PROGRAM SERVICE EXPENSES	52,767
MANAGEMENT AND GENERAL EXPENSES	2,397
FUNDRAISING EXPENSES	2,862
TOTAL EXPENSES	58,026
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	469,023

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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LOUISIANA DISASTER RECOVERY ALLIANCE LLC -	SUPPORT LONG-TERM RECOVERY				
37-1842524, 1201 CONNECTICUT AVE, NW, SUITE	INITIATIVES & MITIGATION				CENTER FOR DISASTER
300, WASHINGTON, DC 20036	EFFORTS IN LA	LOUISIANA	451,556.	427,265.	PHILANTHROPY, INC.
	-				

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

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

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

45-5257937

Schedule R (Form 990) 2016 CENTER FOR DISASTER PHILANTHROPY, INC.

45-5257937 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	יין	n)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca		amount in box 20 of Schedule	mana partr	er?	Percenta ownersh
		country)		sections 512-514)			Yes	No		Yes	No	
]											
	1											
	1											
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	1											
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organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	ity?
		country)		,				Yes	No

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Schedule R (Form 990) 2016 CENTER FOR DISASTER PHILANTHROPY, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b	b Gift, grant, or capital contribution to related organization(s)						
с	c Gift, grant, or capital contribution from related organization(s)						
	d Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)				1e		
				Γ			
f	f Dividends from related organization(s)						
g	g Sale of assets to related organization(s)						
h	h Purchase of assets from related organization(s)						
i	i Exchange of assets with related organization(s)						
j Lease of facilities, equipment, or other assets to related organization(s)							
				Γ	_		
k	k Lease of facilities, equipment, or other assets from related organization(s)						
I Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)					1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n			
	o Sharing of paid employees with related organization(s)				10		
				Γ			
р	p Reimbursement paid to related organization(s) for expenses						
	q Reimbursement paid by related organization(s) for expenses						
				Γ			
r	r Other transfer of cash or property to related organization(s)						
S	s Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	/ho must complete tl	nis line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(</u> 2)			
<u>(3)</u>			
(4)			
<u>(</u> 5)			
_(6)	F 0		

Schedule R (Form 990) 2016 CENTER FOR DISASTER PHILANTHROPY, INC.

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

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

(a)	(b)	(c)	· · ·		1	(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501(c orgs	all	Share of			opor-	Code V-UBI	General o	
of entity	T findary doctivity	(state or foreign	(related, unrelated,	501 (c	s sec. c)(3)	total	end-of-year	tion	opor- nate tions?	amount in box 20	managin	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs Yes	S.7	income	assets	alloca	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		-
		,,		Yes	NO			Yes	NO	(1011111000)	Yes NC	'
	-											
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Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 CENTER FOR DISASTER PHILANTHROPY, INC. 45-5257937 Page 5 Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I

ON SEPTEMBER 20, 2016, THE LOUISIANA DISASTER RECOVERY ALLIANCE LLC
(LDRA) WAS FORMED IN LOUISIANA. LDRA IS AN ALLIANCE OF ORGANIZATIONS
BASED IN, OR WITH A SUBSTANTIAL PRESENCE IN, THE STATE OF LOUISIANA
THAT HAVE A SHARED VISION OF PROMOTING A MORE RESILIENT LOUISIANA. LDRA
WAS ESTABLISHED TO SHARE KNOWLEDGE AND RESOURCES WITHIN LOUISIANA, TO
PROMOTE BEST PRACTICES WITH RESPECT TO DISASTER RECOVERY EFFORTS AND TO
PROVIDE A MODEL FOR REGIONAL, PHILANTHROPIC RESPONSE EFFORTS AROUND THE
COUNTRY. THE CENTER PROVIDES MANAGEMENT AND ADMINISTRATIVE SUPPORT TO
THE LDRA.