

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CENTER FOR DISASTER PHILANTHROPY, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE THOMAS CIRCLE, NW 700
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
45-5257937

E Telephone number
202-464-2018

G Gross receipts \$ **7,731,742.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.DISASTERPHILANTHROPY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2012** **M** State of legal domicile: **DC**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **INCREASE THE EFFECTIVENESS OF DISASTER PHILANTHROPY.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	12
6	Total number of volunteers (estimate if necessary)	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	0.

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	21,254,221.	7,058,152.
9	Program service revenue (Part VIII, line 2g)	250,773.	567,355.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,086.	106,235.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,531,080.	7,731,742.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,200,955.	15,354,936.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	949,698.	1,261,128.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	271,419.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	471,888.	809,519.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,622,541.	17,425,583.
19	Revenue less expenses. Subtract line 18 from line 12	18,908,539.	-9,693,841.

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	24,011,479.	15,308,430.
21	Total liabilities (Part X, line 26)	268,077.	1,258,869.
22	Net assets or fund balances. Subtract line 21 from line 20	23,743,402.	14,049,561.

Part II Signature Block

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

Sign Here: Signature of officer: *Robert G. Ottenhoff* Date: **5/2/19**
ROBERT G. OTTENHOFF, PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **SVETLANA CHEBAKINA** Preparer's signature: *Svetlana Chebakina* Date: **05/01/19** Check if self-employed: PTIN: **P01399152**
 Firm's name: **HALT, BUZAS & POWELL, LTD.** Firm's EIN: **26-0004395**
 Firm's address: **1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314** Phone no. (703) 836-1350

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 217,887. including grants of \$) (Revenue \$) LEARNING CENTER. THROUGH OUR WEBSITE, ONLINE COMMUNITY, AND WEBINARS, DONORS CAN FIND INFORMATION, ANALYSIS AND EDUCATIONAL RESOURCES ABOUT DISASTERS. USERS HAVE THE ABILITY TO ACCESS INFORMATION 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 ITS WEBSITE, BLOGS, WEBINARS, SPEAKING ENGAGEMENTS AND SOCIAL MEDIA TOOLS INCLUDING FACEBOOK AND TWITTER. IN ADDITION TO PROVIDING INFORMATION ON DISASTERS, CDP FOCUSED ON PROVIDING RELEVANT GRANT MAKER AND FIELD PRACTITIONER CONTENT AND INCLUDING NGO DISASTER RELIEF AND RECOVERY

4b (Code:) (Expenses \$ 485,201. including grants of \$ 133,677.) (Revenue \$ 567,355.) 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, CORPORATIONS, CONSORTIUMS OF DONORS ENGAGED IN COLLECTIVE WORK AND COMMUNITY FOUNDATIONS.

CDP SERVED THIRTEEN ORGANIZATIONS WITH CUSTOM APPROACHES IN THE DISASTER PHILANTHROPY AREAS OF DEVELOPING STRATEGIC PLANS TO INCREASE DISASTER FUNDING EFFECTIVENESS, CREATING GRANT MAKING PROCESSES, CONDUCTING WORKSHOPS DESIGNED TO EDUCATE AND INNOVATE DISASTER RESPONSE AND TO FACILITATE GRANT MAKING BY IDENTIFYING GRANTEEES.

4c (Code:) (Expenses \$ 16,206,295. including grants of \$ 15,221,258.) (Revenue \$) DONOR COLLABORATION. IN ORDER TO HELP DONORS COLLABORATE AND BE MORE STRATEGIC WITH THEIR DISASTER PHILANTHROPY, CDP MANAGES BOTH GENERAL AND DISASTER-SPECIFIC DISASTER FUNDS. OUR TEAM OF PROGRAM EXPERTS, WITH DEEP KNOWLEDGE IN DOMESTIC AND INTERNATIONAL DISASTER PHILANTHROPY, MANAGES 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.

IN 2018, CDP HAD SEVEN DISASTER FUNDS THAT MANAGED APPROXIMATELY \$23.0 MILLION ON BEHALF OF DONORS WHO SUPPORTED MID TO LONG-TERM RECOVERY EFFORTS FOR COMMUNITIES AND INDIVIDUALS IMPACTED BY THE DISASTERS. THESE DISASTER FUNDS INCLUDED THE FOLLOWING:

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,909,383.

Part 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY ANTHONY BOARD MEMBER	1.00	X					0.	0.	0.	
(2) JOE RUIZ VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) LORI BERTMAN CHAIRMAN	10.00	X		X			0.	0.	0.	
(4) KATHLEEN LOEHR BOARD MEMBER	1.00	X					0.	0.	0.	
(5) ANITA WHITEHEAD BOARD MEMBER (AS OF 7/2018)	1.00	X					0.	0.	0.	
(6) KENNETH JONES II SECRETARY & TREASURER	1.00	X		X			0.	0.	0.	
(7) SAM WORTHINGTON BOARD MEMBER	1.00	X					0.	0.	0.	
(8) HENRY BERMAN VICE CHAIRMAN THROUGH 11/2018	1.00	X		X			0.	0.	0.	
(9) ROBERT G. OTTENHOFF PRESIDENT & CEO	40.00			X			265,270.	0.	40,533.	
(10) REGINE WEBSTER VICE PRESIDENT	33.00			X			237,911.	0.	0.	
(11) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	25.00			X			127,415.	0.	0.	
(12) NANCY BEERS DIRECTOR, MIDWEST EARLY RECOVERY FUN	40.00			X			110,283.	0.	6,855.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,058,152.				
	g Noncash contributions included in lines 1a-1f: \$		17,699.				
	h Total. Add lines 1a-1f		7,058,152.				
Program Service Revenue	2 a ADVISORY SERVICE FEES	Business Code 900099	567,355.	567,355.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		567,355.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		106,235.			106,235.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,731,742.	567,355.	0.	106,235.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,107,424.	15,107,424.		
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	247,512.	247,512.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	804,186.	554,336.	134,838.	115,012.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	342,241.	191,489.	56,974.	93,778.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,061.	3,507.	742.	812.
9 Other employee benefits	48,323.	33,487.	7,082.	7,754.
10 Payroll taxes	61,317.	42,493.	8,985.	9,839.
11 Fees for services (non-employees):				
a Management				
b Legal	7,040.	4,831.	1,302.	907.
c Accounting	16,400.	12,066.	2,069.	2,265.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	626,993.	594,732.	17,277.	14,984.
12 Advertising and promotion	12,415.	9,134.	1,566.	1,715.
13 Office expenses	21,686.	15,806.	2,912.	2,968.
14 Information technology	9,400.	6,916.	1,186.	1,298.
15 Royalties				
16 Occupancy	18,461.	11,721.	2,106.	4,634.
17 Travel	61,210.	45,847.	3,120.	12,243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,771.	13,984.	2,116.	671.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,904.	6,550.	1,124.	1,230.
23 Insurance	3,134.	2,306.	395.	433.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>LICENSES, FEES, AND REG</u>	7,105.	5,242.	987.	876.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	17,425,583.	16,909,383.	244,781.	271,419.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,509,877.	2	12,759,784.
	3 Pledges and grants receivable, net	2,461,649.	3	1,511,999.
	4 Accounts receivable, net	24,936.	4	23,547.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,108.		
	b Less: accumulated depreciation	10b 18,452.	13,945.	10c 11,656.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	12,001,072.	12	1,001,444.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,011,479.	16	15,308,430.	
Liabilities	17 Accounts payable and accrued expenses	195,417.	17	191,581.
	18 Grants payable	47,660.	18	996,190.
	19 Deferred revenue	25,000.	19	71,098.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	268,077.	26	1,258,869.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,415,638.	27	3,210,887.
	28 Temporarily restricted net assets	21,327,764.	28	10,838,674.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	23,743,402.	33	14,049,561.	
34 Total liabilities and net assets/fund balances	24,011,479.	34	15,308,430.	

Part 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	7,731,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,425,583.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,693,841.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,743,402.
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	14,049,561.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3352301.	2937070.	4219632.	21254221.	7058152.	38821376.
2 Tax revenues levied for the organization'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	3352301.	2937070.	4219632.	21254221.	7058152.	38821376.
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)						9881328.
6 Public support. Subtract line 5 from line 4.						28940048.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3352301.	2937070.	4219632.	21254221.	7058152.	38821376.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,435.	5,087.	5,201.	26,086.	106,235.	145,044.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	300.					300.
11 Total support. Add lines 7 through 10						38966720.
12 Gross receipts from related activities, etc. (see instructions)					12	1,087,408.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	74.27 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 .		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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 incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>709,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 320,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 249,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **CENTER FOR DISASTER PHILANTHROPY, INC.** Employer identification number **45-5257937**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included 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.

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		9,308.	2,852.	6,456.
e Other		20,800.	15,600.	5,200.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,656.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	1,001,444.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,001,444.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,731,742.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,731,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,731,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,425,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	17,425,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	17,425,583.

Part XIII Supplemental Information.

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, 2018 AND 2017, 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

Part XIII Supplemental Information (continued)

TO THE CENTER FOR TAX REPORTING PURPOSES. FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, 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.

CDP IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR 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 THERE ARE MATERIAL OMISSIONS OF INCOME, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS CDP'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2018 AND 2017, CDP HAD NO UNCERTAIN TAX POSITIONS WHICH SHOULD BE RECOGNIZED AS A LIABILITY.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **CENTER FOR DISASTER PHILANTHROPY, INC.**
Employer identification number: **45-5257937**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		25,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		14,677.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,326.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		202,509.
3 a Subtotal	0	0			247,512.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			247,512.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEXICO	TO SUPPORT HOME RECONSTRUCTION PROJECTS WITH PRIMARY EMPHASIS ON ASSISTING	95,183.		0.		
		MEXICO	TO SUPPORT ECONOMIC AND NEIGHBORHOOD RECOVERY FROM SEPTEMBER 19, 2017	75,501.		0.		
		BARBUDA	TO PROVIDE SUPPORT TO THOSE IMPACTED BY THE 2017 HURRICANES IN BARBUDA.	25,000.		0.		
		MEXICO	TO SUPPORT A SERIES OF WORKSHOPS AND THE CREATION OF THE CULTURAL CENTER AND	19,000.		0.		
		SYRIA	TO SUPPORT AL-HIKMA SCHOOL IN ATMEH CAMP FOR INTERNALLY DISPLACED PERSONS IN	14,677.		0.		
		MEXICO	TO PROVIDE SUPPORT TO THOSE IMPACTED BY THE CHIAPAS EARTHQUAKE.	12,825.		0.		
		GREECE	TO PROVIDE SUPPORT TO SURVIVORS OF THE GREEK/ATTICA WILDFIRES.	5,326.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **7**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE CENTER FOR DISASTER PHILANTHROPY CLOSELY MONITORS ALL OF ITS GRANTEES THROUGH FREQUENT PHONE CALLS, EMAIL COMMUNICATION AND SITE VISITS. 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 REPORT.

PART II, COLUMN (D):

REGION: MEXICO

(D) PURPOSE OF GRANT: TO SUPPORT HOME RECONSTRUCTION PROJECTS WITH PRIMARY EMPHASIS ON ASSISTING FAMILIES AND HOME OWNERS WHOSE HOMES WERE DAMAGED BY THE SEPTEMBER 19, 2017 EARTHQUAKE WHO ALSO OPERATE A HOME-BASED BUSINESS.

REGION: MEXICO

(D) PURPOSE OF GRANT: TO SUPPORT ECONOMIC AND NEIGHBORHOOD RECOVERY FROM SEPTEMBER 19, 2017 EARTHQUAKE.

REGION: MEXICO

(D) PURPOSE OF GRANT: TO SUPPORT A SERIES OF WORKSHOPS AND THE CREATION OF THE CULTURAL CENTER AND COMMUNITY TRAINING FOR RECONSTRUCTION.

REGION: SYRIA

(D) PURPOSE OF GRANT: TO SUPPORT AL-HIKMA SCHOOL IN ATMEH CAMP FOR

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

INTERNALLY DISPLACED PERSONS IN HAREM, IDLIB GOVERNATE IN SYRIA.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **CENTER FOR DISASTER PHILANTHROPY, INC.** Employer identification number **45-5257937**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
ATTACK POVERTY P.O. BOX 1509 RICHMOND, TX 77406	45-2401548	501 (C)(3)	1,177,975.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING.
TEXAS CHILDREN'S 1919 S. BRAESWOOD BLVD 4TH FLOOR HOUSTON, TX 77030	76-0461578	501 (C)(3)	779,917.	0.			TO EXPAND MOBILE CLINIC PROGRAM AND PROVIDE ADDITIONAL TRAUMA AND GRIEF CARE FOR THOSE
HOUSTON RESPONDS 18406 SANDY COVE HOUSTON, TX 77058	82-4354555	501 (C)(3)	750,000.	0.			TO PROVIDE SUPPORT TO EXPAND CHURCH VOLUNTEER NETWORKS TO SUPPORT DISASTER RECOVERY,
SHELTER PROVIDERS OF HOUSTON, INC, DBA HOMEAID HOUSTON - 9511 W. SAM HOUSTON PKWY NORTH - HOUSTON, TX 77064	20-3529994	501 (C)(3)	700,000.	0.			TO COMPLETE REBUILD/REPAIR OF HOMES FOR THOSE IMPACTED BY HARVEY.
ALL HANDS AND HEARTS SMART RESPONS, INC. - 6 COUNTY RD STE 6 - MATTAPOISETT, MA 02739	20-3414952	501 (C)(3)	527,000.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING.
AMERICARES 88 HAMILTON AVE STAMFORD, CT 06903	06-1008595	501 (C)(3)	500,000.	0.			TO PROVIDE TRAINING SUPPORT AND SERVICES TO REDUCE STRESS AND IMPROVE COPING FOR 5250 POST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **112.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
THE SOLAR FOUNDATION 505 9TH ST NW STE 800 WASHINGTON, DC 20004	52-1089260	501 (C)(3)	500,000.	0.			TO INCREASE FOOD AND ENERGY THROUGH SOLAR ENERGY SOURCES AND TO ADD TO THE ECONOMIC RECOVERY
ENTERPRISE COMMUNITY PARTNERS, INC. - 70 CORPORATE CENTER 1100 BROKEN LAND PKWY STE 700 - COLUMBIA, MD 21044	52-1231931	501 (C)(3)	500,000.	0.			TO SUPPORT TECHNICAL ASSISTANCE TO LOCAL GROUPS AND RE-GRANTS FOR HOUSING REBUILDS.
GOLDEN CRESCENT HABITAT FOR HUMANITY - 4103 N. NAVARRO #200 - VICTORIA, TX 77901	74-2650392	501 (C)(3)	500,000.	0.			TO PROVIDE SUPPORT FOR MAJOR REPAIRS AND COMPLETE REBUILDS OF HOMES DAMAGED IN HARVEY.
LONE STAR LEGAL AID P.O. BOX 398 HOUSTON, TX 77001	74-1537787	501 (C)(3)	500,000.	0.			TO PROVIDE LEGAL SERVICES TO LOW-INCOME PEOPLE AFFECTED BY HURRICANE HARVEY.
GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY ST STE 6000 - HOUSTON, TX 77056	23-7160400	501 (C)(3)	427,202.	0.			TO PROVIDE FUNDING FOR 4 LEGAL FELLOWS TO PROVIDE LEGAL COUNSEL TO IMMIGRANTS AFFECTED BY
CENTRO CAMPESINO 35801 SW 186TH AVE- PO BOX 343449 FLORIDA CITY, FL 33034	59-1460598	501 (C)(3)	350,000.	0.			"TO SUPPORT HOME REPAIR FOR THOSE AFFECTED BY HURRICANE IRMA AND TO PILOT A HOUSING
NETHOPE INC. 10615 JUDICIAL DR FAIRFAX, VA 22030	20-1782011	501 (C)(3)	315,846.	0.			TO PROVIDE CONNECTIVITY FOR NGOS AND COMMUNITY ORGANIZATIONS TO HELP TO MANAGE DISASTER
ASPIRA P.O. BOX 29132 PIO PIEDRAS, PR 09929	66-0276355	501 (C)(3)	300,000.	0.			TO INCREASE FOOD SECURITY OF COMMUNITIES IMPACTED BY THE 2017 HURRICANES WITH LOCALLY GROWN FOOD.
UNIVERSIDAD DE PUERTO RICO (PRAES) OFICINA DE CONTRABILIDAD POB SAN JUAN, PR 00936	66-0433767	501 (C)(3)	300,000.	0.			TO SUPPORT FOOD SECURITY AND FOOD PRESERVATION, PROVIDE MITIGATION EDUCATION, AND INCREASE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLANDS - P.O. BOX 866 FSTED - ST. CROIX, VI 00841	41-1568278	501 (C)(3)	300,000.	0.			TO PROMOTE URBAN GARDENING AND LOCAL FOOD PRODUCTION, IDENTIFY FOOD DESERT HOT SPOTS, AND
BAREFOOT COLLEGE 555 13TH ST NW WASHINGTON, DC 20004	81-1699576	501 (C)(3)	250,000.	0.			TO PROVIDE ACCESS TO LIFE-CHANGING SOLAR TECHNOLOGY AND TO DEVELOP AGRICULTURAL SKILLS AMONG
INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD SANTA MONICA, CA 90404	95-3949646	501 (C)(3)	250,000.	0.			TO IMPROVE ACCESS TO EVIDENCE-BASED, HIGH QUALITY AND CULTURALLY SENSITIVE MENTAL HEALTH
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501 (C)(3)	250,000.	0.			TO SUPPORT RAPID REHOUSING OF HURRICANE EVACUEES FROM THE CARIBBEAN TO FLORIDA.
COASTAL BEND DISASTER RECOVERY GROUP - 111 N. ODEM AVE #4 - SINTON, TX 78387	47-5463138	501 (C)(3)	250,000.	0.			TO SUPPORT HOME REPAIR AND REQUIRED MATERIALS AND CAPACITY BUILDING.
UNITED WAY OF ORANGE COUNTY 1506 W. PARK ORANGE, TX 77630	74-6023140	501 (C)(3)	250,000.	0.			TO SUPPORT SALARIES AND MATERIALS TO ASSIST WITH CAPACITY BUILDING.
VICTORIA COUNTY UNITED WAY 101 S. MAIN ST STE 500 VICTORIA, TX 77901	74-6024990	501 (C)(3)	250,000.	0.			TO SUPPORT SALARIES AND MATERIALS TO ASSIST WITH CAPACITY BUILDING AND REBUILDS.
GOOD360 675 N. WASHINGTON ST #330 ALEXANDRIA, VA 22314	54-1282615	501 (C)(3)	250,000.	0.			TO PROVIDES SUPPORT TO LEASE WAREHOUSE SPACE AND TO PURCHASE A VEHICLE FOR PRODUCT DISTRIBUTION.
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W. MAIN ST - IMMOKALEE, FL 34142	59-1221966	501 (C)(3)	245,000.	0.			TO SUPPORT CONSTRUCTION COSTS IN PARTNERSHIP WITH OTHER ORGANIZATIONS TO REBUILD HOUSING FOR THOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
MAINLAND CHILDREN'S PARTNERSHIP 2000 TEXAS AVE STE 601 TEXAS CITY, TX 77590	76-0350823	501 (C)(3)	219,000.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING.
PUERTO RICO COMMUNITY FOUNDATION INC. - P.O. BOX 70362 - SAN JUAN, PR 00936	66-0413230	501 (C)(3)	200,000.	0.			TO SUPPORT LIVELIHOOD THROUGH COMMUNITY BUSINESS INCUBATORS AND TECHNICAL ASSISTANCE
TECHSOUP GLOBAL 435 BRANNAN ST STE 100 SAN FRANCISCO, CA 94107	94-3070617	501 (C)(3)	200,000.	0.			TO PROVIDE TECHICAL ASSISTANCE & TECHNOLOGY SUPPORT TO BUILD NONPROFIT RESILIENCE.
UNITED WAY OF GREATER BAYTOWN AREA AND CHAMBERS COUNTY - 5309 DECKER DR - BAYTOWN, TX 77520	74-1255656	501 (C)(3)	166,500.	0.			TO SUPPORT HOME REPAIR, A PROJECT MANAGER AND CAPACITY BUILDING.
GULF RESTORATION NETWORK 1010 COMMON ST STE 902 NEW ORLEANS, LA 70112	72-1447742	501 (C)(3)	164,000.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING AND TO PROVIDES SUPPORT FOR CONVENINGS OF
DAYSTAR LIFE CENTER OF CITRUS COUNTY - 6751 W. GULF TO LAKE HWY - CRYSTAL RIVER, FL 34429	59-2821029	501 (C)(3)	150,000.	0.			TO INCREASE STAFF CAPACITY AND TO ASSIST WITH CONSTRUCTION COSTS.
FLORIDA KEYS COMMUNITY LAND TRUST, INC. - P.O. BOX 42385 - SUMMERLAND KEY, FL 33042	82-3651535	501 (C)(3)	150,000.	0.			TO SUPPORT BUILDING AFFORDABLE WORKFORCE HOUSING THAT WAS DESTROYED BY HURRICANE
MERCY CORPS 3015 SW FIRST AVE PORTLAND, OR 97201	91-1148123	501 (C)(3)	150,000.	0.			TO SUPPORT AN EXPANSION OF THE REACTIVA PROJECT IN AREAS AFFECTED BY THE SEPT. 19, 2017 EARTHQUAKE
NECHAMA - JEWISH RESPONSE TO DISASTER - 12219 NICOLLET AVE - BURNSVILLE, MN 55337	41-1998750	501 (C)(3)	150,000.	0.			TO PROVIDE HOUSING REBUILD EXPENSES FOR WHARTON COUNTY AND THOSE IMPACTED BY HARVEY.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
PATHSTONE ENTERPRISE CENTER, INC 400 EAST AVE ROCHESTER, NY 14607	16-0984913	501 (C)(3)	140,000.	0.			TO PROVIDE DIRECT SUB-GRANTS AND TECHNICAL ASSISTANCE TO THIRTY SMALL BUSINESSES TO
FLORIDA HOUSING COALITION 1367 E. LAFAYETTE ST STE C TALLAHASSEE, FL 32301	59-2235835	501 (C)(3)	136,000.	0.			TO SUPPORT WEEKLY WEBINARS AND TECHNICAL ASSISTANCE THAT WILL NETWORK HOUSING PROVIDERS
LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE SAINT PAUL, MN 55108	41-0872993	501(C)(3)	134,401.	0.			DATABASE DEVELOPMENT AND SUPPORT, DISASTER CASE MANAGEMENT SERVICES, RECONSTRUCTION MANAGEMENT
SRT INC. 416 CROWN COLONY RD EDMOND, OK 73034	45-4528673	501(C)(3)	106,920.	0.			OUTREACH AND EDUCATION FOR WILDFIRES IN OKLAHOMA.
LOVE CITY STRONG INC 9053 ESTATE THOMAS STE 101 ST. THOMAS, VI 00802	66-0887374	501 (C)(3)	100,000.	0.			TO ADDRESS THE LACK OF SUSTAINABLE ACCESS TO CLEAN AND SAFE DRINKING WATER AT THE HOUSEHOLD
INTERNEWS NETWORK P.O. BOX 4448 ARCATA, CA 95518	94-3027961	501 (C)(3)	100,000.	0.			TO SUPPORT THE DEVELOPMENT OF A STRONG, TWO-WAY CONVERSATION BETWEEN THE LATINO
LA GRANGE AREA DISASTER RECOVERY TEAM - P.O. BOX 464 - LA GRANGE, TX 78945	82-2835373	501 (C)(3)	100,000.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING.
WHARTON RECOVERY TEAM P.O. BOX 641 WHARTON, TX 77488	81-3900542	501 (C)(3)	100,000.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING.
COMMUNITY FOUNDATION FOR FLORIDA KEYS - 300 SOUTHARD ST STE 201 - KEY WEST, FL 33040	65-0648968	501 (C)(3)	97,917.	0.			TO SUPPORT AN EXECUTIVE DIRECTOR WHO WILL BE CRITICAL IN LEADING THE COORDINATION OF HOME

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
COMMUNITY FOUNDATION OF THE OZARKS 3019 FAIR ST. POPLAR BLUFF, MO 63901	23-7290968	501(C)(3)	89,890.	0.			RECOVERY PROGRAMS FOR CHILDREN AND CAREGIVERS AND MENTAL HEALTH SERVICES FOR FLOODS IN
CENTRAL MONTANA FOUNDATION 224 W MAIN ST #202 LEWISTOWN, MT 59457	81-0425314	501(C)(3)	87,500.	0.			COMMUNITY RECOVERY COORDINATOR, EDUCATION AND TRAININGS AND OUTREACH FOR WILDFIRES IN
MIAMI BEACH COMMUNITY DEVELOPMENT CENTER - 945 PENNSYLVANIA AVE 2ND FLR - MIAMI BEACH, FL 33177	59-2110264	501 (C)(3)	75,000.	0.			TO MEET NEEDS OF THOSE IMPACTED BY HURRICANE IRMA WITH LEGAL SUPPORT AND GENERATORS FOR
THE SALVATION ARMY, MIDLAND DIVISION - 1130 HAMPTON AVE - ST. LOUIS, MO 63139	36-2167910	501(C)(3)	62,500.	0.			RECONSTRUCTION MANAGEMENT AND VOLUNTEER COORDINATION FOR FLOODS IN NE MO.
CENTRO DE SERVICIOS PRIMARIOS DE SALUD PATILLAS INC. - P.O. BOX 697 GUILLERMO RIEFKHOL ST - PATILLAS, PR 00723	66-0430826	501 (C)(3)	50,000.	0.			TO INCREASE FOOD SECURITY OF THE ELDERLY IMPACTED BY THE 2017 HURRICANES.
ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT INC - P.O. BOX 1128 - ST. CROIX, VI 00821	66-0480131	501 (C)(3)	50,000.	0.			TO TRAIN YOUTH IN THE COMMUNITY ON FIBER OPTICS AND SOLAR INSTALLATION THROUGH THE NATIONAL
FUNDACION FONDO DE ACCESO A LA JUSTICIA, INC. - EDIF. COMERCIAL 18 OFIC 201-A AVE R.H. TODD #800 - SANTURCE, PR 00907	66-0831102	501 (C)(3)	50,000.	0.			TO PROVIDE DIRECT LEGAL SERVICES AND ACADEMIC RESEARCH TO ASSIST WITH OBTAINING LAND TITLES FOR
FAMILY TREE INFORMATION, EDUCATION AND COUNSELING CENTER - P.O. BOX 62904 - LAPEYETTE, LA 70596	72-0879405	501 (C)(3)	50,000.	0.			TO CONTINUE MENTAL HEALTH SUPPORT SERVICES FOR LOUISIANA FLOOD AND HURRICANE SURVIVORS AND
MID-CITY REDEVELOPMENT ALLIANCE 419 N. 19TH ST BATON ROUGE, LA 70802	72-1196990	501 (C)(3)	50,000.	0.			TO COORDINATE WITH THE EAST BATON ROUGE REDEVELOPMENT AUTHORITY FOR LONG-TERM MANAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE - P.O. BOX 1668 - BATON ROUGE, LA 70821	72-0590685	501 (C)(3)	50,000.	0.			TO SUPPORT ONGOING EFFORTS FOR LOUISIANA FAMILIES WITH FINANCIAL ASSISTANCE FOR HOME
SMART HOME AMERICA, INC. P.O. BOX 2731 MOBILE, AL 36652	27-0721709	501 (C)(3)	50,000.	0.			TO SUPPORT THE FORTIFIED BUILDING PROGRAM THAT BUILDS AWARENESS FOR SMART, DURABLE AND SAFER
DISASTER LEADERSHIP TEAM, INC. 702 CHESTNUT ST STE 105 BASTROP, TX 78602	81-4863674	501 (C)(3)	50,000.	0.			TO SUPPORT EDUCATION, TRAINING AND MATERIALS FOR LONG-TERM RECOVERY.
HELP! I'M HURTING! INC. 501 WEST THOMAS BLVD PORT ARTHUR, TX 77640	45-2831140	501 (C)(3)	50,000.	0.			TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING.
HOUSTON AREA WOMEN'S SHELTER 1010 WAUGH DR HOUSTON, TX 77019	74-2029166	501 (C)(3)	50,000.	0.			TO PURCHASE GENERATORS FOR USE IN EMERGENCIES AND NATURAL DISASTERS.
SOUTH EAST TEXAS REGIONAL PLANNING COMMISSION - 2210 EASTEX FWY - BEAUMONT, TX 77703	74-1675043	POLITICAL SUBDIV	50,000.	0.			TO PURCHASE SOFTWARE TO MATCH PEOPLE IN NEED OF RESCUE TO FIRST RESPONDERS AND CIVILIAN
SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL - 1111 N. LOOP W. STE 160 - HOUSTON, TX 77008	76-0419172	501 (C)(3)	50,000.	0.			TO PURCHASE 2 CLASS C TOW VEHICLES & COMPLETE FUNDING FOR WATER RESCUE VEHICLE.
TEXAS TRIBUNE 919 CONGRESS AVE SIXTH FLOOR AUSTIN, TX 78701	26-4527097	501 (C)(3)	50,000.	0.			TO PROVIDE IN-DEPTH MEDIA COVERAGE OF HURRICANE HARVEY RECOVERY EFFORTS.
SEELEY LAKE COMMUNITY FOUNDATION P.O. BOX 25 SEELEY LAKE, MT 59868	31-1711576	501(C)(3)	49,660.	0.			RECOVERY PROGRAMS FOR CHILDREN AND THEIR CAREGIVERS, AND AGE-APPROPRIATE MENTAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
COSSMA, INC. FRANCISCO CRUZ HADDOCK ST 2 CIDRA, PR 00739	66-0434923	501 (C)(3)	49,398.	0.			TO SUPPORT STRENGTHENING OUR ROOTS PROJECT WHICH INCLUDES COMMUNITY TRAINING SESSIONS ON HOME
TRI-COUNTY FIRE DEPARTMENT P.O. BOX 88 HOCKLEY, TX 77447	76-0077631	COUNTY GOVERNMEN	49,000.	0.			TO PURCHASE 2 RESCUE BOATS AND A TRAILER.
WHOLE KIDS OUTREACH, INC 62143 HWY 21 ELLINGTON, MO 63638	43-1839370	501(C)(3)	48,903.	0.			HIRE AN ADDITIONAL SOCIAL WORKER WHOSE MAIN ROLE WILL BE TO WORK WITH CHILDREN AND FAMILIES
CATHOLIC CHARITIES OF SALINA, INC. P.O. BOX 1366 1500 S. 9TH ST SALINA, KS 67402	48-0676263	501(C)(3)	46,418.	0.			NEEDS ASSESSMENT/CASE WORK, DISASTER CASE MANAGEMENT SERVICES, OFFICE SUPPORT FOR KANSAS
TEXAS A&M UNIVERSITY 6000 TAMU COLLEGE STATION, TX 77843	74-6000531	STATE OF TEXAS A	43,285.	0.			TO PROVIDE TRAINING & RESOURCES FOR PEOPLE WITH DISABILITIES IN THE EVENT OF NATURAL DISASTERS.
ORANGE COUNTY 123 S. 6TH ST ORANGE, TX 77630	74-6001826	COUNTY GOVERNMEN	41,070.	0.			TO PURCHASE SAND BAG FILLERS AND RELATED EQUIPMENT FOR USE IN EMERGENCIES AND NATURAL
ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538	94-3087060	501 (C)(3)	38,430.	0.			TO SUPPORT THE RAPID REHOUSING OF 40 FAMILIES AND INDIVIDUALS RENDERED HOMELESS FOLLOWING THE
HOUSTON ARTS ALLIANCE 3201 ALLEN PRKWAY STE 250 HOUSTON, TX 77019	74-1946756	501 (C)(3)	37,500.	0.			TO PROVIDE DISASTER RESILIENCE TRAINING.
PUERTO RICO CONSERVATION TRUST P.O. BOX 9023554 SAN JUAN, PR 00902	66-0288581	501 (C)(3)	35,000.	0.			TO HAVE SUSTAINABLE COMMUNITY CENTERS THAT SERVE AS SYMBOLS OF SELF-SUFFICIENCY, HOPE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
THE TEXAS WOMEN'S EMPOWERMENT FOUNDATION - 9516 NORTH FWY - HOUSTON, TX 77037	57-1163486	501 (C)(3)	32,500.	0.			TO PROVIDE TRAINING AND TO PURCHASE DISASTER PREPAREDNESS KITS.
MN CHILD CARE RESOURCE & REFERRAL NETWORK - 10 RIVER PARK PLZ STE 820 - SAINT PAUL, MN 55107	41-1730422	501(C)(3)	30,000.	0.			DAY CARE PROVIDER SUPPORT FOR FLOODS IN MN.
MAZASKA OWECASO OTIPI FINANCIAL, INC. - 108 OGLALA ST - PINE RIDGE, SD 57770	76-0761743	501(C)(3)	29,868.	0.			DISASTER CASE MANAGEMENT SERVICES FOR SEVERE STORMS IN MN.
REFUGIO INDEPENDENT SCHOOL DISTRICT - 212 W. VANCE ST - REFUGIO, TX 78377	74-6021871	EDUCATIONAL	29,760.	0.			TO PURCHASE STORAGE BUILDING TO PROTECT SCHOOL VEHICLES.
CHILD FOUNDATION 2020 NE 102ND AVE PORTLAND, OR 97220	93-1148608	501 (C)(3)	27,525.	0.			TO PROVIDE SUPPORT FOR STUDENT PROGRAMS LOCATED IN THE KERMANS SHAH PROVINCE WHERE SCHOOLS
RELIEF INTERNATIONAL 1101 14TH ST STE 100 WASHINGTON, DC 20005	95-4300662	501 (C)(3)	27,525.	0.			TO PROVIDE SUPPORT TO IMPROVE IRANIAN CHILDREN'S EDUCATIONAL EXPERIENCE IN RESPONSE TO
FUNDACION CASA CORTES INC. P.O.BOX 13399 SAN JUAN, PR 00936	66-0804845	501 (C)(3)	25,329.	0.			TO SUPPORT "EDUCA CORTES: THE ART OF WELLNESS AND MENTAL HEALTH PROGRAM, IN PARTNERSHIP WITH AARP,
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501 (C)(3)	25,280.	0.			TO SUPPORT FAMILIES AFFECTED BY THE 2017 NORTHERN CALIFORNIA WILDFIRES FOR AT LEAST
WALLER COUNTY OFFICE OF EMERGENCY MANAGEMENT - 836 AUSTIN ST STE 221 - HEMPSTEAD, TX 77445	74-6001079	COUNTY GOVERNMENT	25,280.	0.			TO PURCHASE A SWIFT WATER RESCUE BOAT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
TOWN OF FULTON 201 N. 7TH ST P.O. BOX 1130 FULTON, TX 78358	74-2365597	MUNICIPAL GOVERN	25,000.	0.			TO PURCHASE PORTABLE GENERATOR FOR USE DURING NATURAL DISASTERS.
HOUSTON COMMUNITY TOOLBANK 1215 GAZIN ST HOUSTON, TX 77020	46-1152387	501 (C)(3)	25,000.	0.			TO DEVELOP EMERGENCY OPS PLAN AND TRAINING AND TO PURCHASE TOOLS AND SUPPLIES FOR USE IN
SAN PATRICIO COUNTY 400 W. SINTON ST ROOM B-50 SINTON, TX 78387	74-6002307	COUNTY GOVERNMEN	25,000.	0.			TO PURCHASE A TRAILER TO HOUSE AND TRANSPORT MEDICAL SUPPLIES.
SAN JACINTO COMMUNITY COLLEGE FOUNDATION - 4624 FAIRMONT PKWY - PASADENA, TX 77504	76-0502278	501 (C)(3)	24,056.	0.			TO SUPPORT HURRICANE PREPAREDNESS SEMINARS AND PURCHASE OF DISASTER KITS.
BEE COUNTY SHERRIFF'S OFFICE 111 S. ST. MARY'S ST 101 BEEVILLE, TX 78102	74-6000327	COUNTY GOVERNMEN	22,500.	0.			TO PURCHASE EMERGENCY RESPONSE VEHICLES TO ASSIST WITH RESILIENCE.
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD STE A - CAMARILLO, CA 93012	77-0165029	501 (C)(3)	20,000.	0.			TO PROVIDE SUPPORT TO SURVIVORS OF THE SOUTHERN CA WILDFIRES IN LOS ANGELES AND VENTURA
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN ST - HOUSTON, TX 77030	74-1761309	STATE OF TEXAS A	20,000.	0.			TO PURCHASE DIAGNOSTIC SCREENING EQUIPMENT TO FACILITATE RAPID TRIAGE AT COMMUNITY-BASED
SHASTA REGIONAL COMMUNITY FOUNDATION - 1335 ARBORETUM DR STE B - REDDING, CA 96003	68-0242276	501 (C)(3)	17,082.	0.			TO PROVIDE SUPPORT TO SURVIVORS OF THE CARR WILDFIRE.
TRI-COUNTY EMERGENCY MEDICAL SERVICES - P.O. BOX 1378 - INGLESIDE, TX 78362	74-2043456	501 (C)(3)	16,789.	0.			TO PURCHASE RESCUE VEHICLE AND HURRICANE SHUTTERS.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
CATHOLIC CHARITIES OF LOS ANGELES 1531 JAMES M. WOOD BLVD LOS ANGELES, CA 90015	95-1690973	501 (C)(3)	16,663.	0.			TO PROVIDE SUPPORT TO SURVIVORS OF THE SOUTHERN CA WILDFIRES IN LOS ANGELES AND VENTURA
VAN BUREN YOUTH & COMMUNITY CENTER P.O. BOX 462 VAN BUREN, MO 63965	43-1769903	501(C)(3)	16,484.	0.			RECONSTRUCTION MANAGEMENT AND VOLUNTEER COORDINATION FOR FLOODS IN SE MO.
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1140 SPRING ST - ST. HELENA, CA 94574	80-0023012	501 (C)(3)	15,000.	0.			TO PROVIDE FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO VULNERABLE FAMILIES AFFECTED BY THE
MONTANA COMMUNITY FOUNDATION P.O. BOX 1145 HELENA, MT 59624	81-0450150	501(C)(3)	15,000.	0.			EDUCATION EVENTS TO PROMOTE AND SUPPORT COMMUNITY POST DISASTER RECOVERY FOR WILDFIRES IN
CITY OF PORT NECHES P.O. BOX 758 PORT NECHES, TX 77651	74-6001929	MUNICIPAL GOVERN	14,500.	0.			TO PURCHASE SANDBAGS, GENERATORS, READY TO EAT MEALS & A RESCUE BOAT FOR EMERGENCIES AND NATURAL
TRINITY EPISCOPAL CHURCH - BAYTOWN, TX - 5010 N. MAIN - BAYTOWN, TX 77521	74-6017482	CHURCH	14,000.	0.			TO SUPPORT COMMUNITY PREPAREDNESS, EMERGENCY SUPPLIES, INSTALLATION OF SHOWER & LAUNDRY
CALHOUN COUNTY PRECINCT 1 202 S. ANN ST PORT LAVACA, TX 77979	74-6001923	COUNTY GOVERNMEN	11,250.	0.			TO PURCHASE FUEL TANKS TO TIE TO GENERATOR FOR RESILIENCY DURING NATURAL DISASTERS.
MENTES PUERTORRIQUENAS EN ACCION INC. - P.O. BOX 30518 - SAN JUAN, PR 00929	66-0728293	501 (C)(3)	10,000.	0.			IN THE TOA BAJA COMMUNITY WITH 150 RESIDENTS TO FOSTER COMMUNITY OUTREACH, FOOD SECURITY
NAACP 4805 MOUNT HOPE DR BALTIMORE, MD 21215	13-1084135	501 (C)(3)	10,000.	0.			TO ESTABLISH A NATIONWIDE INITIATIVE TO ESTABLISH A COMMUNITY EMERGENCY RESPONSE TEAM IN EVERY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
UNITED POLICYHOLDERS 381 BUST ST 9TH FLR SAN FRANCISCO, CA 94104	94-3162024	501 (C)(3)	10,000.	0.			TO PROVIDE SUPPORT TO SURVIVORS OF THE SOUTHERN CA WILDFIRES IN LOS ANGELES AND VENTURA
NORTH CHANNEL ASSISTANCE MINISTRIES - 13837 BONHAM ST - HOUSTON, TX 77015	76-0152675	501 (C)(3)	10,000.	0.			TO PURCHASE GENERATORS FOR USE IN EMERGENCIES AND NATURAL DISASTERS.
GRACE EPISCOPAL CHURCH 4040 W. BELLFORT ST HOUSTON, TX 77925	74-6026426	CHURCH	9,500.	0.			TO PURCHASE SHOWERS, ICE-MAKER, HOT WATER AND BACKUP INTERNET FOR USE IN EMERGENCIES AND
ED & HAZEL RICHMOND PUBLIC LIBRARY (CITY OF ARANSAS PASS) - 600 W. CLEVELAND BLVD - ARANSAS PASS, TX 78336	74-6000050	MUNICIPAL GOVERN	8,592.	0.			TO PURCHASE AND INSTALL STORM SHUTTERS.
MISSOURI CITY FIRE AND RESCUE 1522 TEXAS PKWY MISSOURI CITY, TX 77489	74-6029035	MUNICIPAL GOVERN	7,500.	0.			TO PROVIDE SUPPORT TO DEVELOP PREPAREDNESS TRAINING AND MATERIALS.
PORTLAND CHAMBER OF COMMERCE 1512 WILDCAT DR PORTLAND, TX 78374	74-1544860	501 (C)(6)	7,500.	0.			TO PROVIDE SUPPORT FOR SMALL BUSINESS DISASTER PREPARATION TRAINING.
CITY OF SIMONTON 35011 FM1093 SIMONTON, TX 77476	75-0261795	MUNICIPAL GOVERN	6,978.	0.			TO PURCHASE EQUIPMENT TO SUPPORT EMERGENCY RESPONDERS.
SOUTHWEST MINNESOTA HOUSING PARTNERSHIP - 2401 BROADWAY AVE - SLAYTON, MN 56172	41-1721815	501(C)(3)	6,150.	0.			OUTREACH SERVICES FOR FLOODS IN MN.
CITY OF INGLESIDE 2671 SAN ANGELO ST P.O. DRAWER 400 INGLESIDE, TX 78362	74-6003647	MUNICIPAL GOVERN	5,000.	0.			TO PROVIDE EMERGENCY TRAINING TO BE BETTER PREPARED FOR FUTURE NATURAL DISASTERS.

Schedule I (Form 990)

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, EMAIL COMMUNICATION AND SITE VISITS. 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 REPORT.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS CHILDREN'S

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND MOBILE CLINIC PROGRAM AND PROVIDE ADDITIONAL TRAUMA AND GRIEF CARE FOR THOSE IMPACTED BY HARVEY.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON RESPONDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO EXPAND CHURCH VOLUNTEER NETWORKS TO SUPPORT DISASTER RECOVERY, TRAINING AND CAPACITY BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICARES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING SUPPORT AND SERVICES TO REDUCE STRESS AND IMPROVE COPING FOR 5250 POST HURRICANE SURVIVORS.

NAME OF ORGANIZATION OR GOVERNMENT: THE SOLAR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE FOOD AND ENERGY THROUGH SOLAR ENERGY SOURCES AND TO ADD TO THE ECONOMIC RECOVERY OF THE PROJECTS BENEFICIARIES BY TEACHING THEM SKILLS THAT THEY CAN APPLY TO ONGOING EMPLOYMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER HOUSTON COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR 4 LEGAL FELLOWS TO PROVIDE LEGAL COUNSEL TO IMMIGRANTS AFFECTED BY HARVEY.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO CAMPESINO

(H) PURPOSE OF GRANT OR ASSISTANCE: "TO SUPPORT HOME REPAIR FOR THOSE

Part IV Supplemental Information

AFFECTED BY HURRICANE IRMA AND TO PILOT A HOUSING COLLABORATIVE IN MIAMI-DADE AND MONROE COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: NETHOPE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CONNECTIVITY FOR NGOS AND COMMUNITY ORGANIZATIONS TO HELP TO MANAGE DISASTER INFORMATION AND IDENTIFY NEEDS. TO SUPPORT DISPLACED GUATEMALANS FOLLOWING THE VOLCANO ERUPTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSIDAD DE PUERTO RICO (PRAES)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOOD SECURITY AND FOOD PRESERVATION, PROVIDE MITIGATION EDUCATION, AND INCREASE FARMING BIODIVERSITY FOR THOSE IMPACTED BY THE 2017 HURRICANES.

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE URBAN GARDENING AND LOCAL FOOD PRODUCTION, IDENTIFY FOOD DESERT HOT SPOTS, AND ENSURE THE CONTINUED VIABILITY OF LOCAL INDIGENOUS FRUITS AND VEGETABLES FOR FUTURE GENERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: BAREFOOT COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACCESS TO LIFE-CHANGING SOLAR TECHNOLOGY AND TO DEVELOP AGRICULTURAL SKILLS AMONG YOUTH IN PREPARATION FOR FUTURE DISASTERS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MEDICAL CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE ACCESS TO EVIDENCE-BASED,

Part IV Supplemental Information

HIGH QUALITY AND CULTURALLY SENSITIVE MENTAL HEALTH AND PSYCHOSOCIAL SERVICES FOR VULNERABLE POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

REDLANDS CHRISTIAN MIGRANT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONSTRUCTION COSTS IN PARTNERSHIP WITH OTHER ORGANIZATIONS TO REBUILD HOUSING FOR THOSE IMPACTED BY HURRICANE IRMA.

NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO COMMUNITY FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LIVELIHOOD THROUGH COMMUNITY BUSINESS INCUBATORS AND TECHNICAL ASSISTANCE EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: GULF RESTORATION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SALARIES TO ASSIST WITH CAPACITY BUILDING AND TO PROVIDES SUPPORT FOR CONVENINGS OF GROUPS WORKING ON LONG-TERM RECOVERY.

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA KEYS COMMUNITY LAND TRUST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BUILDING AFFORDABLE WORKFORCE HOUSING THAT WAS DESTROYED BY HURRICANE IRMA.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN EXPANSION OF THE REACTIVA PROJECT IN AREAS AFFECTED BY THE SEPT. 19, 2017 EARTHQUAKE THAT WILL HELP DRIVE ECONOMIC RECOVERY AND GROWTH OF SMALL BUSINESSES AFFECTED BY THE EARTHQUAKE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PATHSTONE ENTERPRISE CENTER, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT SUB-GRANTS AND TECHNICAL ASSISTANCE TO THIRTY SMALL BUSINESSES TO SUPPORT RESILIENCY AND GENERAL BUSINESS ADMINISTRATION.

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA HOUSING COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WEEKLY WEBINARS AND TECHNICAL ASSISTANCE THAT WILL NETWORK HOUSING PROVIDERS TO BETTER SERVE THOSE IMPACTED BY HURRICANE IRMA. TO SUPPORT THE CREATION OF A POST-HURRICANE HOUSING ACTION PLAN FOR CENTRAL FLORIDA.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SOCIAL SERVICE OF MN

(H) PURPOSE OF GRANT OR ASSISTANCE: DATABASE DEVELOPMENT AND SUPPORT, DISASTER CASE MANAGEMENT SERVICES, RECONSTRUCTION MANAGEMENT AND VOLUNTEER COORDINATION FLOODS IN MN. DISASTER CASE MANAGEMENT FOR SEVERE STORMS IN MN.

NAME OF ORGANIZATION OR GOVERNMENT: LOVE CITY STRONG INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE LACK OF SUSTAINABLE ACCESS TO CLEAN AND SAFE DRINKING WATER AT THE HOUSEHOLD LEVEL BY PROMOTING AND INSTALLING NEW UV AND CARBON FILTRATION SYSTEMS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNEWS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF A STRONG, TWO-WAY CONVERSATION BETWEEN THE LATINO COMMUNITY AND LOCAL GOVERNEMENT, MEDIA, AND NONPROFITS IN SONOMA COUNTY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION FOR FLORIDA KEYS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN EXECUTIVE DIRECTOR WHO WILL BE CRITICAL IN LEADING THE COORDINATION OF HOME REPAIRS AND REBUILDING IN ADDITION TO ENSURING THAT ALL STORM VICTIMS RECEIVE THE SERVICES THEY NEED.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF THE OZARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: RECOVERY PROGRAMS FOR CHILDREN AND CAREGIVERS AND MENTAL HEALTH SERVICES FOR FLOODS IN MO.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL MONTANA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY RECOVERY COORDINATOR, EDUCATION AND TRAININGS AND OUTREACH FOR WILDFIRES IN MONTANA.

NAME OF ORGANIZATION OR GOVERNMENT:

MIAMI BEACH COMMUNITY DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MEET NEEDS OF THOSE IMPACTED BY HURRICANE IRMA WITH LEGAL SUPPORT AND GENERATORS FOR BUILDINGS.

NAME OF ORGANIZATION OR GOVERNMENT:

ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRAIN YOUTH IN THE COMMUNITY ON FIBER OPTICS AND SOLAR INSTALLATION THROUGH THE NATIONAL CENTER FOR CONSTRUCTION EDUCATION AND RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT:

FUNDACION FONDO DE ACCESO A LA JUSTICIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT LEGAL SERVICES AND

Part IV Supplemental Information

ACADEMIC RESEARCH TO ASSIST WITH OBTAINING LAND TITLES FOR THOSE IMPACTED BY THE 2017 HURRICANES.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY TREE INFORMATION, EDUCATION AND COUNSELING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE MENTAL HEALTH SUPPORT SERVICES FOR LOUISIANA FLOOD AND HURRICANE SURVIVORS AND THOSE WHO DO NOT HAVE RESOURCES TO RECEIVE CARE ELSEWHERE.

NAME OF ORGANIZATION OR GOVERNMENT: MID-CITY REDEVELOPMENT ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COORDINATE WITH THE EAST BATON ROUGE REDEVELOPMENT AUTHORITY FOR LONG-TERM MANAGEMENT OF THE HOUSING PLAN.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ONGOING EFFORTS FOR LOUISIANA FAMILIES WITH FINANCIAL ASSISTANCE FOR HOME REPAIRS AND FLOOD INSURANCE.

NAME OF ORGANIZATION OR GOVERNMENT: SMART HOME AMERICA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FORTIFIED BUILDING PROGRAM THAT BUILDS AWARENESS FOR SMART, DURABLE AND SAFER HOME REPAIR AND REBUILDS IN LOUISIANA.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH EAST TEXAS REGIONAL PLANNING COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SOFTWARE TO MATCH PEOPLE

Part IV Supplemental Information

IN NEED OF RESCUE TO FIRST RESPONDERS AND CIVIIAN VOLUNTEERS.

NAME OF ORGANIZATION OR GOVERNMENT: SEELEY LAKE COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RECOVERY PROGRAMS FOR CHILDREN AND THEIR CAREGIVERS, AND AGE-APPROPRIATE MENTAL HEALTH SERVICES FOR CHILDREN FOR WILDFIRES IN MONTANA.

NAME OF ORGANIZATION OR GOVERNMENT: COSSMA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STRENGTHENING OUR ROOTS PROJECT WHICH INCLUDES COMMUNITY TRAINING SESSIONS ON HOME GARDENING THAT WILL EXPAND TO NEW COMMUNITY HEALTH CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: WHOLE KIDS OUTREACH, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HIRE AN ADDITIONAL SOCIAL WORKER WHOSE MAIN ROLE WILL BE TO WORK WITH CHILDREN AND FAMILIES IMPACTED BY THE FLOODS IN SE MO.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SALINA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: NEEDS ASSESSMENT/CASE WORK, DISASTER CASE MANAGEMENT SERVICES, OFFICE SUPPORT FOR KANSAS FLOODING.

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SAND BAG FILLERS AND RELATED EQUIPMENT FOR USE IN EMERGENCIES AND NATURAL DISASTERS.

NAME OF ORGANIZATION OR GOVERNMENT: ABODE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RAPID REHOUSING OF 40 FAMILIES AND INDIVIDUALS RENDERED HOMELESS FOLLOWING THE 2017 WILDFIRES

Part IV Supplemental Information

IN NORTHERN CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO CONSERVATION TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HAVE SUSTAINABLE COMMUNITY

CENTERS THAT SERVE AS SYMBOLS OF SELF-SUFFICIENCY, HOPE AND INNOVATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR STUDENT

PROGRAMS LOCATED IN THE KERMANSHAH PROVINCE WHERE SCHOOLS WERE DAMAGED OR DESTROYED BY THE IRAN/IRAQ EARTHQUAKES.

NAME OF ORGANIZATION OR GOVERNMENT: RELIEF INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO IMPROVE

IRANIAN CHILDREN'S EDUCATIONAL EXPERIENCE IN RESPONSE TO THE KERMANSHAH EARTHQUAKE.

NAME OF ORGANIZATION OR GOVERNMENT: FUNDACION CASA CORTES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "EDUCA CORTES: THE ART OF

WELLNESS AND MENTAL HEALTH PROGRAM, IN PARTNERSHIP WITH AARP, THAT WILL BRING INNOVATIVE ART THERAPY ACTIVITIES TO SENIOR CITIZENS IN PUERTO RICO THAT WERE IMPACTED BY THE 2017 HURRICANES.

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FAMILIES AFFECTED BY THE

2017 NORTHERN CALIFORNIA WILDFIRES FOR AT LEAST SIX MONTHS WITH EMERGENCY ASSISTANCE AND COMPREHENSIVE CASE MANAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON COMMUNITY TOOLBANK

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP EMERGENCY OPS PLAN AND TRAINING AND TO PURCHASE TOOLS AND SUPPLIES FOR USE IN NATURAL DISASTERS.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO SURVIVORS OF THE SOUTHERN CA WILDFIRES IN LOS ANGELES AND VENTURA COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE DIAGNOSTIC SCREENING EQUIPMENT TO FACILITATE RAPID TRIAGE AT COMMUNITY-BASED LOCATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO SURVIVORS OF THE SOUTHERN CA WILDFIRES IN LOS ANGELES AND VENTURA COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO VULNERABLE FAMILIES AFFECTED BY THE 2017 CALIFORNIA WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION EVENTS TO PROMOTE AND SUPPORT COMMUNITY POST DISASTER RECOVERY FOR WILDFIRES IN MONTANA.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF PORT NECHES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SANDBAGS, GENERATORS,

Part IV Supplemental Information

READY TO EAT MEALS & A RESCUE BOAT FOR EMERGENCIES AND NATURAL DISASTERS.

NAME OF ORGANIZATION OR GOVERNMENT:

TRINITY EPISCOPAL CHURCH - BAYTOWN, TX

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY PREPAREDNESS, EMERGENCY SUPPLIES, INSTALLATION OF SHOWER & LAUNDRY FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: MENTES PUERTORRIQUENAS EN ACCION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE TOA BAJA COMMUNITY WITH 150 RESIDENTS TO FOSTER COMMUNITY OUTREACH, FOOD SECURITY AND LIVELIHOODS.

NAME OF ORGANIZATION OR GOVERNMENT: NAACP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A NATIONWIDE INITIATIVE TO ESTABLISH A COMMUNITY EMERGENCY RESPONSE TEAM IN EVERY BRANCH OF THE NAACP.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO SURVIVORS OF THE SOUTHERN CA WILDFIRES IN LOS ANGELES AND VENTURA COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SHOWERS, ICE-MAKER, HOT WATER AND BACKUP INTERNET FOR USE IN EMERGENCIES AND NATURAL DISASTERS.

NAME OF ORGANIZATION OR GOVERNMENT: THE DISASTER LEADERSHIP TEAM, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION AND TRAININGS (ON-GOING) FOR LONG-TERM RECOVERY/POST DISASTER COMMUNITY DEVELOPMENT FOR TORNADOS IN IOWA.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a 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 compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a 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 payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT G. OTTENHOFF PRESIDENT & CEO	(i)	240,270.	25,000.	0.	8,276.	32,257.	305,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REGINE WEBSTER VICE PRESIDENT	(i)	235,411.	2,500.	0.	0.	0.	237,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

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:

STAKEHOLDER INPUTS. CDP'S UNIQUE WEBSITE VISITORS AVERAGED ABOUT 6,500 PER 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 A NEW VERSION OF 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 PHILANTHROPIC COMMUNITY TO SUPPORT THE FULL ARC OF A DISASTER, NOT JUST THE IMMEDIATE

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

HUMANITARIAN 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 IN 2018.

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

IN 2018, CDP LAUNCHED TWO DISASTER FUNDS, THE 2018 ATLANTIC HURRICANE SEASON RECOVERY FUND AND THE 2018 CA WILDFIRES RECOVERY FUND. THESE TWO FUNDS RAISED ALMOST \$3.0 MILLION THROUGH THE END OF 2018. GRANTS FOR THESE DISASTERS WILL BE AWARDED IN 2019.

CDP CONTINUED ITS WORK RELATING TO THE FOUR DISASTER FUNDS THAT IT LAUNCHED IN 2017, THE HURRICANE HARVEY RECOVERY FUND, THE HURRICANE IRMA RECOVERY FUND, THE 2017 ATLANTIC HURRICANE SEASON RECOVERY FUND AND THE MEXICO EARTHQUAKE RECOVERY FUND. THESE FUNDS RAISED OVER \$19.4 MILLION FOR MID TO LONG-TERM RECOVERY RELATED TO THE DISASTERS. GRANTS TOTALING OVER \$14.0 MILLION FOR ALL OF THESE DISASTER FUNDS WERE MADE IN 2018. ADDITIONAL GRANTS FOR THE HURRICANE HARVEY RECOVERY FUND WILL BE AWARDED IN 2019.

CDP LAUNCHED THE REFUGEE CRISIS FUND IN 2015 AND HAS RAISED ALMOST \$550,000 OVER THE PAST SEVERAL YEARS. CDP HAS AWARDED SEVEN GRANTS

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

SINCE THE INCEPTION OF THE FUND TO PROVIDE SUPPORT AND ASSISTANCE TO WOMEN AND ADOLESCENTS IN BOTH LESBOS AND SYRIA.

CDP ALSO RECEIVED DONATIONS FOR SEVERAL OTHER DISASTERS IN 2018 INCLUDING THE FLOODING IN KERALA, INDIA AND THE INDONESIAN EARTHQUAKE AND TSUNAMI AND WILL AWARD GRANTS IN 2019.

IN 2017, CDP RECEIVED DONATIONS FOR THE NORTHERN CALIFORNIA WILDFIRES AND THE EARTHQUAKE THAT IMPACTED IRAN AND IRAQ. DONATIONS FOR THESE DISASTERS TOTALED OVER \$200,000, AND GRANTS FOR THESE DISASTERS WERE AWARDED IN 2018.

DURING 2018, 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 GRANT MAKING 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 B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS IN ORDER 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

Name of the organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
--	--

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

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 STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **CENTER FOR DISASTER PHILANTHROPY, INC.** Employer identification number **45-5257937**

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 - 37-1842524, ONE THOMAS CIRCLE, NW, SUITE 700, WASHINGTON, DC 20005	SUPPORT LONG-TERM RECOVERY INITIATIVES & MITIGATION EFFORTS IN LA	LOUISIANA	-149,408.	87,573.	CENTER FOR DISASTER 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2018

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related 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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: 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 transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
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)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
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 who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.