

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.		D Employer identification number 45-5257937
	Doing business as		E Telephone number 202-464-2018
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 14,161,420.
	ONE THOMAS CIRCLE, NW	700	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer: PATRICIA MCILREAVY SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.DISASTERPHILANTHROPY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2012	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEVERAGE THE POWER OF PHILANTHROPY TO MOBILIZE A FULL RANGE OF RESOURCES THAT STRENGTHEN		
	2 Check this box <input type="checkbox"/> 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)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,058,152.	Current Year 13,747,286.
	9 Program service revenue (Part VIII, line 2g)	567,355.	353,880.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,235.	60,254.
	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)	7,731,742.	14,161,420.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,354,936.	10,920,966.
	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)	1,261,128.	1,726,690.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	354,267.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	809,519.	930,246.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,425,583.	13,577,902.	
19 Revenue less expenses. Subtract line 18 from line 12	-9,693,841.	583,518.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 15,308,430.	End of Year 16,353,233.
	21 Total liabilities (Part X, line 26)	1,258,869.	1,720,154.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,049,561.	14,633,079.

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	Date 24 APR 2020
	PATRICIA MCILREAVY, PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name ROHINI CHANDRABHATLA	Preparer's signature <i>Rohini Chandrabhatla</i>
	Firm's name SIKICH LLP	Date 04/23/20
	Firm's address 1199 N FAIRFAX ST, 10 FLR ALEXANDRIA, VA 22314	Check if self-employed <input type="checkbox"/> PTIN P00740442
		Firm's EIN 36-3168081
		Phone no. (703) 836-1350

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:

TO LEVERAGE THE POWER OF PHILANTHROPY TO MOBILIZE A FULL RANGE OF RESOURCES THAT STRENGTHEN THE ABILITY OF COMMUNITIES TO WITHSTAND DISASTERS AND RECOVER EQUITABLY WHEN THEY OCCUR.

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 ☒ 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 ☒ 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 \$ **162,741.** including grants of \$) (Revenue \$)
BUILD AWARENESS (FORMERLY, 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, CLIENTS 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 \$ **1,708,582.** including grants of \$ **1,331,627.**) (Revenue \$ **353,880.**)
IMPART KNOWLEDGE (FORMERLY, 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 PROVIDES THE FOLLOWING CONSULTING SERVICES:

*** GRANTS MANAGEMENT - TO ASSIST ORGANIZATIONS THAT WANT TO INCREASE THE EFFECTIVENESS OF THEIR DISASTER GIVING;**

*** RESEARCH AND ANALYSIS - TO ASSIST ORGANIZATIONS THAT ARE LOOKING**

4c (Code:) (Expenses \$ **10,995,309.** including grants of \$ **9,589,339.**) (Revenue \$)
FACILITATE ACCESS (FORMERLY, 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 2019, CDP HAD ELEVEN DISASTER FUNDS THAT MANAGED OVER \$27.0 MILLION ON BEHALF OF DONORS WHO SUPPORTED MID TO LONG-TERM RECOVERY EFFORTS FOR COMMUNITIES AND INDIVIDUALS IMPACTED BY THE DISASTERS. THESE DISASTER

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **12,866,632.**Form **990** (2019)

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 donor-restricted endowments or in 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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 11		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 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?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
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 on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		X
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

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. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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 ►
THE ORGANIZATION - 202-464-2018
ONE THOMAS CIRCLE, NW, NO. 700, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. See instructions for the order in which to list the persons above.

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

(A) 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	1.00	X						0.	0.	0.
(6) KENNETH M. JONES II SECRETARY & TREASURER	1.00	X		X				0.	0.	0.
(7) SAM WORTHINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT G. OTTENHOFF PRESIDENT & CEO	40.00			X				269,403.	0.	51,118.
(9) REGINE WEBSTER VICE PRESIDENT	32.00			X				194,727.	0.	31,280.
(10) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	30.00			X				153,127.	0.	20,409.
(11) NANCY BEERS DIRECTOR, MIDWEST EARLY RE	40.00					X		124,684.	0.	6,092.
(12) LAURA STARR DIRECTOR OF DEVELOPMENT	40.00					X		135,326.	0.	14,901.
(13) MELANIE DAVIS-JONES DIRECTOR, MARKETING & COMMUNICATIONS	40.00					X		119,705.	0.	15,579.
(14) BRENNAN BANKS DIRECTOR, DISASTER FUNDS	40.00					X		100,457.	0.	29,223.

Part VIII Statement of RevenueCheck 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	13,747,286.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 169,104.				
	h Total. Add lines 1a-1f		13,747,286.				
Program Service Revenue	2 a ADVISORY SERVICE FEES	Business Code	900099	353,880.	353,880.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		353,880.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			60,254.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
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		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			14,161,420.	353,880.	0.	60,254.

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	10,909,805.	10,909,805.		
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	11,161.	11,161.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	615,503.	383,358.	129,345.	102,800.
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	819,486.	629,848.	67,665.	121,973.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,069.	22,840.	10,017.	7,212.
9 Other employee benefits	212,133.	116,236.	42,142.	53,755.
10 Payroll taxes	39,499.	22,514.	9,875.	7,110.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,988.		8,988.	
c Accounting	16,900.		16,900.	
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.)	673,345.	585,035.	51,193.	37,117.
12 Advertising and promotion	3,771.	2,708.	517.	546.
13 Office expenses	47,204.	33,538.	6,900.	6,766.
14 Information technology	17,944.	12,885.	2,460.	2,599.
15 Royalties				
16 Occupancy	26,601.	19,165.	3,672.	3,764.
17 Travel	97,308.	87,531.	3,257.	6,520.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,027.	14,649.	1,156.	1,222.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,272.	6,658.	1,271.	1,343.
23 Insurance	3,295.	2,435.	418.	442.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE/FAX/INTERNET	5,909.	4,243.	810.	856.
b BANK SERVICE FEES	1,408.	1,243.	80.	85.
c REGISTERED AGENT FEES	1,274.	780.	337.	157.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,577,902.	12,866,632.	357,003.	354,267.
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 SheetCheck 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	12,759,784.	2	11,408,827.
	3 Pledges and grants receivable, net	1,511,999.	3	4,916,489.
	4 Accounts receivable, net	23,547.	4	1,332.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	13,003.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,242.		
	b Less: accumulated depreciation	10b 27,724.		
		11,656.	10c	9,518.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,001,444.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15	4,064.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,308,430.	16	16,353,233.	
Liabilities	17 Accounts payable and accrued expenses	191,581.	17	175,345.
	18 Grants payable	996,190.	18	1,468,140.
	19 Deferred revenue	71,098.	19	76,669.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	1,258,869.	26	1,720,154.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,210,887.	27	2,713,508.
	28 Net assets with donor restrictions	10,838,674.	28	11,919,571.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,049,561.	32	14,633,079.
	33 Total liabilities and net assets/fund balances	15,308,430.	33	16,353,233.

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck 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	14,161,420.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,577,902.
3	Revenue less expenses. Subtract line 2 from line 1	3	583,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,049,561.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,633,079.

Part XII Financial Statements and ReportingCheck 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 type="checkbox"/> Consolidated basis <input checked="" 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2937070.	4219632.	21254221.	7058152.	13747286.	49216361.
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	2937070.	4219632.	21254221.	7058152.	13747286.	49216361.
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)						13959446.
6 Public support. Subtract line 5 from line 4.						35256915.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2937070.	4219632.	21254221.	7058152.	13747286.	49216361.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,087.	5,201.	26,086.	106,235.	60,254.	202,863.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						49419224.
12 Gross receipts from related activities, etc. (see instructions)					12	1,441,288.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	71.34 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	74.27 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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"/>

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018.** 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?		
11a		
b A family member of a person described in (a) above?		
11b		
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 .		
11c		

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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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).			

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

2019

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, 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	Employer identification number
CENTER FOR DISASTER PHILANTHROPY, INC.	45-5257937

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,030,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 412,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 383,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 895,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	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.)
		\$	Person <input 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.)
		\$	Person <input 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.)

Employer identification number

45-5257937

Part II

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

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

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

2019

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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) 2019

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 Term 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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		16,442.	6,924.	9,518.
e Other		20,800.	20,800.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,518.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2019

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	13,881,151.
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	-280,269.
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-280,269.
3	Subtract line 2e from line 1	3	14,161,420.
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	14,161,420.

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	13,297,633.
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	-280,269.
e	Add lines 2a through 2d	2e	-280,269.
3	Subtract line 2e from line 1	3	13,577,902.
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	13,577,902.

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 AND A SIMILAR PROVISION OF STATE LAW. THE CENTER IS NOT CLASSIFIED AS PRIVATE FOUNDATION.

LDRA IS WHOLLY OWNED BY THE CENTER AND ITS OPERATING RESULTS FLOW THROUGH TO THE CENTER FOR TAX REPORTING PURPOSES.

**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

2019**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
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		15,787.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		251,407.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		111,023.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		21.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		238,750.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		72.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		429.
3 a Subtotal	0	0			617,489.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			617,489.

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

Schedule F (Form 990) 2019

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)
		EAST ASIA AND THE PACIFIC	TO PROVIDE MEDIUM AND LONG-TERM SUPPORT TO THE VICTIMS OF THE CHRISTCHURCH	9,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO CREATE AND ROLLOUT THE INDONESIA RESILIENT HOUSING AWARENESS MOBILE APP	5,592.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO PROVIDE SUPPORT TO THE VICTIMS AFFECTED BY THE SUPER TYPHOON MANGKHUT	695.	WIRE	0.		
		SOUTH ASIA	TO PROVIDE THAT MORE WOMEN IN TARGETED COMMUNITY ARE SELF-RELIANT AND HAVE	24,121.	WIRE	0.		
		SOUTH ASIA	TO SECURE DISASTER RECOVERY AND RISK REDUCTION THROUGH LIVELIHOODS	86,741.	WIRE	0.		
		SOUTH ASIA	TO PROVIDE SUPPORT TO THE VICTIMS AFFECTED BY THE CYCLONE FANI	161.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING PROVINCIAL-LEVEL EPIDEMIOLOGICAL EXPERTISE FOR	150,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	REBUILD AGRICULTURAL PRODUCTIVITY THROUGH IMPROVED IRRIGATION, PROVISION OF QUALITY	100,000.	WIRE	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

13

3 Enter total number of other organizations or entities

0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2019

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT THE VICTIMS OF THE MEXICO EARTHQUAKES.	21.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE VICTIMS OF THE MOZAMBIQUE CYCLONES.	1,407.	WIRE	0.		
		SOUTH AMERICA	ADDRESSING THE DRIVERS OF THE AMAZON FIRES	238,750.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT INTERNALLY DISPLACED PERSONS.	429.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE REBUILD OF THE CATHEDRAL OF NOTRE DAME AFTER THE FIRE.	72.	WIRE	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

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

Schedule F (Form 990) 2019

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 GRANTEEES THROUGH FREQUENT PHONE CALLS, EMAIL COMMUNICATION AND SITE VISITS. EACH GRANTEE IS REQUIRED TO COMMUNICATE ANY SUBSTANTIVE BUDGET OR PROGRAMMATIC CHANGES. ALL GRANTEEES 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 GRANTEEES SUBMIT BOTH AN INTERIM/PROGRESS REPORT AND A FINAL REPORT.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PROVIDE MEDIUM AND LONG-TERM SUPPORT TO THE VICTIMS OF THE CHRISTCHURCH SHOOTINGS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO CREATE AND ROLLOUT THE INDONESIA RESILIENT HOUSING AWARENESS MOBILE APP FOR SAFE, TIMELY AND INFORMED COMMUNICATION RELATED TO CONSTRUCTION DESIGN AND PRACTICES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO PROVIDE THAT MORE WOMEN IN TARGETED COMMUNITY ARE SELF-RELIANT AND HAVE RECOVERED PRE-DISASTER LIVELIHOOD OR SOURCE OF INCOME IN PATHANAMTHITTA DISTRICT.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SECURE DISASTER RECOVERY AND RISK REDUCTION

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.

THROUGH LIVELIHOODS AUGMENTATION OF WOMEN MEMBERS OF FLOOD-AFFECTED
FAMILIES IN KERALA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING PROVINCIAL-LEVEL EPIDEMIOLOGICAL
EXPERTISE FOR DISASTER RESPONSE (PROJECT SPEED)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: REBUILD AGRICULTURAL PRODUCTIVITY THROUGH IMPROVED
IRRIGATION, PROVISION OF QUALITY SEEDS AND INPUTS, AND TRAINING IN
IMPROVED FARMING PRACTICES FOR INCREASED YIELDS.

**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

2019

**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
HEALTH ALLIANCE INTERNATIONAL 1107 NE 45TH ST. SUITE 350 SEATTLE, WA 98105	94-3047981	501(C)(3)	150,000.	0.			STRENGTHENING PROVINCIAL-LEVEL EPIDEMIOLOGICAL EXPERTISE FOR DISASTER RESPONSE
CONCERN WORLDWIDE US, INC. 355 LEXINGTON AVE, 16TH FLOOR NEW YORK, NY 10017	13-3712030	501(C)(3)	100,000.	0.			REBUILD AGRICULTURAL PRODUCTIVITY THROUGH IMPROVED IRRIGATION, PROVISION OF QUALITY
NATURE CONSERVANCY 4245 FARIFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)	238,750.	0.			ADDRESSING THE DRIVERS OF THE AMAZON FIRES
AIRLINK, INC. 1023 15TH STREET NW, SUITE 1100 WASHINGTON, DC 20005	37-1710848	501(C)(3)	57,382.	0.			HURRICANE DORIAN - SUSTAINABLE LAST MILE AIRLIFT
GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION - 112 NORTH CAMERON STREET - WINCHESTER, VA 22601	81-0690876	501(C)(3)	100,000.	0.			GRAND BAHAMA & ABACO DEBRIS MANAGEMENT, LIVELIHOODS & SUSTAINABLE GREEN RECOVERY PROGRAM
COMMUNITY ORGANIZED RELIEF EFFORT 6464 SUNSET BLVD, SUITE 530 LOS ANGELES, CA 90028	27-1703237	501(C)(3)	350,000.	0.			GRAND BAHAMA & ABACO DEBRIS MANAGEMENT, LIVELIHOODS & SUSTAINABLE GREEN RECOVERY PROGRAM.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **58.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **58.**

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

Schedule I (Form 990) (2019)

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
CAMP FIRE LONG TERM RECOVERY GROUP PO BOX 8870 CHICO, CA 95927	83-3793835	501(C)(3)	114,656.	0.			SECURE 12 MONTHS OF OFFICE AND WAREHOUSE SPACE FOR CAMP FIRE RESOURCE CENTER
COMMUNITY HOUSING IMPROVEMENT PROGRAM INC. - 1001 WILLOW ST. - CHICO, CA 95928	94-2223398	501(C)(3)	250,000.	0.			PARADISE COMMUNITY VILLAGE AFFORDABLE HOUSING REBUILD IN PARADISE, CA. REMOVE ALL
DISASTER LEADERSHIP TEAM, INC. 702 CHESTNUT STREET, SUITE 105 BASTROP, TX 78602	81-4863674	501(C)(3)	50,000.	0.			LONG TERM RECOVERY GROUP MENTORSHIP. TO MAINTAIN DIRECT MENTORSHIP OF NORTH FLORIDA INLAND
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET, SUITE 260 CHICO, CA 95928	68-0161456	501(C)(3)	750,000.	0.			MULTIPLE TRAININGS, COUNSELING SERVICES, AND CAPACITY BUILDING ACROSS BUTTE COUNTY SCHOOLS.
UNITED POLICYHOLDERS 381 BUSH STREET 8TH FLOOR SAN FRANCISCO, CA 94104	94-3162024	501(C)(3)	143,140.	0.			TO SCALE-UP AND EXTEND THEIR ROADMAP TO RECOVERY PROGRAM FOR WOOLSEY FIRE AND CAPACITY BUILDING FOR
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD. SUITE A - CAMARILLO, CA 93012	77-0165029	501(C)(3)	250,000.	0.			TO ESTABLISH A LONG-TERM RECOVERY FUND IN PARTNERSHIP WITH VCCF THAT WILL FOCUS ON
MENNONITE DISASTER SERVICE 583 AIRPORT RD. LITITZ, PA 17543	23-2713127	501(C)(3)	350,000.	0.			FOR BUILDING MATERIALS TO BUILD UP TO FOUR NEW HOMES OR PERFORM TEN HOME REPAIRS (OR PORTIONS
NORTH CAROLINA ASSOCIATION OF BLACK LAWYERS - PO BOX 179 - DURHAM, NC 27702	56-1348982	501(C)(3)	50,000.	0.			FOR STAFF SUPPORT TO PROVIDE LEGAL SERVICES TO ADDRESS IMMEDIATE CRITICAL NEEDS OF
DISABILITY RIGHTS NORTH CAROLINA 3724 NATIONAL DRIVE SUITE 100 RALEIGH, NC 27612	56-1243369	501(C)(3)	150,000.	0.			DISASTER, DISPLACEMENT AND DISABILITY PROJECT

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
LEGAL SERVICES OF NORTH FLORIDA, INC. - 2119 DELTA BLVD. - TALLAHASSEE, FL 32303	51-0197090	501(C)(3)	100,000.	0.			TO SUPPORT THEIR HURRICANE MICHAEL LEGAL ADVOCACY PROGRAM WHICH PROVIDES PERSONS AFFECTED
TOOLBANK USA, INC 3800 CAMP CREEK PARKWAY BUILDING 24 ATLANTA, GA 30331	90-0386790	501(C)(3)	50,000.	0.			TO ESTABLISH A TOOL BANK WITH UP TO 5,000 SQUARE FEET OF WAREHOUSE SPACE IN PANAMA CITY TO PROVIDE
REBUILDING TOGETHER OF THE TRIANGLE, INC. - 200 TRANS AIR DRIVE, SUITE 200 - MORRISVILLE, NC 27560	51-1955629	501(C)(3)	200,000.	0.			TO PROVIDE CRITICAL REPAIR OF 20 HOMES IN BLADEN AND PENDER COUNTIES. TO REPAIR 20
HABITAT FOR HUMANITY OF BAY COUNTY, FLORIDA - PO BOX 408 - PANAMA CITY, FL 32402	59-3007298	501(C)(3)	177,163.	0.			FOR THEIR HURRICANE MICHAEL CRITICAL HOME REPAIR PROGRAM WHICH WILL PROVIDE REPAIRS TO 55
NORTH CAROLINA BAPTISTS ON MISSION 205 CONVENTION DRIVE CARY, NC 27511	56-0556746	501(C)(3)	250,000.	0.			TO REPAIR OR REBUILD DAMAGED HOMES, SYSTEMS AND FURNISHINGS. TO MOBILIZE AND SUPPORT
UNITED WAY OF NORTHWEST FLORIDA P.O. BOX 586 602 HARRISON AVENUE, S PANAMA CITY, FL 32402	59-0863698	501(C)(3)	50,000.	0.			PROVIDE TWO \$25,000 MATCHING GRANTS FOR EXECUTIVE DIRECTOR HIRES FOR BAY COUNTY LONG-TERM
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE STREET NW, SUITE 1300 ATLANTA, GA 30303	91-1914868	501(C)(3)	157,786.	0.			TO PROVIDE SUPPORT FOR HABITAT FOR HUMANITY'S KERALA FLOOD RESPONSE 2018 HOUSING SUPPORT
OXFAM-AMERICA, INC. 226 CAUSEWAY STREET, FIFTH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	236,741.	0.			TO SUPPORT BUILDING BACK WASH SYSTEMS AND STRUCTURES TO ENSURE SURVIVAL AND FUTURE
PLAN INTERNATIONAL, INC. 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	99,999.	0.			TO PROVIDE THAT MORE WOMEN IN TARGETED COMMUNITY ARE SELF-RELIANT AND HAVE

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
BUILD CHANGE 400 SANTA FE DRIVE SUITE 4 DENVER, CO 80204	35-2237155	501(C)(3)	62,845.	0.			TO CREATE AND ROLLOUT THE INDONESIA RESILIENT HOUSING AWARENESS MOBILE APP FOR SAFE, TIMELY AND
THE FULLER CENTER FOR HOUSING INC 701 S. MARTIN LUTHER KING JR. BOULE AMERICUS, GA 31719	52-2455871	501(C)(3)	6,357.	0.			TO HELP WITH REBUILDING HOMES IN ALABAMA DAMAGED OR DESTROYED BY THE TORNADO THROUGH THE
GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY STREET, SUITE 6000 - HOUSTON, TX 77056	23-7160400	501(C)(3)	825,000.	0.			TO SUPPORT THE HOUSTON IMMIGRANT LEGAL SERVICES COLLABORATIVE (A SUPPORTING ORGANIZATION
FREE INDEED COMMUNITY WORKS CDC, INC - 7111 HOMESTEAD ROAD - HOUSTON, TX 77028	72-1557535	501(C)(3)	300,000.	0.			TO PROVIDE COMMUNITY DEVELOPMENT, PREPAREDNESS TRAINING AND MENTORING.
GOLDEN CRESCENT HABITAT FOR HUMANITY - 4103 N. NAVARRO #200 - VICTORIA, TX 77901	74-2650392	501(C)(3)	1,200,000.	0.			TO PROVIDE SUPPORT FOR MAJOR REPAIRS AND COMPLETE REBUILDS OF HOMES DAMAGED IN HARVEY.
WHARTON RECOVERY TEAM PO BOX 641 WHARTON, TX 77488	81-3900542	501(C)(3)	500,000.	0.			TO SUPPORT SALARIES OF THE ORGANIZATION TO ASSIST WITH CAPACITY BUILDING.
HOUSTON COMMUNITY TOOLBANK 1215 GAZIN STREET HOUSTON, TX 77020	46-1152387	501(C)(3)	157,400.	0.			TO DEVELOP EMERGENCY OPERATIONS PLAN AND TRAINING AND TO PURCHASE TOOLS AND SUPPLIES FOR
4B DISASTER RESPONSE NETWORK 999 N. EGRET BAY BOULEVARD LEAGUE CITY, TX 77573	82-3366754	501(C)(3)	350,000.	0.			TO INCREASE VOLUNTEER ENGAGEMENT AND EXPAND REBUILD CAPACITY TO COMPLETE REPAIRS OF 220
HOPE DISASTER RECOVERY 12715 TELGE ROAD CYPRESS, TX 77429	82-5013278	501(C)(3)	350,000.	0.			TO INCREASE VOLUNTEER ENGAGEMENT AND EXPAND REBUILD CAPACITY TO COMPLETE REBUILD OF 165

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
MENTAL HEALTH AMERICA OF GREATER HOUSTON, INC. - 2211 NORFOLK SUITE 810 - HOUSTON, TX 77098	74-1272394	501(C)(3)	238,670.	0.			TO COMPLETE FUNDING TO ESTABLISH THE DICKINSON MENTAL HEALTH PROJECT TO ADDRESS THE MENTAL HEALTH
TEAM RUBICON 6171 WEST CENTURY BOULEVARD SUITE 3 LOS ANGELES, CA 90045	27-1720480	501(C)(3)	200,000.	0.			TO CONTINUE AND EXPAND REBUILD OPERATIONS IN HARVEY-AFFECTED AREAS, ADDING NEW COMMUNITIES
ALL HANDS AND HEARTS SMART RESPONSE - 6 COUNTY RD., SUITE 6 - MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	307,568.	0.			TO CONTINUE REBUILD AND REPAIR WORK IN COASTAL BEND, TEXAS. FOR THEIR REBUILDING RESILIENT
UNITED WAY OF GREATER BAYTOWN AREA AND CHAMBERS COUNTY - 5309 DECKER DRIVE - BAYTOWN, TX 77520	74-1255656	501(C)(3)	100,000.	0.			TO CONTINUE REBUILD AND REPAIR WORK AND CASE MANAGEMENT IN BAYTOWN/CHAMBERS COUNTY,
COASTAL BEND DISASTER RECOVERY GROUP - 111 N. ODEM AVENUE #4 - SINTON, TX 78387	47-5463138	501(C)(3)	85,000.	0.			TO SUPPORT DISASTER CASE MANAGEMENT CONTINUATION BEYOND FEMA FUNDING IN COASTAL BEND AREA, TEXAS
MAINLAND CHILDREN'S PARTNERSHIP 2000 TEXAS AVENUE SUITE 601 TEXAS CITY, TX 77590	76-0350823	501(C)(3)	137,250.	0.			TO SUPPORT DATA MANAGEMENT AND OTHER OPERATIONAL EXPENSES IN GALVESTON COUNTY, TEXAS.
GOOD360 675 N. WASHINGTON STREET #330 ALEXANDRIA, VA 22314	54-1282615	501(C)(3)	125,000.	0.			TO FILL MATERIAL GAPS IN THE GOLDEN TRIANGLE OF JEFFERSON, ORANGE AND HARDIN COUNTIES PLUS
HARDIN COUNTY STRONG 300 W. MONROE KOUNTZE, TX 77625	82-5321214	501(C)(3)	75,000.	0.			TO SUPPLEMENT FUNDING FOR FOUR MANUFACTURED HOMES FOR HARVEY SURVIVORS.
ORANGE COUNTY DISASTER REBUILDS 123 S. 6TH STREET ORANGE, TX 77630	74-6001826	501(C)(3)	115,000.	0.			TO SUPPORT ADMINISTRATIVE STAFFING FOR THE ORGANIZATION OVER TWO YEARS. THROUGH DESIGNATED

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
VICTORIA COUNTY LONG TERM RECOVERY GROUP - 207 N. GLASS STREET - VICTORIA, TX 77901	82-4862966	501(C)(3)	116,336.	0.			TO SUPPORT STAFFING NEEDS, UNMET NEEDS EXPENSES AND WAREHOUSING. THROUGH DESIGNATED
CENTER ASSOCIATES 9 NORTH 4TH AVENUE MARSHALLTOWN, IA 50158	42-0805386	501(C)(3)	75,000.	0.			CHILDREN'S MENTAL HEALTH
OZARK FOOTHILLS REGIONAL COMMUNITY FOUNDATION - 3019 FAIR STREET - POPLAR BLUFF, MO 63901	23-7290968	501(C)(3)	54,213.	0.			EARLY RECOVERY SERVICES: RECOVERY COORDINATOR
PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON ROAD SUITE 200 ADDISON, TX 75001	47-3730147	501(C)(3)	165,000.	0.			EARLY RECOVERY SERVICES: RECOVERY COORDINATOR, VOLUNTEER AND RECONSTRUCTION
FREMONT AREA UNITED WAY 445 EAST 1ST STREET FREMONT, NE 68025	47-6000166	501(C)(3)	55,000.	0.			EARLY RECOVERY SERVICES: VOLUNTEER AND RECONSTRUCTION
MID IOWA COMMUNITY ACTION 1001 SOUTH 18TH AVENUE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	91,488.	0.			EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT & CHILDREN
IOWA LEGAL AID 317 7TH AVE. SUITE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	50,000.	0.			LEGAL AID
HEARTLAND UNITED WAY 1441 N. WEBB ROAD GRAND ISLAND, NE 68803	47-0469492	501(C)(3)	185,000.	0.			EARLY RECOVERY SERVICES: RECOVERY COORDINATOR. EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT
FREMONT HABITAT FOR HUMANITY 701 E. DODGE STREET FREMONT, NE 68026	91-1914898	501(C)(3)	56,650.	0.			EARLY RECOVERY SERVICES: RECONSTRUCTION

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 FAMILY SERVICES OF NEBRASKA, INC. - 124 S 24TH STREET. STE 230 - OMAHA, NE 68102	23-7267972	501(C)(3)	130,000.	0.			EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT
NEBRASKA EXTENTION (UNIVERSITY OF NEBRASKA LINCOLN) - 444 CHERRYCREEK ROAD. STE. A - LINCOLN, NE 68528	47-0049123	501(C)(3)	55,000.	0.			MENTAL HEALTH SERVICES
CATHOLIC CHARITIES OF CENTRAL AND NORTHERN MISSOURI - 2201 W MAIN ST - JEFFERSON CITY, MO 65109	45-2395310	501(C)(3)	65,000.	0.			EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT
ST. FRANCIS COMMUNITY SERVICES 4222 DELOR ST SAINT LOUIS, MO 63116	74-3169773	501(C)(3)	26,925.	0.			EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT
RECOVERING OKLAHOMANS AFTER DISASTERS (ROAD) - 12101 NORTH MACARTHUR BOULEVARD SUITE A-112 - OKLAHOMA CITY, OK 73162-1800	83-1952160	501(C)(3)	70,000.	0.			EARLY RECOVERY SERVICES: VOLUNTEER AND RECONSTRUCTION
CATHOLIC CHARITIES OF KANSAS CITY ST. JOSEPH - 4001 BLUE PKWY. STE 250 - KANSAS CITY, MO 64130	43-0887779	501(C)(3)	28,250.	0.			EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT
CHURCH WORLD SERVICE 475 RIVERSIDE DR. SUITE 700 NEW YORK, NY 10115	13-4080201	501(C)(3)	122,200.	0.			MENTAL HEALTH SERVICES

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: HEALTH ALLIANCE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING PROVINCIAL-LEVEL
EPIDEMIOLOGICAL EXPERTISE FOR DISASTER RESPONSE (PROJECT SPEED)

NAME OF ORGANIZATION OR GOVERNMENT: CONCERN WORLDWIDE US, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REBUILD AGRICULTURAL PRODUCTIVITY
THROUGH IMPROVED IRRIGATION, PROVISION OF QUALITY SEEDS AND INPUTS, AND
TRAINING IN IMPROVED FARMING PRACTICES FOR INCREASED YIELDS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ORGANIZED RELIEF EFFORT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRAND BAHAMA & ABACO DEBRIS
MANAGEMENT, LIVELIHOODS & SUSTAINABLE GREEN RECOVERY PROGRAM. CAROLINA
HOUSING REHABILITATION AND RESILIENCY PROGRAM, OBJECTIVES INCLUDE ROOF
REPAIRS AND RETROFITTING, MOLD REMEDIATION, MITIGATION MEASURES INVOLVING
HVAC AND ELECTRICAL SYSTEMS AND PREPAREDNESS MEASURES.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HOUSING IMPROVEMENT PROGRAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PARADISE COMMUNITY VILLAGE
AFFORDABLE HOUSING REBUILD IN PARADISE, CA. REMOVE ALL DEBRIS AND PREPARE
SITE FOR RECONSTRUCTING AFFORDABLE HOUSING COMPLEX.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: LONG TERM RECOVERY GROUP MENTORSHIP.
TO MAINTAIN DIRECT MENTORSHIP OF NORTH FLORIDA INLAND LONG-TERM RECOVERY
GROUP; AND TO CONVENE A LONG-TERM RECOVERY SUMMIT THAT WOULD REACH ALL

Part IV Supplemental Information

LTRGS IN THE HURRICANE MICHAEL AFFECTED REGION.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH VALLEY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MULTIPLE TRAININGS, COUNSELING SERVICES, AND CAPACITY BUILDING ACROSS BUTTE COUNTY SCHOOLS. OBTAIN STABLE TEMPORARY HOUSING NEAR THEIR LIVELIHOODS FOR 50 DISPLACED HOUSEHOLDS.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SCALE-UP AND EXTEND THEIR ROADMAP TO RECOVERY PROGRAM FOR WOOLSEY FIRE AND CAPACITY BUILDING FOR THEM IN SOUTHERN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A LONG-TERM RECOVERY FUND IN PARTNERSHIP WITH VCCF THAT WILL FOCUS ON HOUSING AND MENTAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: MENNONITE DISASTER SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BUILDING MATERIALS TO BUILD UP TO FOUR NEW HOMES OR PERFORM TEN HOME REPAIRS (OR PORTIONS THEREOF), DEPENDING ON REFERRALS FROM CASE MANAGEMENT AND THE LONG TERM RECOVERY GROUP, IN JACKSON AND CALHOUN COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH CAROLINA ASSOCIATION OF BLACK LAWYERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STAFF SUPPORT TO PROVIDE LEGAL SERVICES TO ADDRESS IMMEDIATE CRITICAL NEEDS OF HOMEOWNERS, LANDOWNERS

Part IV Supplemental Information

AND FARMERS IN THE 34 DISASTER RECOVERY COUNTIES, AND ACROSS THE STATE.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES OF NORTH FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR HURRICANE MICHAEL LEGAL ADVOCACY PROGRAM WHICH PROVIDES PERSONS AFFECTED BY HURRICANE MICHAEL WITH LEGAL ASSISTANCE, INFORMATION AND ACCESS TO RESOURCES TO MAINTAIN OR SECURE AFFORDABLE RENTAL HOUSING AND TO ADDRESS HOMEOWNERSHIP ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: TOOLBANK USA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A TOOL BANK WITH UP TO 5,000 SQUARE FEET OF WAREHOUSE SPACE IN PANAMA CITY TO PROVIDE TOOLS FREE OF CHARGE TO NON-PROFITS AND COMMUNITY BASED ORGANIZATIONS WORKING IN HOUSING RECOVERY.

NAME OF ORGANIZATION OR GOVERNMENT:

REBUILDING TOGETHER OF THE TRIANGLE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CRITICAL REPAIR OF 20 HOMES IN BLADEN AND PENDER COUNTIES. TO REPAIR 20 STORM-DAMAGED HOMES, AT LEAST 12 OF WHICH WILL HAVE CERTIFICATES OF OCCUPANCY ALLOWING HOMEOWNERS TO RETURN HOME BY THE END OF THE GRANT PERIOD. ENGAGE COMMUNITIES THROUGH THE ACTIVE PARTICIPATION OF AS MANY AS 500 VOLUNTEERS AND LOCAL TRADE APPRENTICES; TRAINING THEM AND THEREBY BUILDING CAPACITY IN STORM-AFFECTED COMMUNITIES FOR FUTURE DISASTERS.

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF BAY COUNTY, FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THEIR HURRICANE MICHAEL CRITICAL

Part IV Supplemental Information

HOME REPAIR PROGRAM WHICH WILL PROVIDE REPAIRS TO 55 HOMES IN BAY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CAROLINA BAPTISTS ON MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPAIR OR REBUILD DAMAGED HOMES, SYSTEMS AND FURNISHINGS.

TO MOBILIZE AND SUPPORT UP TO 300 VOLUNTEERS PER DAY AT REBUILD SITES IN ROBESON, DUPLIN AND CRAVEN COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF NORTHWEST FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TWO \$25,000 MATCHING GRANTS FOR EXECUTIVE DIRECTOR HIRES FOR BAY COUNTY LONG-TERM RECOVERY GROUP AND NORTH FLORIDA INLAND LONG-TERM RECOVERY GROUP.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR HABITAT FOR HUMANITY'S KERALA FLOOD RESPONSE 2018 HOUSING SUPPORT SERVICE CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: OXFAM-AMERICA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BUILDING BACK WASH SYSTEMS AND STRUCTURES TO ENSURE SURVIVAL AND FUTURE DEVELOPMENT OF AFFECTED FAMILIES IN 3 DISASTER AFFECTED DISTRICTS OF KERALA. TO SECURE DISASTER RECOVERY AND RISK REDUCTION THROUGH LIVELIHOODS AUGMENTATION OF WOMEN MEMBERS OF FLOOD-AFFECTED FAMILIES IN KERALA.

NAME OF ORGANIZATION OR GOVERNMENT: PLAN INTERNATIONAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE THAT MORE WOMEN IN TARGETED COMMUNITY ARE SELF-RELIANT AND HAVE RECOVERED PRE-DISASTER LIVELIHOOD OR SOURCE OF INCOME IN PATHANAMTHITTA DISTRICT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BUILD CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE AND ROLLOUT THE INDONESIA RESILIENT HOUSING AWARENESS MOBILE APP FOR SAFE, TIMELY AND INFORMED COMMUNICATION RELATED TO CONSTRUCTION DESIGN AND PRACTICES.

NAME OF ORGANIZATION OR GOVERNMENT: THE FULLER CENTER FOR HOUSING INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP WITH REBUILDING HOMES IN ALABAMA DAMAGED OR DESTROYED BY THE TORNADO THROUGH THE FULLER CENTER'S LEGACY INITIATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER HOUSTON COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HOUSTON IMMIGRANT LEGAL SERVICES COLLABORATIVE (A SUPPORTING ORGANIZATION OF THE COMMUNITY FOUNDATION) IN THE IMPLEMENTATION OF THE HARVEY SYSTEMS PROJECT TO IMPROVE RESILIENCE, RESPONSE AND RECOVERY FROM DISASTER FOR THE IMMIGRANT COMMUNITY IN HOUSTON. TO FUND EXPANSION OF THE HARVEY HOME CONNECT PROGRAM TO ELIMINATE BARRIERS TO THE REBUILD PRROCESS FOR HOMEOWNERS AND THOSE ORGANIZATIONS LOOKING TO SERVE THEM. TO CONTINUE DEVELOPMENT AND IMPLEMENTATION OF HUMANITARIAN ACTION PLAN & NEED HOU DATABASE.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON COMMUNITY TOOLBANK

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

NAME OF ORGANIZATION OR GOVERNMENT: 4B DISASTER RESPONSE NETWORK

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE VOLUNTEER ENGAGEMENT AND EXPAND REBUILD CAPACITY TO COMPLETE REPAIRS OF 220 HOMES.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE DISASTER RECOVERY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE VOLUNTEER ENGAGEMENT AND EXPAND REBUILD CAPACITY TO COMPLETE REBUILD OF 165 HOMES.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH AMERICA OF GREATER HOUSTON, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPLETE FUNDING TO ESTABLISH THE DICKINSON MENTAL HEALTH PROJECT TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS AND FAMILIES IN DISD. TO IMPLEMENT TRAINING REGARDING HOARDING ISSUES WITH HARVEY SURVIVORS.

NAME OF ORGANIZATION OR GOVERNMENT: TEAM RUBICON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE AND EXPAND REBUILD OPERATIONS IN HARVEY-AFFECTED AREAS, ADDING NEW COMMUNITIES THAT HAVE NOT YET RECEIVED SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: ALL HANDS AND HEARTS SMART RESPONSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE REBUILD AND REPAIR WORK IN COASTAL BEND, TEXAS. FOR THEIR REBUILDING RESILIENT COMMUNITIES IN THE AFTERMATH OF HURRICANES MICHAEL PROGRAM WHICH WILL PROVIDE REPAIRS TO AND INTERIOR FINISHES TO 18 HOMES IN BAY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF GREATER BAYTOWN AREA AND CHAMBERS COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE REBUILD AND REPAIR WORK

Part IV Supplemental Information

AND CASE MANAGEMENT IN BAYTOWN/CHAMBERS COUNTY, TEXAS

NAME OF ORGANIZATION OR GOVERNMENT: MAINLAND CHILDREN'S PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DATA MANAGEMENT AND OTHER OPERATIONAL EXPENSES IN GALVESTON COUNTY, TEXAS. THROUGH DESIGNATED FUNDING FROM MAY AND STANLEY SMITH CHARITABLE TRUST, TO SUPPORT SUSTAINING THE WORK OF HURRICANE HARVEY RECOVERY IN GALVESTON COUNTY, TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD360

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FILL MATERIAL GAPS IN THE GOLDEN TRIANGLE OF JEFFERSON, ORANGE AND HARDIN COUNTIES PLUS BRAZORIA COUNTY, TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE COUNTY DISASTER REBUILDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADMINISTRATIVE STAFFING FOR THE ORGANIZATION OVER TWO YEARS. THROUGH DESIGNATED FUNDING FROM MAY AND STANLEY SMITH CHARITABLE TRUST, TO SUPPORT SUSTAINING THE WORK OF HURRICANE HARVEY RECOVERY IN ORANGE COUNTY, TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT:

VICTORIA COUNTY LONG TERM RECOVERY GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STAFFING NEEDS, UNMET NEEDS EXPENSES AND WAREHOUSING. THROUGH DESIGNATED FUNDING FROM MAY AND STANLEY SMITH CHARITABLE TRUST, TO SUPPORT SUSTAINING THE WORK OF HURRICANE HARVEY RECOVERY IN VICTORIA COUNTY, TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CATHOLIC CHARITIES OF CENTRAL AND NORTHERN MISSOURI

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY RECOVERY SERVICES: DISASTER
CASE MANAGEMENT

EARLY RECOVERY SERVICES: DISASTER CASE MANAGEMENT

**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

2019

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.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ 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

1b

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?

2

X

3 Indicate which, if any, of the following the 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.

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ 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?

4a

X

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

4b

X

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

4c

X

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?

5a

X

b Any related organization?

5b

X

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?

6a

X

b Any related organization?

6b

X

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2019

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)	244,403.	25,000.	0.	11,200.	39,918.	320,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REGINE WEBSTER VICE PRESIDENT	(i)	188,727.	6,000.	0.	4,792.	26,488.	226,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	(i)	148,627.	4,500.	0.	3,919.	16,490.	173,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURA STARR DIRECTOR OF DEVELOPMENT	(i)	133,976.	1,350.	0.	3,388.	11,513.	150,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3,548	169,104.	INVESTMENT STATEMENT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2019

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2019

Open to Public
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

THE ABILITY OF COMMUNITIES TO WITHSTAND DISASTERS AND RECOVER EQUITABLY
WHEN THEY OCCUR.

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

STAKEHOLDER INPUTS. CDP'S UNIQUE WEBSITE VISITORS AVERAGED ALMOST 9,000
PER MONTH, WITH A CONSIDERABLE SPIKE IN TRAFFIC DURING TIMES OF
DISASTERS. CDP PROVIDED IMMEDIATE INFORMATION ON ON-GOING DISASTERS AND
LONGER-TERM FOCUSED INFORMATION VIA ITS ISSUE INSIGHTS AND SPOTLIGHTS.
ADDITIONALLY, CDP STAFF LEVERAGED ITS KNOWLEDGE THROUGH SPEAKING
ENGAGEMENTS AND MEDIA APPEARANCES AND A 24/7 DISASTER GIVING HOTLINE.

CDP, IN PARTNERSHIP WITH CANDID (FORMERLY, 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 HUMANITARIAN NEEDS.

CDP WORKS WITH CANDID TO ESTABLISH BASELINE DATA, AGGREGATE MULTIPLE
DATA STREAMS, AND TRACK DISASTER GIVING GLOBALLY. AN EXPERT ADVISORY
COMMITTEE AND CONSULTATION WITH KEY STAKEHOLDERS HELPS TO GUIDE THE
PROJECT. AS THIS REPORT GROWS FROM YEAR TO YEAR, CDP AND CANDID EXPECT
TO CONTINUE TO INCREASE PARTICIPATION AND COLLABORATION ACROSS THE
DISASTER PHILANTHROPY FIELD TO GROW A DATA-GATHERING NETWORK COMPOSED

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

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

932211 09-06-19

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

OF MAJOR GRANTORS AND GRANTEEES IN THE DISASTER FIELD. SUCH A NETWORK WILL CONTRIBUTE TO CDP AND CANDID'S EFFORTS TO CREATE USEFUL AND RELEVANT TOOLS TO ASSIST BETTER DECISION-MAKING, TRANSPARENCY, AND COORDINATION.

CDP, IN PARTNERSHIP WITH THE COUNCIL OF NEW JERSEY GRANTMAKERS AND IN ASSOCIATION WITH THE UNITED PHILANTHROPY FORUM, ISSUED THE DISASTER PHILANTHROPY PLAYBOOK IN 2016 AS A COMPREHENSIVE RESOURCE OF PROMISING PRACTICES AND INNOVATIVE APPROACHES TO GUIDE THE PHILANTHROPIC COMMUNITY IN RESPONDING TO FUTURE DISASTERS.

THE PLAYBOOK COMPILES IDEAS AND APPROACHES FROM MULTIPLE ORGANIZATIONS AND IS AN EVOLVING RESOURCE DESIGNED FOR RELEVANT UPDATES AND KNOWLEDGE-BUILDING. COMMUNITY PLANNING, CIVIC REBUILDING, LEGAL SERVICES, HOUSING, ADDRESSING THE NEEDS OF VULNERABLE POPULATIONS, WORKING WITH LOCAL, STATE AND FEDERAL GOVERNMENT, MITIGATION AND PREPAREDNESS ARE SOME OF THE COMMON ISSUES FACED BY COMMUNITIES, POST-DISASTER, THAT ARE COVERED IN DETAIL IN THIS PLAYBOOK.

THE PLAYBOOK ALSO ALLOWS INDIVIDUAL DONORS AND PHILANTHROPIC ORGANIZATIONS TO PREPARE FOR ALL PHASES OF A DISASTER THROUGH THE DEVELOPMENT OF A PERSONALIZED "MY PLAYBOOK" THAT CAN BE EASILY TAILORED TO SPECIFIC NEEDS, ADDRESSING THESE TYPES OF QUESTIONS. WHAT CAN WE DO TO PLAN AND PREPARE OUR COMMUNITY? WHAT ABOUT MITIGATION? HOW DO WE HELP BUILD A RESILIENT COMMUNITY? WHAT SHOULD WE THINK ABOUT IN THE MONTHS AND YEARS AFTER A DISASTER AS WE UNDERTAKE THE ARDUOUS PATH OF RECOVERY?

CDP CONTINUED TO EXPAND THE CONTENT AVAILABLE IN THE DISASTER

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

PHILANTHROPY PLAYBOOK IN 2019.

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

FOR BEST PRACTICES, DATA AND RESOURCES TO DEEPEN THEIR
DISASTER-GIVING WORK.

* STRATEGIC PLANNING - TO CUSTOMIZE DISASTER PHILANTHROPY STRATEGIES
ALIGNED WITH AN ORGANIZATION'S GOALS.

* TECHNICAL ASSISTANCE - TO ASSIST ORGANIZATIONS THAT NEED
ORGANIZATIONAL OR MANAGEMENT SUPPORT TO STRENGTHEN INTERNAL
EXPERTISE AND SUCCESSFULLY IMPLEMENT DISASTER-GIVING INITIATIVES.

CDP SERVED FOURTEEN 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 FACILITATING GRANT MAKING BY IDENTIFYING GRANTEEES.

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

FUNDS INCLUDED THE FOLLOWING:

IN 2019, CDP LAUNCHED THREE DISASTER FUNDS, THE 2019 ATLANTIC HURRICANE
SEASON RECOVERY FUND, THE 2019 MIDWEST FLOODS RECOVERY FUND AND THE
2019 CA WILDFIRES RECOVERY FUND. THESE FUNDS HAVE RAISED OVER \$3.3
MILLION THROUGH THE END OF 2019. GRANTS FOR THESE DISASTERS WILL BE
AWARDED IN 2020.

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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 APPROXIMATELY \$3.5 MILLION. GRANTS TOTALING APPROXIMATELY \$3.3 MILLION FOR THESE DISASTERS WERE 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 \$19.6 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 AND GRANTS TOTALING APPROXIMATELY \$4.9 MILLION FOR THE HURRICANE HARVEY RECOVERY FUND WERE AWARDED IN 2019.

CDP LAUNCHED THE REFUGEE CRISIS FUND IN 2015 AND RAISED ALMOST \$550,000 OVER THE PAST SEVERAL YEARS. CDP AWARDED SEVEN GRANTS SINCE THE INCEPTION OF THE FUND TO PROVIDE SUPPORT AND ASSISTANCE TO WOMEN AND ADOLESCENTS IN BOTH LESBOS AND SYRIA. CDP TRANSITIONED THIS FUND INTO THE GLOBAL RECOVERY FUND IN 2019 TO ALLOW CDP TO RECEIVE DONATIONS FOR ANY INTERNATIONAL DISASTER. CDP RAISED APPROXIMATELY \$776,000 IN 2019 FOR VARIOUS DISASTERS. GRANTS TOTALING APPROXIMATELY \$287K WERE AWARDED IN 2019 WITH THE REMAINDER TO BE AWARDED IN 2020.

CDP MANAGES THE DISASTER RECOVERY FUND WHICH FOCUSES ON MID AND LONG-TERM RECOVERY OF DOMESTIC DISASTERS FOR WHICH CDP DOESN'T LAUNCH A SEPARATE FUND. SINCE INCEPTION, THE DISASTER RECOVERY FUND HAS RAISED OVER \$700K AND GRANTED THESE FUNDS TO SUPPORT RECOVERY EFFORTS OF VARIOUS DOMESTIC DISASTERS.

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

DURING 2019, 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 SUPPORTED 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. CDP WAS AWARDED A NEW THREE-YEAR GRANT OF \$3.1 MILLION AT THE END OF 2019 TO SUPPORT THE FUND FROM 2020 THROUGH 2022.

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 ARISE, ACTIONS WILL BE TAKEN TO ENSURE THAT ALL CONFLICTS ARE HANDLED APPROPRIATELY.

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

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

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

2019

**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	673.	88,058.	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) 2019

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.

[illegible]

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.

[illegible]

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

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

[illegible]

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.