

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

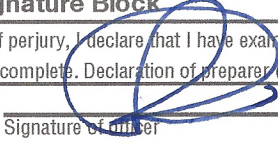
**A** For the 2020 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>CENTER FOR DISASTER PHILANTHROPY, INC.</b>		<b>D</b> Employer identification number <b>45-5257937</b>
	Doing business as		<b>E</b> Telephone number <b>202-464-2018</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>55,517,270.</b>
	<b>ONE THOMAS CIRCLE, NW</b>	<b>700</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>PATRICIA MCILREAVY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.DISASTERPHILANTHROPY.ORG</b>		<b>L</b> Year of formation: <b>2012</b> <b>M</b> State of legal domicile: <b>DC</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>LEVERAGING PHILANTHROPY TO STRENGTHEN COMMUNITIES TO WITHSTAND AND RECOVER FROM DISASTERS.</b>		
	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 2020 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,747,286.	54,795,043.
	9 Program service revenue (Part VIII, line 2g)	353,880.	306,365.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,254.	101,235.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	790.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,161,420.	55,203,433.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,920,966.	30,197,355.
	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)	1,726,690.	2,064,460.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	349,577.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	930,246.	597,612.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,577,902.	32,859,427.	
19 Revenue less expenses. Subtract line 18 from line 12	583,518.	22,344,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 16,353,233.	End of Year 37,440,525.
	21 Total liabilities (Part X, line 26)	1,720,154.	456,497.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,633,079.	36,984,028.

**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		Date	4/9/2021
	<b>PATRICIA MCILREAVY, PRESIDENT &amp; CEO</b>		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>ROHINI CHANDRABHATLA</b>	Preparer's signature <b>ROHINI CHANDRABHATLA</b>	Date 04/09/21
	Firm's name <b>SIKICH LLP</b>	Firm's EIN <b>36-3168081</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00740442</b>
	Firm's address <b>1199 N. FAIRFAX STREET 10TH FLOOR</b> <b>ALEXANDRIA, VA 22314</b>	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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 249,846. 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. 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 STAKEHOLDER INPUTS. CDP'S

4b (Code: ) (Expenses \$ 3,256,181. including grants of \$ 2,963,517. ) (Revenue \$ 306,365. ) IMPART KNOWLEDGE (FORMERLY, CUSTOM APPROACHES). FOR DONORS WHO PREFER TO HAVE A MORE TAILORED STRATEGY, CDP PERFORMS CONSULTING SERVICES ENGAGEMENTS TO HELP THEM FIT THEIR DISASTER GIVING INTO LARGER PHILANTHROPIC GOALS.

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

4c (Code: ) (Expenses \$ 28,599,485. including grants of \$ 27,233,839. ) (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 2020, CDP LAUNCHED FOUR DISASTER FUNDS, THE COVID-19 RESPONSE FUND, THE ATLANTIC HURRICANE SEASON RECOVERY FUND, THE CA WILDFIRES RECOVERY FUND AND THE CO WILDFIRES RECOVERY FUND. THE ATLANTIC

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

4e Total program service expenses 32,105,512.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		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>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>		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>		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>	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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>	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>		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>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) PATRICIA MCILREAVY PRESIDENT & CEO	40.00			X				200,710.	0.	12,639.
(2) REGINE WEBSTER VICE PRESIDENT	32.00			X				183,239.	0.	12,442.
(3) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	30.00			X				153,371.	0.	8,845.
(4) SALLY RAY DIRECTOR, STRATEGIC INITIATIVES	40.00					X		121,515.	0.	2,340.
(5) BRENNAN BANKS DIRECTOR, DISASTER RECOVERY FUNDS	40.00					X		108,071.	0.	7,002.
(6) NANCY BEERS DIRECTOR, MIDWEST EARLY RECOVERY FUN	30.00					X		103,233.	0.	5,427.
(8) LORI BERTMAN CHAIR	10.00	X		X				0.	0.	0.
(9) JOE RUIZ VICE CHAIR	1.00	X		X				0.	0.	0.
(10) KENNETH M JONES II SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(11) NANCY ANTHONY BOARD MEMBER	1.00	X						0.	0.	0.
(12) KATHLEEN LOEHR BOARD MEMBER	1.00	X						0.	0.	0.
(13) ANITA WHITEHEAD BOARD MEMBER	1.00	X						0.	0.	0.
(14) SAM WORTHINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(15) CHRISTINE RILEY MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(16) SABRENA SILVER BOARD MEMBER	1.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	54,795,043.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 312,962.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		54,795,043.			
Program Service Revenue	<b>2 a</b>	CONSULTING FEES	<b>Business Code</b>				
			900099	306,365.	306,365.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		306,365.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		108,178.		108,178.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	306,894.		
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	313,837.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	-6,943.			
<b>d</b>	Net gain or (loss) .....		-6,943.		-6,943.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	OTHER	<b>Business Code</b>				
			900099	790.		790.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		790.				
<b>12</b>	<b>Total revenue.</b> See instructions .....		55,203,433.	306,365.	0.	102,025.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,919,791.	28,919,791.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,277,564.	1,277,564.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	663,971.	365,871.	185,642.	112,458.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,076,982.	811,904.	105,129.	159,949.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,412.	35,001.		2,411.
<b>9</b> Other employee benefits	167,159.	134,769.	15,618.	16,772.
<b>10</b> Payroll taxes	118,936.	78,424.	22,672.	17,840.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	7,297.		7,297.	
<b>c</b> Accounting	17,400.		17,400.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	402,550.	358,982.	26,028.	17,540.
<b>12</b> Advertising and promotion	5,344.	3,863.	771.	710.
<b>13</b> Office expenses	77,984.	56,416.	11,230.	10,338.
<b>14</b> Information technology	18,426.	13,322.	2,657.	2,447.
<b>15</b> Royalties				
<b>16</b> Occupancy	24,306.	17,573.	3,505.	3,228.
<b>17</b> Travel	22,800.	16,484.	3,288.	3,028.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	8,439.	6,101.	1,217.	1,121.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,783.	4,181.	834.	768.
<b>23</b> Insurance	7,283.	5,266.	1,050.	967.
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	32,859,427.	32,105,512.	404,338.	349,577.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	11,408,827.	<b>2</b>	34,082,009.
	<b>3</b> Pledges and grants receivable, net .....	4,916,489.	<b>3</b>	3,291,263.
	<b>4</b> Accounts receivable, net .....	1,332.	<b>4</b>	41,040.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	13,003.	<b>9</b>	17,963.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 41,532.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,507.	<b>10c</b>	8,025.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,064.	<b>15</b>	225.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,353,233.	<b>16</b>	37,440,525.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	175,345.	<b>17</b>	229,883.
	<b>18</b> Grants payable .....	1,468,140.	<b>18</b>	150,000.
	<b>19</b> Deferred revenue .....	76,669.	<b>19</b>	76,614.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,720,154.	<b>26</b>	456,497.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,713,508.	<b>27</b>	7,715,659.
	<b>28</b> Net assets with donor restrictions .....	11,919,571.	<b>28</b>	29,268,369.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	14,633,079.	<b>32</b>	36,984,028.
	<b>33</b> Total liabilities and net assets/fund balances .....	16,353,233.	<b>33</b>	37,440,525.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,203,433.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,859,427.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,344,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,633,079.
5	Net unrealized gains (losses) on investments	5	6,943.
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	36,984,028.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain 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 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4219632.	21254221.	7058152.	13747286.	54795043.	101074334
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4219632.	21254221.	7058152.	13747286.	54795043.	101074334
<b>5</b> 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) .....						29396316.
<b>6 Public support.</b> Subtract line 5 from line 4.						71678018.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4219632.	21254221.	7058152.	13747286.	54795043.	101074334
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5,201.	26,086.	106,235.	60,254.	108,968.	306,744.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						101381078
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,651,956.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.70 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	71.34 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>10,162,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>6,257,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>5,000,752.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>2,144,535.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,542,555.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

2020

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020



**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c 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:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,732.	12,707.	8,025.
e Other		20,800.	20,800.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,025.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 ...

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	55,210,409.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,943.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	140,473.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	-140,440.	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		6,976.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	55,203,433.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	55,203,433.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	32,859,460.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	140,473.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-140,440.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		33.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	32,859,427.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	32,859,427.

**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 A 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>CENTER FOR DISASTER PHILANTHROPY, INC.</b>	Employer identification number <b>45-5257937</b>
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**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 - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,032,194.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			GRANTS TO RECIPIENTS LOCATED IN THE REGION		245,370.
<b>3 a</b> Subtotal .....	0	0			1,277,564.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,277,564.

**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 ASSISTANCE TO INDIVIDUALS, COMMUNITIES AND FIRE RESPONDERS AFFECTED	336,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO PROVIDE TIMELY, RELEVANT AND ACCESSIBLE GRANTS TO SUPPORT COMMUNITY	500,000.	WIRE	0.		
		NORTH AMERICA	TO IMPLEMENT NEW WASH (WATER, SANITATION, AND HYGIENE) CURRICULA IN PUBLIC	95,370.	WIRE	0.		
		NORTH AMERICA	TO PROVIDE EMERGENCY RELIEF SUPPORT TO THE VULNERABLE CHILDREN AND FAMILIES WE SERVE	75,000.	WIRE	0.		
		NORTH AMERICA	TO ADDRESS THE SURGE IN NEED DUE TO COVID-19, TO PROVIDE MENTAL HEALTH SUPPORT	75,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO EASE THE ECONOMIC AND PSYCHOLOGICAL BURDEN OF THOSE LIVING IN	196,194.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **6**

3 Enter total number of other organizations or entities ..... **6**

SEE PART V FOR COLUMN (D) DESCRIPTIONS



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

THE CENTER FOR DISASTER PHILANTHROPY CLOSELY MONITORS ALL OF ITS GRANTEES THROUGH FREQUENT PHONE CALLS, EMAIL COMMUNICATION AND SITE VISITS. EACH GRANTEE IS REQUIRED TO COMMUNICATE ANY SUBSTANTIVE BUDGET OR PROGRAMMATIC CHANGES. ALL GRANTEES SUBMIT A FINAL REPORT DETAILING THEIR PROGRESS AGAINST GOALS, ACTIVITIES AND OBJECTIVES, HOW THEY WERE ABLE TO SERVE THE AFFECTED POPULATION, AND DETAILING FINAL EXPENDITURES. DEPENDING ON THE SIZE OF THE GRANT, SOME GRANTEES SUBMIT BOTH AN INTERIM/PROGRESS REPORT AND A FINAL REPORT.

**PART II, COLUMN (D):**

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PROVIDE ASSISTANCE TO INDIVIDUALS, COMMUNITIES AND FIRE RESPONDERS AFFECTED BY THE BUSHFIRES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PROVIDE TIMELY, RELEVANT AND ACCESSIBLE GRANTS TO SUPPORT COMMUNITY INITIATED AND LED PROJECTS TO SUPPORT THE MEDIUM TO LONG TERM RECOVERY OF BUSHFIRE AFFECTED COMMUNITIE

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO IMPLEMENT NEW WASH (WATER, SANITATION, AND HYGIENE) CURRICULA IN PUBLIC AND PRIVATE PRIMARY AND SECONDARY SCHOOLS IN ABACO, BAHAMAS AND INCORPORATE INTO EXISTING PROGRAMS OF FRIENDS OF THE ENVIRONMENT (FRIENDS).

REGION: NORTH AMERICA



**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.

(D) PURPOSE OF GRANT: TO PROVIDE EMERGENCY RELIEF SUPPORT TO THE VULNERABLE CHILDREN AND FAMILIES WE SERVE WHO HAVE BEEN IMPACTED BY COVID-19.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO ADDRESS THE SURGE IN NEED DUE TO COVID-19, TO PROVIDE MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE THROUGH CANADA'S ONLY 24/7, BILINGUAL, NATIONAL HELPLINE.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO EASE THE ECONOMIC AND PSYCHOLOGICAL BURDEN OF THOSE LIVING IN TYPHOON-DAMAGED HOUSES IN SOUTHERN CHIBA THROUGH TRAINING LOCAL VOLUNTEERS AND SUPPORTERS TO TAKE THE LEAD IN FUTURE REPAIR WORK AND TO ENHANCE LOCAL INTERMEDIARY ORGANIZATION'S CAPACITY FOR SELF-SUSTAINING DISASTER RESPONSES IN THE FUTURE. TO HELP REBUILD THE COMMUNITY IN IWAKI BY SUPPORTING THE RECOVERY OF LOCAL COMMUNITY CENTERS THAT HAVE BEEN AFFECTED BY THE TYPHOON.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES USA 2050 BALLENGER AVENUE ALEXANDRIA, VA 22314-6892	53-0196620	501(C)3	1,500,000.	0.			TO SUPPORT ONGOING DISASTER CASE MANAGEMENT IN THE TARGETED AFFILIATES IMPACTED BY
WORLD WILDLIFE FUND US 1250 24TH STREET NW WASHINGTON, DC 20037	52-1693387	501(C)3	1,192,943.	0.			TO ENGAGE WITH INDIGENOUS STAKEHOLDERS AND PUBLIC AND PRIVATE LANDOWNERS TO CATALYZE COMMUNITY
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204-3500	91-1148123	501(C)3	1,033,189.	0.			TO COMBINE BUSINESS RECOVERY GRANTS WITH REMOTE BUSINESS TRAINING AND MENTORSHIP ACTIVITIES
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 02114-2155	23-7069110	501(C)3	650,000.	0.			TO SUPPORT RESPONSE TO COVID-19 IN SEVERAL COUNTRIES.
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1751	13-3433452	501(C)3	537,288.	0.			TO REDUCE MORBIDITY AND MORTALITY BY ADDRESSING THE HEALTH, NUTRITIONAL, AND WATER AND SANITATION
ACTION AGAINST HUNGER USA ONE WHITEHALL STREET, SECOND FLOOR NEW YORK, NY 10004-2146	13-3327220	501(C)3	500,000.	0.			TO PROVIDE IMMEDIATE RELIEF TO COMMUNITIES IN EAST AFRICA AFFECTED BY THE COVID-19 PANDEMIC AND

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 168.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) 2020

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ACTION AID 1220 L STREET NW SUITE 725 WASHINGTON, DC 20005-4571	52-2277575	501(C)3	500,000.	0.			TO SUPPORT RESPONSE TO THE COVID-19 PANDEMIC IN LIBERIA, BANGLADESH, COLOMBIA, ZIMBABWE AND
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902-3105	06-1008595	501(C)3	500,000.	0.			TO PROVIDE ACCESS TO PROTECTIVE EQUIPMENT AND GENERAL MEDICINES AND SUPPLIES FOR FRONTLINE
GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION - 126 N WASHINGTON STREET - WINCHESTER, VA 22601-3910	81-0690876	501(C)3	500,000.	0.			TO REHABILITATE COMMUNITIES ON ABACO AFTER HURRICANE DORIAN TO ENSURE COMMUNITIES ARE
LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230-3850	13-2574963	501(C)3	500,000.	0.			TO SUPPORT THE IMMEDIATE SURVIVAL AND EARLY RECOVERY OF VULNERABLE FAMILIES DISPLACED BY THE
VIBRANT EMOTIONAL HEALTH 50 BROADWAY, 19TH FLOOR NEW YORK, NY 10004-3814	13-2637308	501(C)3	500,000.	0.			TO DEVELOP A CADRE OF VOLUNTEER MENTAL HEALTH PROFESSIONALS ACTIVE ACROSS ALL 50 STATES AND
ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE, SUITE 200 BOULDER, CO 80301	74-2244146	501(C)3	466,618.	0.			TO DELIVER SOLAR-PLUS STORAGE MICROGRID PROJECTS TO TRANSFORM THE LOCAL ENERGY SYSTEM ON
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 21201-3422	13-5563422	501(C)3	438,857.	0.			TO MITIGATE HEALTH AND ECONOMIC IMPACTS ON VULNERABLE HOUSEHOLDS DUE TO COVID-19 IN HIGH-RISK
PLAN INTERNATIONAL, INC. 155 PLAN WAY WARWICK, RI 02886-1011	13-5661832	501(C)3	400,000.	0.			TO ENSURE CHILDREN'S RIGHT TO AN EDUCATION IN THE MIDST OF THE COVID-19 PANDEMIC BY IMPROVING
DONORSCHOOSE 134 W 37TH STREET NEW YORK, NY 10018-6911	13-4129457	501(C)3	375,000.	0.			TO COMBAT THE IMPACT OF COVID, TO PROVIDE A 2X MATCH FOR TEACHER PROJECTS IDENTIFIED ON

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 E. 42ND STREET - NEW YORK, NY 10168-1299	13-5660870	501(C)3	337,288.	0.			TO PROVIDE PROTECTION SUPPLIES AND SERVICES FOR PROGRAMS FOR THREE MONTHS, ALLOWING THEM TO
COLOR OF CHANGE 1714 FRANKLIN STREET #130-136 OAKLAND, CA 94612-3409	45-5569879	501(C)3	300,000.	0.			TO PROVIDE SUPPORT FOR ISSUES ADVOCACY ISSUES OF INEQUITY THAT EXISTED BEFORE BUT THAT ARE
CONCERN WORLDWIDE US, INC. 355 LEXINGTON AVENUE, 16TH FLOOR NEW YORK, NY 10017-6609	13-3712030	501(C)3	300,000.	0.			TO AUGMENT ONGOING EFFORTS BY NATIONAL AND SUB-NATIONAL GOVERNMENTS AND CONTRIBUTE TO
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE) - 151 ELLIS STREET NE - ATLANTA, GA 30303-2440	13-1685039	501(C)3	300,000.	0.			TO SUPPORT ONGOING WORK PROVIDING HANDWASHING FACILITIES AND SAFE WATER RESOURCES, HYGIENE
SCOPA HAS A DREAM PO BOX 1004 HEALDSBURG, CA 95448-1004	27-3044487	501(C)3	300,000.	0.			TO PROVIDE THE RESOURCES NECESSARY TO SUPPORT THE MOST VULNERABLE INDIVIDUALS AND FAMILIES
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009-4808	27-3521132	501(C)3	300,000.	0.			TO PROVIDE 25,000 TO 62,000 MEALS IN VULNERABLE COMMUNITIES USING TWO DIFFERENT
RELIEF INTERNATIONAL 1101 14TH STREET NW STE 1100 WASHINGTON, DC 20005-5637	95-4300662	501(C)3	265,426.	0.			TO STRENGTHEN THE RECOVERY AND RESILIENCE AMONGST DISPLACED COMMUNITIES, AFFECTED BY
BRAC USA, INC. 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038-3901	20-8456741	501(C)3	250,000.	0.			TO SUPPORT THE GOVERNMENTS OF LIBERIA, SIERRA LEONE, TANZANIA AND UGANDA IN THE
CHILD CARE AWARE 515 N. COURTHOUSE ROAD FLOOR 31 ARLINGTON, VA 22201-2909	94-3060756	501(C)3	250,000.	0.			TO SUPPORT CHILDCARE PROVIDERS IN THOSE AREAS OF THE COUNTRY THAT ARE IN THE MOST IMMEDIATE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401-4163	68-0003212	501(C)3	250,000.	0.			TO PROVIDE FINANCIAL ASSISTANCE TO LOW-INCOME SONOMA COUNTY HOUSEHOLDS GREATLY AFFECTED
ENTERPRISE COMMUNITY PARTNERS INC. 11000 BROKEN LAND PARKWAY, SUITE 70 COLUMBIA, MD 21044-3541	52-1231931	501(C)3	250,000.	0.			TO ADDRESS IMMEDIATE CRITICAL NEEDS OF LOW-INCOME RESIDENTS AND THEIR LOCAL NONPROFIT
FEEDING AMERICA 35 E. WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601-2314	36-3673599	501(C)3	250,000.	0.			TO PROVIDE QUICK, FLEXIBLE FUNDING TO BE DISBURSED TO LOCAL COMMUNITIES WITH THE
GIVE DIRECTLY P.O. BOX 3221 NEW YORK, NY 10008-3221	27-1661997	501(C)3	250,000.	0.			TO GIVE \$1,000 DIGITAL CASH TRANSFERS TO LOW-INCOME FAMILIES ENROLLED IN THE FEDERAL
GIVE2ASIA 2201 BROADWAY STREET OAKLAND, CA 94612	94-3373670	501(C)3	250,000.	0.			TO SUPPORT HEALTH WORKERS AND HOSPITALS RESPONDING TO THE NOVEL CORONAVIRUS CRISIS.
GLOBAL FUND FOR CHILDREN 1411 K STREET NW STE 1200 WASHINGTON, DC 20005-3496	56-1834887	501(C)3	250,000.	0.			TO ALLEVIATE THE IMPACT OF THE COVID-19 HEALTH PANDEMIC FOR CHILDREN LIVING IN VULNERABLE
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BOULEVARD STE 1500 LOS ANGELES, CA 90025-1030	95-3949646	501(C)3	250,000.	0.			TO DEPLOY EMERGENCY MEDICAL TEAMS; TO PROVIDE SURGED MEDICAL ASSISTANCE AT OVERWHELMED HEALTH
LUTHERAN IMMIGRATION AND REFUGEE SERVICE - 700 LIGHT STREET - BALTIMORE, MD 21230-3850	13-2574854	501(C)3	250,000.	0.			TO PROVIDE EMERGENCY FUNDING TO IMMIGRANT AND REFUGEE CLIENTS TO ADDRESS IMMEDIATE,
NATIONAL ALLIANCE ON MENTAL ILLNESS - 4301 WILSON BOULEVARD, SUITE 300 - ARLINGTON, VA 22203-1867	43-1201653	501(C)3	250,000.	0.			TO PROVIDE EMERGENCY FUNDING TO SUPPORT EXPANSION OF TOOLS TO SUPPORT GROWING MENTAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NATIONAL INDIAN HEALTH BOARD 910 PENNSYLVANIA AVENUE., SE WASHINGTON, DC 20003	23-7226316	501(C)3	250,000.	0.			TO CREATE AND DISSEMINATE VITAL COMMUNITY HEALTH INFORMATION; TO CREATE AND DISSEMINATE POLICY
NORWEGIAN REFUGEE COUNCIL, USA 818 CONNECTICUT AVENUE NW, SUITE 65 WASHINGTON, DC 20006-2762	47-5342860	501(C)3	250,000.	0.			TO REDUCE THE SPREAD AND IMPACT OF COVID-19 UPON DISPLACED FAMILIES AND CHILDREN IN BURKINA FASO.
POINTS OF LIGHT 600 MEANS STREET - SUITE 210 ATLANTA, GA 30318-5799	65-0206641	501(C)3	250,000.	0.			TO ADDRESS IMMEDIATE NEEDS RESPONSE TO COVID-19 AND TO SUPPORT GLOBAL COORDINATION
PROJECT HOPE - THE PEOPLE-TO-PEOPLE - PO BOX 250 - MILLWOOD, VA 22646	53-0242962	501(C)3	250,000.	0.			TO SUPPORT THE IMPLEMENTATION OF THE NEXT PHASE OF PROJECT HOPES COVID-19 HEALTHCARE
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)3	250,000.	0.			TO SUPPORT GLOBAL COVID-19 RESPONSE BY PROVIDING COMMUNITY-BASED CARE AND SUPPORTING
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95472	94-1669646	501(C)3	250,000.	0.			TO FILL THE UNMET REBUILDING NEEDS OF THOSE WHO LOST THEIR HOMES IN THE KINCADE FIRE.
WATER MISSIONS INTERNATIONAL PO BOX 71489 N. CHARLESTON, SC 29415-1489	57-1116978	501(C)3	250,000.	0.			TO BUILD BACK BETTER BY BRINGING MARSH HARBOURS MUNICIPAL WATER SYSTEMS BACK ONLINE AND CREATING
OPERATION HOPE 191 PEACHTREE STREET NE, SUITE 3840 ATLANTA, GA 30303-1740	95-4378084	501(C)3	233,537.	0.			TO MITIGATE THE ECONOMIC EFFECTS OF COVID-19 BY PROVIDING FINANCIAL COACHING AND INCLUSION TO
COMMUNITY ORGANIZED RELIEF EFFORT 6464 W SUNSET BOULEVARD STE 530 LOS ANGELES, CA 90028-8007	27-1703237	501(C)3	225,000.	0.			TO PROVIDE HOME REPAIR ASSISTANCE TO 25 HOUSEHOLDS WHOSE HOMES WERE DAMAGED FROM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COUNCIL OF LARGE PUBLIC HOUSING AUTHORITIES (CLPHA) - 455 MASSACHUSETTS AVENUE NW, SUITE 425 - WASHINGTON DC, DC 20001	04-2752972	501(C)4	225,000.	0.			TO SUPPORT PUBLIC HOUSING AUTHORITIES' IMMEDIATE AND LOCALLY-DEFINED NEEDS, TO PROVIDE VITAL
SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION - 1012 14TH STREET NW STE 1500 - WASHINGTON, DC 20005-3437	16-1717058	501(C)3	214,274.	0.			TO CONTINUE ESSENTIAL HEALTHCARE SERVICE DELIVERY FOR 4,684 REFUGEES AND ASYLUM
HIAS, INC. 1300 SPRING STREET., SUITE 500 SILVER SPRINGS, MD 20910-3634	13-5633307	501(C)3	200,000.	0.			TO MITIGATE COVID-19-RELATED RISKS TO WOMEN, GIRLS, LGBTQ, AND OTHER MARGINALIZED GROUPS
MEDAIR UNITED STATES 209 E LIBERTY DRIVE WHEATON, IL 60187-5472	26-0611369	501(C)3	200,000.	0.			TO SUPPORT NATIONAL EFFORTS TO REDUCE TRANSMISSION OF COVID-19 IN LEBANON AND SUDAN.
MEDICAL TEAMS INTERNATIONAL P.O. BOX 10 PORTLAND, OR 97224-8024	93-0878944	501(C)3	200,000.	0.			TO STRENGTHEN COVID-19 PREVENTION AND RESPONSE AMONGST REFUGEE POPULATIONS IN MEDICAL
MSI UNITED STATES 1730 RHODE ISLAND AVENUE WASHINGTON, DC 20036-3101	54-1901882	501(C)3	200,000.	0.			TO ENSURE CONTINUED ACCESS TO CONTRACEPTION, SAFE ABORTION, POST-ABORTION CARE, AND
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1800 DIAGONAL ROAD, SUITE 600 - ALEXANDRIA, VA 22314-2840	56-2273242	501(C)3	200,000.	0.			TO EXPAND THE TELEHEALTH PROGRAM TO MAINTAIN ACCESS TO HEALTHCARE DURING SOCIAL ISOLATION
THE ASIA FOUNDATION 465 CALIFORNIA STREET 9TH FLOOR SAN FRANCISCO, CA 94104-1822	94-1191246	501(C)3	200,000.	0.			TO CREATE NEW ECONOMIC OPPORTUNITIES FOR VULNERABLE UNDER/UNEMPLOYED
INFORMATION TECHNOLOGY DISASTER RESOURCE CENTER - PO BOX 79146 - FORT WORTH, TX 76179-0146	26-3865869	501(C)3	175,000.	0.			TO PROVIDE WIFI CONNECTIVITY TO STUDENTS AND FAMILIES IN RURAL AND UNDERSERVED COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON ROAD STE 200 ADDISON, TX 75001-3203	47-3730147	501(C)3	175,000.	0.			TO CONTINUE PROVIDING RELIEF FOR TRIBES IMPACTED BY THE COVID-19 PANDEMIC WITH NEEDED
INITIATIVE FOUNDATION 405 1ST STREET SE LITTLE FALLS, MN 56345-3007	36-3451562	501(C)3	160,000.	0.			TO SUPPORT TWO RECOVERY COORDINATORS WHO WILL WORK IN CENTRAL MINNESOTA TO SUPPORT THE SPANISH
PUERTO RICO CONSERVATION TRUST PO BOX 9023554 SAN JUAN, PR 00902	66-0288581	501(C)3	156,000.	0.			TO HAVE SUSTAINABLE COMMUNITY CENTERS THAT SERVE AS SYMBOLS OF SELF-SUFFICIENCY, HOPE
AIRLINK 1023 15TH STREET NW STE 100 WASHINGTON, DC 20005-2628	37-1710848	501(C)3	155,000.	0.			TO PROVIDE NGOS IN AFRICA, LATIN AMERICA/CARIBBEAN COST SAVINGS RELATED TO
AMERICAN NURSES FOUNDATION 8515 GEORGIA AVENUE STE 400 SILVER SPRING, MD 20910-3492	13-1893924	501(C)3	150,000.	0.			TO ADDRESS THE MOST PRESSING CHALLENGES FOR AMERICAS FOUR MILLION NURSES, WHO ARE ON THE
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE SUITE #210 - SANTA ROSA, CA 95401-4142	94-1648949	501(C)3	150,000.	0.			TO CONTINUE THE SERVICES OF THE REBUILDING OUR COMMUNITY SONOMA COUNTY (ROC) LONG-TERM RECOVERY
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003-3914	94-2808039	501(C)3	150,000.	0.			TO PROVIDE FIRE RESPONSE AND RECOVERY FOR THOSE AFFECTED BY THE CZU AUGUST LIGHTENING COMPLEX
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117-3265	95-1831116	501(C)3	150,000.	0.			TO PROTECT COMMUNITY HEALTH WORKERS ON THE FRONTLINES OF RESPONSE IN DIFFICULT-TO-REACH
FOOD CHAIN WORKERS ALLIANCE 3055 WILSHIRE BOULEVARD, #300 LOS ANGELES, CA 90010-1147	90-0728464	501(C)3	150,000.	0.			TO SUPPORT THE COVID-19 RESPONSE PROJECTS AND DIRECT RELIEF FUNDS OF MEMBERS REPRESENTING FOOD

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LIVING WATER INTERNATIONAL 4001 GREENBRIAR DRIVE STAFFORD, TX 77477	76-0324875	501(C)3	150,000.	0.			TO MEET IMMEDIATE WATER AND HYGIENE SUPPLY NEEDS OF VULNERABLE COMMUNITIES ACROSS 18 COUNTRIES.
NEAR EAST FOUNDATION 110 WEST FAYETTE STREET 7TH FLOOR SYRACUSE, NY 13202-1324	13-1624114	501(C)3	150,000.	0.			TO PROVIDE A SUITE OF RAPID INTERVENTIONS TO HELP VULNERABLE ENTREPRENEURS,
NEW ORLEANS FAMILY JUSTICE ALLIANCE INC - 701 LOYOLA AVENUE - NEW ORLEANS LA, LA 70113	26-2541029	501(C)3	150,000.	0.			TO PROMOTE LONG-TERM RECOVERY, STABILIZATION, AND SELF-SUFFICIENCY FOR VULNERABLE IMMIGRANT
PUERTO RICO COMMUNITY FOUNDATION, INC. - PO BOX 70362 - SAN JUAN, PR 00936-8362	66-0413230	501(C)3	150,000.	0.			TO REACH/SUPPORT ANOTHER FIVE COMMUNITY AQUEDUCTS THAT MUCH NEED REPAIRS AND REHABILITATION TO
ATLANTA WEALTH BUILDING INITIATIVE INC - 191 PEACHTREE STREET NE STE 1000 - ATLANTA, GA 30303-1741	46-2239585	501(C)3	145,000.	0.			TO PROVIDE IMMEDIATE SUPPORT OF BUSINESSES OWNED BY PEOPLE OF COLOR IN LIGHT OF THE ECONOMIC
TREE OF LIFE MINISTRY 140 S ROOSEVELT STREET MISSION, SD 57555-0149	46-0446287	501(C)3	140,448.	0.			TO SUPPORT DISASTER RECOVERY SERVICES FOR THE YANKTON SIOUX LONG TERM RECOVERY GROUP. SERVICES
FREMONT AREA UNITED WAY 445 E 1ST STREET FREMONT, NE 68025-5668	47-6000166	501(C)3	138,300.	0.			TO COORDINATE SERVICES AND PROVIDE ASSISTANCE IN A CULTURALLY AND LINGUISTICALLY
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE, STE 400 - NASHVILLE, TN 37215	62-1471789	501(C)3	130,492.	0.			TO PROVIDE GRANTS TO NONPROFITS PROVIDING VITAL SERVICES BOTH IMMEDIATE AND LONG TERM
UNITED WAY OF THE MIDLANDS 2201 FARNAM STREET SUITE 200 OMAHA, NE 68102-1251	47-0376605	501(C)3	128,980.	0.			TO SUPPORT A COVID AND FLOOD RECOVERY COORDINATOR AND BILINGUAL RESOURCES FOR THE GREATER

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HEALTHCARE READY 1325 G. STREET NW, SUITE 500 WASHINGTON, DC 20005	46-3134601	501(C)3	127,100.	0.			TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE FOR COMMUNITY-BASED ORGANIZATIONS AND LEADERS
CRESCENT CARE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117-8208	72-1059635	501(C)3	125,000.	0.			TO ENSURE ACCESS TO HEALTH CARE AND OTHER SERVICES FOR VULNERABLE INDIVIDUALS, PARTICULARLY
GEORGIA BUDGET & POLICY INSTITUTE 50 HURT PLAZA SE ATLANTA, GA 30303-2946	55-0860376	501(C)3	125,000.	0.			TO INFORM GEORGIA'S SHORT-, MEDIUM- AND LONG-TERM POLICY RESPONSE TO THE PANDEMIC, ENSURING
IMAGINE WATER WORKS 627 TRICOU STREET NEW ORLEANS, LA 70117	58-1956686	501(C)3	125,000.	0.			TO SUPPORT RESPONSE TO THE COVID-19 PANDEMIC IN LOUISIANA IN ADDITION TO PREPAREDNESS FOR THE
MEALS ON WHEELS 1550 CRYSTAL DRIVE, SUITE 1004 WASHINGTON, DC 22202	23-7447812	501(C)3	125,000.	0.			TO MAKE RESOURCES AVAILABLE TO REPLENISH AND EXPAND THE SUPPLY OF SHELF-STABLE MEALS,
NATIONAL DOMESTIC WORKERS ALLIANCE INC - 45 BROADWAY STE 320 - NEW YORK, NY 10006-4019	35-2420942	501(C)3	125,000.	0.			TO LISTEN TO DOMESTIC WORKERS NEEDS, TO DEVELOP RESPONSIVE STRATEGIES, AND TO RAPIDLY DEPLOY
RAPE, ABUSE & INCEST NATIONAL NETWORK (RAINN) - 904 TAXUS DRIVE - ODENTON, MD 21113-3786	52-1886511	501(C)3	125,000.	0.			TO MEET THE INCREASE IN DEMAND FOR VICTIM SERVICE PROGRAMS AS A RESULT OF THE COVID-19 PANDEMIC.
SEXUAL TRAUMA AWARENESS & RESPONSE (STAR) - 5615 CORPORATE BOULEVARD, STE 200 - BATON ROUGE, LA 70808	45-3088168	501(C)3	125,000.	0.			TO MANAGE THE INCREASE IN REQUESTS FOR SEXUAL ASSAULT RESPONSE AND COUNSELING SERVICES IN
THE NATIONAL DOMESTIC VIOLENCE HOTLINE - PO BOX 163865 - AUSTIN, TX 78716-3865	75-1658287	501(C)3	125,000.	0.			TO RESPOND TO THE INCREASING NUMBER OF PEOPLE IMPACTED BY DOMESTIC VIOLENCE, AS A

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GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD - 2611 ELDERBERRY BOULEVARD - RAPID CITY, SD 57703-5970	46-0420063	501(C)3	120,000.	0.			TO ENHANCE THE CAPABILITY OF GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD TO RESPOND TO COVID-19
NEW AMERICAN PATHWAYS INC 2300 HENDERSON MILL ROAD NE, SUITE ATLANTA, GA 30345	30-0130066	501(C)3	120,000.	0.			TO PROVIDE EMERGENCY ASSISTANCE, CASE MANAGEMENT, AND EMPLOYMENT SUPPORT TO
REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES (RAICES) - 1305 N. FLORES STREET - SAN ANTONIO, TX 78212	74-2436920	501(C)3	120,000.	0.			TO MEET THE MENTAL AND BEHAVIORAL HEALTH NEEDS OF REFUGEE FAMILIES AS A MEANS OF ENSURING THE
HEARTLAND UNITED WAY 1441 N WEBB ROAD GRAND ISLAND, NE 68803-2313	47-0469492	501(C)3	118,043.	0.			TO CONTINUE THE WORK OF THE DISASTER RECOVERY OUTREACH COORDINATOR FOR FLOOD RECOVERY IN THE
PUBLIC BROADCASTING ATLANTA 740 BISMARCK ROAD NE ATLANTA, GA 30324	58-2126423	501(C)3	110,000.	0.			TO ENSURE PEOPLE ARE INFORMED AND EQUIPPED TO SAFELY RETURN TO WORK AND SOCIAL ACTIVITIES; TO
AGAPE COMMUNITY CENTER 2353 BOLTON ROAD STE 100 ATLANTA, GA 30318-1230	58-2372950	501(C)3	105,000.	0.			TO ENSURE STUDENTS CONTINUE TO LEARN AND READ DURING SUMMER MONTHS.
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214-2111	61-1251306	501(C)3	100,000.	0.			TO ATTAIN STABILITY THROUGH VITAL EMERGENCY SERVICES (FOOD AND INCOME INSECURITY, HOUSING,
ATLANTA NEIGHBORHOOD DEVELOPMENT PARTNERSHIP INC - 229 PEACHTREE STREET NE STE 705 - ATLANTA, GA 30303-1605	58-1946632	501(C)3	100,000.	0.			TO MITIGATE THE COVID-19 IMPACT ON THE PHYSICAL, MENTAL AND FINANCIAL WELL-BEING OF OUR
CATHOLIC CHARITIES SOUTHWESTERN OHIO - 7162 READING ROAD, SUITE 600 - CINCINNATI, OH 45237-3800	31-0536968	501(C)3	100,000.	0.			TO REDUCE MENTAL HEALTH SYMPTOM ACUITY AND INCREASE RESILIENCY AND SELF-SUFFICIENCY AND TO

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CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY - 922 W. RIVERVIEW AVENUE - DAYTON, OH 45402-6424	31-0536645	501(C)3	100,000.	0.			TO ADDRESS THE ONGOING CRISIS OF POVERTY IN THE MIAMI VALLEY REGION THROUGH A FOOD PANTRY
COMMUNITIES UNLIMITED, INC. 3 E COLT SQUARE DRIVE FAYETTEVILLE, AR 72703-2884	71-0464321	501(C)3	100,000.	0.			TO RESPOND TO SMALL RURAL BASED BUSINESSES AFFECTED BY THE CURRENT COVID-19 PANDEMIC.
GOOD360 675 N. WASHINGTON STREET, SUITE 330 ARLINGTON, VA 22314	54-1282615	501(C)3	100,000.	0.			TO ACCELERATE THE RECOVERY PROCESS BY FILLING PRODUCT GAPS ALLOWING NONPROFIT
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET STE 1160 SAN FRANCISCO, CA 94104-3004	82-0911954	501(C)3	100,000.	0.			TO INVEST IN GRASSROOTS LATINO NONPROFITS THAT ARE SUPPORTING LOW-INCOME AND FARMWORKER FAMILIES
LATINO SERVICE PROVIDERS 1015-A CENTER DRIVE. SANTA ROSA, CA 95401	46-4107589	501(C)3	100,000.	0.			TO DECREASE MENTAL HEALTH STIGMA WITHIN THE LATINX COMMUNITY; TO ENGAGE AND EDUCATE THE LATINX
MENNONITE DISASTER SERVICES 583 AIRPORT ROAD LITITZ, PA 17543-9339	23-2713127	501(C)3	100,000.	0.			TO PROVIDE TECHNICAL ASSISTANCE TO PINE RIDGE BY SUPPORTING MENNONITE DISASTER SERVICES TO
METROMORPHOSIS 4163 NORTH BOULEVARD BATON ROUGE, LA 70806	45-5102759	501(C)3	100,000.	0.			TO BUILD THE CAPACITY OF COMMUNITIES MOST IMPACTED BY COVID- 19 AND TO IMPLEMENT A RESPONSE THAT
NATIONAL AFTERSCHOOL ASSOCIATION IN PARTNERSHIP WITH DISCOVERY EDUCATION - 2961 HUNTER MILL ROAD STE 626 - OAKTON, VA 22124-1704	31-1357902	501(C)3	100,000.	0.			TO SUPPORT HIGH QUALITY DIGITAL CONTENT AND IMPACTFUL ON-DEMAND PROFESSIONAL DEVELOPMENT
NATIONAL FOUNDATION FOR INFECTIOUS DISEASES (NFID) - 7201 WISCONSIN AVENUE, SUITE 750 - BETHESDA, MD 20814	58-2106707	501(C)3	100,000.	0.			TO EDUCATE HEALTHCARE PROFESSIONALS AND THE PUBLIC ABOUT THE PREVENTION OF COVID-19.

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OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL STREET STE 100 PORTLAND, OR 97205-2108	23-7315673	501(C)3	100,000.	0.			THE GRANT WILL PROVIDE FUNDS TO ALL REGIONS IN OREGON AFFECTED BY THE WILDFIRES; WITH A FOCUS
RESTAURANT WORKERS COMMUNITY FOUNDATION - 575 GRAND STREET, #E1507 - NEW YORK, NY 10002-3581	82-2737963	501(C)3	100,000.	0.			TO SUPPORT RESTAURANT WORKERS IN CRISIS AND SMALL BUSINESS OWNERS THROUGH DIRECT FINANCIAL
SOLITA'S HOUSE INC 3101 E. 7TH AVENUE TAMPA, FL 33605	51-0585799	501(C)3	100,000.	0.			TO PREVENT HOMELESSNESS RESULTING FROM COVID-RELATED INCOME LOSS/REDUCTION BY
TENNESSEE CHARITABLE CARE NETWORK 1515 B HAYDEN DRIVE NASHVILLE, TN 37206	46-4916133	501(C)3	100,000.	0.			TO PROVIDE RAPID RESPONSE FINANCIAL SUPPORT TO TCCN MEMBERS SERVING LOW INCOME, UNINSURED AND
THE WAYUU TAYA FOUNDATION 494 EUGENE WAY WYCKOFF, NJ 07481	37-1449493	501(C)3	150,000.	0.			TO IMPROVE ACCESS TO FOOD, HEALTH CARE, WATER AND SANITATION, AND LIVELIHOODS FOR THE MOST
UNITED POLICYHOLDERS 381 BUSH STREET 8TH FLOOR SAN FRANCISCO, CA 94104	94-3162024	501(C)3	100,000.	0.			TO HELP HOUSEHOLDS IMPACTED BY THE 2019 SOUTHERN CALIFORNIA WILDFIRES TO COLLECT
WORKERS DEFENSE PROJECT INC 5604 MANOR ROAD AUSTIN, TX 78723	35-2296166	501(C)3	100,000.	0.			TO HELP LOW-WAGE, UNDOCUMENTED WORKERS AND THEIR FAMILIES IN AUSTIN, DALLAS AND HOUSTON STAY
ATLANTA MISSION PO BOX 1807 ATLANTA, GA 30301-1807	58-0572430	501(C)3	95,000.	0.			TO PROVIDE BASIC EMERGENCY NEEDS: MEALS, SHELTER, CHILDCARE, FACILITY SANITATION,
CATHOLIC CHARITIES OF CENTRAL AND NORTHERN MISSOURI - 2201 W MAIN STREET - JEFFERSON CITY, MO 65110-4626	45-2395310	501(C)3	91,506.	0.			TO PROVIDE DISASTER CASE MANAGEMENT SERVICES FOR 2019 MISSOURI FLOODING THROUGHOUT CENTRAL AND

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CULTURE AID NOLA 1526 MANDEVILLE NEW ORLEANS, LA 70117	20-8139539	501(C)3	90,000.	0.			TO PROVIDE NO BARRIER, FREE FOOD DISTRIBUTION AND INFORMATION DISSEMINATION TO
COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS - PO BOX 380 - ST THOMAS, VI 00804-0380	66-0470703	501(C)3	84,590.	0.			THE PROJECT WILL SUPPLEMENT ONGOING EFFORTS TO RESTORE THE BORDEAUX FARMERS MARKET,
CENTER FOR RURAL STRATEGIES INC 46 E MAIN STREET WHITESBURG, KY 41858-7346	61-1379952	501(C)3	80,000.	0.			TO REPORT ON THE IMPACT OF COVID-19 ON RURAL COMMUNITIES NATIONALLY AND IN TARGETED STATES TO
COMMUNITYGIVING 101 7TH AVENUE S STE 100 SAINT CLOUD, MN 56301-4275	36-3412544	501(C)3	80,000.	0.			TO PROVIDE CULTURALLY RELEVANT AND FIRST LANGUAGE OUTREACH AND SERVICES TO THE KAREN,
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA - 705 E 41 STREET, SUITE 200 - SIOUX FALLS, SD 57105-6048	46-0224731	501(C)3	78,406.	0.			TO SUPPORT A COORDINATOR FOR CULTURAL AND LINGUISTICALLY APPROPRIATE DISASTER CASE
LAKOTA NATION DISASTER RESILIENCY BIA 29 WORLF CREEK ROAD PINE RIDGE, SD 57770	83-4293621	501(C)3	77,926.	0.			TO SUPPORT COMMUNITY CAPACITY FOR DISASTER RECOVERY FOR THE PINE RIDGE RESERVATION IN
AMALGAMATED CHARITABLE FOUNDATION, INC. - 1825 K STREET NW - WASHINGTON, DC 20006-1202	82-1517696	501(C)3	75,000.	0.			TO USE ITS RAPID RESPONSE FUNDING INFRASTRUCTURE TO SUPPORT THE WORK OF CURRENT AND PROSPECTIVE
BATON ROUGE AREA FOUNDATION 100 NORTH STREET BATON ROUGE, LA 70802	72-6030391	501(C)3	75,000.	0.			TO PROVIDE SUPPORT TO THE MENTAL HEALTH TRAUMA BEREAVEMENT FUND.
FARM SHARE 14125 SW 320TH STREET HOMESTEAD, FL 33033-5539	65-0342192	501(C)3	75,000.	0.			TO BRING FRESH FOOD THROUGHOUT FLORIDA TO FAMILIES IN NEED.

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FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVENUE N., UNITS D & JACKSONVILLE, FL 32254-2392	46-5014769	501(C)3	75,000.	0.			TO INCREASE THE CAPACITY TO DISTRIBUTE NUTRITIOUS FOODS TO MEET RISING NEED ENGENDERED BY THE
GRACE AT THE GREENLIGHT 330 CARONDELET STREET, SUITE 200 NEW ORLEANS, LA 70130	47-1409798	501(C)3	75,000.	0.			TO PROVIDE FOR THE BASIC NEEDS OF THE UNSHELTERED HOMELESS DURING THE COVID-19 PANDEMIC
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6808 PASTOR BAILEY DRIVE - DALLAS, TX 75237-2602	26-1245799	501(C)3	75,000.	0.			TO PROVIDE EMERGENCY AND RELIEF ASSISTANCE INCLUDING NUTRITIONAL FOOD, THERAPY
HOPE SOUTH FLORIDA 1100 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311	65-0670031	501(C)3	75,000.	0.			TO PROVIDE EMERGENCY ASSISTANCE, INCLUDING RENTAL AND UTILITY ASSISTANCE AND EMPLOYMENT
HOUSTON IMMIGRATION LEGAL SERVICES COLLABORATIVE - 515 POST OAK BOULEVARD #1000 - HOUSTON, TX 77027	30-0098254	501(C)3	75,000.	0.			TO SUPPORT MEMBER AND PARTNER AGENCIES IN INCREASING CLIENT CAPACITY TO MEET BASIC
INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518-4448	94-3027961	501(C)3	75,000.	0.			TO IMPROVE RECOVERY FROM THE COVID-19 PANDEMIC AND TO STRENGTHEN COMMUNITY RESILIENCE IN SOUTHERN
LEE INITIATIVE INC 610 W. MAGNOLIA AVENUE LOUISVILLE, KY 40208	82-3884798	501(C)3	75,000.	0.			TO HELP INDEPENDENT RESTAURANTS THAT HAVE BEEN DOING RELIEF WORK BY FEEDING THEIR COMMUNITIES
MOVIMIENTO PARA EL ALCANCE DE VIDA INDEPENDIENTE - PO BOX 25277 - SAN JUAN, PR 00928-5277	66-0446732	501(C)3	75,000.	0.			EXTENSIVE CAPACITY BUILDING PROGRAM AND EDUCATIONAL TOOL SPECIFICALLY DESIGNED FOR
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 1250 HANCOCK STREET, SUITE 803N - QUINCY, MA 02169-4331	04-3457065	501(C)3	75,000.	0.			TO RESOURCE SMALL, GRASSROOTS COMMUNITY GROUPS LED BY AND FOR PEOPLE OF COLOR WHO ARE

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SOWING SEEDS WITH FAITH 1620 HEMLOCK COURT LOUISVILLE, KY 40211	81-4862518	501(C)3	75,000.	0.			TO PROVIDE YOUTH AND FAMILIES WITH SUSTAINABILITY AND RESOURCES TO BE EFFECTIVE
TEACH FOR ALL 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	26-2122566	501(C)3	75,000.	0.			TO IMPROVE DIGITAL TEACHING SKILLS THROUGH ONLINE TRAINING TO ENSURE LEARNING CONTINUITY AND
THE FOODBANK INC 56 ARMOR PLACE DAYTON, OH 45417-1187	86-1082880	501(C)3	75,000.	0.			TO CONTINUE THE EXPANDED DRIVE THRU FOOD DISTRIBUTIONS FROM TWO DAYS PER WEEK TO FOUR
YMCA OF FLORIDA'S FIRST COAST 40 E. ADAMS STREET, SUITE 210 JACKSONVILLE, FL 32202	59-0638514	501(C)3	75,000.	0.			TO HELP VULNERABLE POPULATIONS ADDRESS THEIR PRESSING NEEDS, EXACERBATED BY THE
JACKSONVILLE AREA LEGAL AID INC 126 WEST ADAMS STREET JACKSONVILLE, FL 32202-3849	59-0696291	501(C)3	74,000.	0.			TO EXPAND THE AVAILABILITY AND SCOPE OF FREE CIVIL LEGAL SERVICES TO MEET THE SUDDEN, SHARP
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210-2204	62-1308387	501(C)3	70,000.	0.			TO PROVIDE RELIEF KITS AND BULK SUPPLIES TO THE AGENCIES SERVING THE MIDDLE TENNESSEE REGION.
CONEXION AMERICAS 800 18TH AVENUE S STE A NASHVILLE, TN 37203-3246	62-1715618	501(C)3	70,000.	0.			TO MEET THE NEEDS OF TENNESSEE'S LATINO, IMMIGRANT AND REFUGEE COMMUNITIES IN A
EL PUENTE EDUCATIONAL CENTER INC 310 ALLEN STREET DAYTON, OH 45410-1818	61-1700800	501(C)3	70,000.	0.			TO DECREASE IMMEDIATE FINANCIAL HARDSHIP DUE TO THE PANDEMIC, TO INCREASE ACCESS TO TECHNOLOGY AND
RECOVERING OKLAHOMANS AFTER DISASTERS (ROAD) - 12101 NORTH MACARTHUR BOULEVARD, SUITE A-112 - OKLAHOMA CITY, OK 73127-0000	83-1952160	501(C)3	70,000.	0.			TO PROVIDE CONSTRUCTION AND PROJECT MANAGEMENT TO HOMEOWNERS IMPACTED BY 2019 OKLAHOMA FLOODING.

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TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)3	70,000.	0.			TO ENSURE THAT OUR TN IMMIGRANT AND REFUGEE COMMUNITIES HAVE EQUITABLE ACCESS TO THE
UNITED NEIGHBORHOOD HEALTH SERVICES INC - 2711 FOSTER AVENUE - NASHVILLE, TN 37210-5307	62-1032792	501(C)3	70,000.	0.			TO REACH SOME OF THE MOST VULNERABLE AND AT RISK RESIDENTS OF NASHVILLE AND REDUCE COVID-19
BACKSIDE LEARNING CENTER INC. 3131 S. 2ND STREET #389 LOUISVILLE, KY 40208-1212	37-1803514	501(C)3	65,000.	0.			TO PROVIDE IMMEDIATE COVID-19 MITIGATION-RELATED SERVICES TO A COMMUNITY
PROJECT CONNECT INC PO BOX 295 MADISON, TN 37116	27-4003340	501(C)3	65,000.	0.			TO PROVIDE SUPPORT TO FAMILIES IN THE NASHVILLE AREA THAT HAVE BEEN HIT BY ECONOMIC HARDSHIP AS A
RAINBOW DAYS INC 8150 N. CENTRAL EXPRESSWAY, SUITE M DALLAS, TX 75206	75-1844908	501(C)3	65,000.	0.			TO SUPPORT CHILDRENS SOCIAL-EMOTIONAL DEVELOPMENT AND MEET TANGIBLE NEEDS FOR
COLUMBUS COMMUNITY SCHOOL DISTRICT 1208 COLTON STREET COLUMBUS JUNCTION, IA 52738	42-6023720	EDUCATIONAL	61,630.	0.			TO FUND A DIVERSITY TECHNOLOGY ADVOCATE WHO WILL PROVIDE IT SUPPORT TO PARENTS, STUDENTS, AND
CATHOLIC CHARITIES OF KANSAS CITY ST. JOSEPH - 4001 BLUE PARKWAY STE 250 - KANSAS CITY, MO 64130-2350	43-0887779	501(C)3	60,000.	0.			TO PROVIDE DISASASTER CASE MANAGEMENT SERVICES FOR 2019 FLOOD RECOVERY THROUGHOUT THE REGION AND
JUBILEE PARK & COMMUNITY CENTER CORPORATION - 917 BANK STREET - DALLAS, TX 75223	75-2726296	501(C)3	60,000.	0.			TO PROVIDE RELIEF EFFORTS LIKE FOOD AND BILL ASSISTANCE ALONGSIDE RESTORATIVE PROGRAMS
KENTUCKY REFUGEE MINISTRIES INC. 969-B CHEROKEE ROAD LOUISVILLE, KY 40204	61-1229842	501(C)3	60,000.	0.			TO MITIGATE COVID IMPACT ON LOUISVILLE'S REFUGEE AND IMMIGRANT COMMUNITY WITH SUPPORT IN THREE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NORFOLK AREA UNITED WAY, INC. 333 W NORFOLK AVENUE NORFOLK , NE 68701-5219	47-0492054	501(C)3	60,000.	0.			TO SUPPORT A COVID AND FLOOD RECOVERY COORDINATOR IN CENTRAL NEBRASKA (NORFOLK AREA)
SCEPTRE FOUNDATION INC 5315 OAKLON AVENUE BATON ROUGE, LA 70811-6226	72-1494963	501(C)3	60,000.	0.			TO REINFORCE THE FAMILYS OVERALL HEALTH AND CAPACITY TO FUNCTION UNDER ABNORMAL CONDITIONS
SQUARE MILE COMMUNITY DEVELOPMENT PO BOX 7926 AMARILLO, TX 79114-7926	81-3091547	501(C)3	60,000.	0.			TO PROVIDE FRESH PRODUCE, FOOD ITEMS, AND NUTRITIONAL SUPPORT AND EDUCATION TO
FREMONT HABITAT FOR HUMANITY PO BOX 932 FREMONT, NE 68026-0932	47-0763503	501(C)3	56,650.	0.			TO SUPPORT THE RECONSTRUCTION MANAGER IN FREMONT, NEBRASKA FOR THE 2019 NEBRASKA FLOODS.
QUAD CITIES LATINO FOUNDATION PO BOX 4616 DAVENPORT, IA 52808-4616	81-1324538	501(C)3	53,570.	0.			TO SUPPORT A COVID AND FLOOD RECOVERY COORDINATOR IN LOUISA COUNTY, IOWA WITH FOCUS
ADARA DEVELOPMENT 300 ADMIRAL WAY STE 106 EDMONDS, WA 98020-7230	98-0634789	501(C)3	50,000.	0.			TO PREVENT THE SPREAD OF COVID-19 IN CENTRAL UGANDA AND TO REDUCE THE POTENTIALLY CATASTROPHIC
BATON ROUGE COMMUNITY COLLEGE FOUNDATION INC - P.O. BOX 66745 - BATON ROUGE, LA 70806-4156	72-1415610	501(C)3	50,000.	0.			TO PROVIDE TECHNOLOGY TO SUPPORT REMOTE STUDENT SERVICES FOR FACULTY AND STAFF AND TRAINING TO
HABITAT FOR HUMANITY IOWA 809 8TH STREET SW STE F ALTOONA, IA 50009-2300	42-1520979	501(C)3	50,000.	0.			TO PROVIDE A DISASTER CONSTRUCTION MANAGER TO FOCUS ON HOUSING RECOVERY NEEDS FOR LOW-INCOME,
HANDS ON NASHVILLE 37 PEABODY STREET STE 206 NASHVILLE, TN 37210-2234	62-1461078	501(C)3	50,000.	0.			TO BUILD CAPACITY FOR NASHVILLE-AREA ORGANIZATIONS PROVIDING SERVICES TO THOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MEALS ON WHEELS OF TAMPA 550 W. HILLSBOROUGH AVENUE TAMPA, FL 33603	59-1679915	501(C)3	50,000.	0.			TO FEED AND CARE FOR TAMPA'S VULNERABLE AT HOME AND AT RISK NEIGHBORS, WHO ARE
MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MIDLAND, MI 48640-4626	38-2023395	501(C)3	50,000.	0.			TO FILL GAPS IN FUNDING FOR WELLS FOR FULL-TIME RESIDENTS IN GLADWIN COUNTY.
MIYAMOTO GLOBAL DISASTER RELIEF 1450 HALYARD DRIVE STE 1 W SACRAMENTO, CA 95691-5038	45-1504288	501(C)3	50,000.	0.			TO PROVIDE STRUCTURAL REPAIRS ACCORDING TO CULTURAL HERITAGE AND BUILDING SAFETY
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	68-0161455	501(C)3	50,000.	0.			TO MEET THE IMMEDIATE NEEDS OF THOSE DIRECTLY AFFECTED BY WILDFIRES DURING THE INITIAL CRISIS
SOLANO COMMUNITY FOUNDATION 744 EMPIRE STREET NO 240 FAIRFIELD, CA 94533-5562	68-0354961	501(C)3	50,000.	0.			TO SUPPORT RELIEF AND RECOVERY EFFORTS (DIRECT SERVICES, RESOURCES AND FINANCIAL ASSISTANCE) FOR
ST GEORGES SCHOLAR INSTITUTE INC 1600 W. ST. CATHERINE STREET LOUISVILLE, KY 40210	23-7426425	501(C)3	50,000.	0.			TO PROVIDE FREE SUMMER AND FALL PROGRAMMING TO STUDENTS.
TEXAS TRIBUNE 919 CONGRESS AVENUE SIXTH FLOOR AUSTIN, TX 78701	26-4527097	501(C)3	50,000.	0.			TO GIVE TEXANS PLENTIFUL ACCESS TO NONPARTISAN NEWS AND INFORMATION ABOUT THE CORONAVIRUS
NASHVILLE FOOD PROJECT 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	45-2905951	501(C)3	45,000.	0.			TO MEET THE INCREASED NEED FOR HEALTHY, NUTRITIOUS FOOD FOR THOSE RESIDENTS HARDEST HIT BY
CROWDSOURCE RESCUE 8941 GAYLORD DRIVE #214 HOUSTON, TX 77024	85-1065997	501(C)3	40,000.	0.			TO CONTINUE DELIVERING FOOD TO SENIOR AND HIGH-RISK RESIDENTS IN 11 SE TEXAS COUNTIES.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NEBRASKA EXTENSION (UNIVERSITY OF NEBRASKA LINCOLN) - 3835 HOLBRIDGE STREET - LINCOLN, NE 68583-0000	47-0049123	501(C)3	40,000.	0.			TO SUPPORT DISASTER-IMPACTED COMMUNITIES IN NEBRASKA WITH ASSESSMENTS,
THE EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37203-7517	81-5394158	501(C)3	40,000.	0.			TO EDUCATE RESIDENTS ABOUT HOMEOWNER, RENTER AND COVID-19 RIGHTS; TO HOLD BAD ACTORS AND
FROM THE GROUND UP FARMS 1692 MANGROVE AVENUE 105 CHICO, CA 95926-2648	46-4950188	501(C)3	29,672.	0.			TO REPLACE THE KITCHEN EQUIPMENT LOST IN THE FIRE IN CONCOW.
MCKENZIE COMMUNITY DEVELOPMENT CORP. - PO BOX 406 - WALTERVILLE, OR 97489-0406	93-1186618	501(C)3	25,000.	0.			TO RAMP UP THE TRANSITION WORK BASED ON TRANSFORMING THE PASSIVE SUPPORT OF THE RELIEF
WORLD VISION, INC. PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)3	25,000.	0.			TO PROVIDE SHELTER, DISTRIBUTE NON-FOOD ITEMS AND PROVIDE FOOD VOUCHERS TO MOST VULNERABLE
HOPE MINISTRIES OF POINTE COUPEE INC. - 506 OLINDE STREET - NEW ROADS, LA 70760	72-1350536	501(C)3	20,000.	0.			TO SUPPORT AND EXPAND THE CAPACITY OF THE FOOD PANTRY AND CLIENT SERVICES PROGRAMS SERVING
THE HOPE STATION INC. PO BOX 1153 LA VERGNE, TN 37086-1153	37-1775568	501(C)3	20,000.	0.			TO OFFER HOPE TO UNDERSERVED SINGLE MOTHERS WITH HOUSING AND FOOD ASSISTANCE.
ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT INC - P.O. BOX 1128 - ST. CROIX, VI 00821	66-0480131	501(C)3	17,866.	0.			TO TRAIN YOUTH IN THE COMMUNITY ON FIBER OPTICS AND SOLAR INSTALLATION THROUGH THE NATIONAL
SOUTH DAKOTA VOAD 1221 N MAPLE AVENUE RAPID CITY, SD 57701-1086	83-4474707	501(C)3	16,500.	0.			TO SUPPORT A STATEWIDE ASSESSMENT OF LONG TERM RECOVERY GROUPS AND A LONG TERM RECOVERY

Schedule I (Form 990)



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

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

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

**PART I, LINE 2:**

THE CENTER FOR DISASTER PHILANTHROPY CLOSELY MONITORS ALL OF ITS GRANTEES THROUGH FREQUENT PHONE CALLS, EMAIL COMMUNICATION AND SITE VISITS. EACH GRANTEE IS REQUIRED TO COMMUNICATE ANY SUBSTANTIVE BUDGET OR PROGRAMMATIC CHANGES. ALL GRANTEES SUBMIT A FINAL REPORT DETAILING THEIR PROGRESS AGAINST GOALS, ACTIVITIES AND OBJECTIVES, HOW THEY WERE ABLE TO SERVE THE AFFECTED POPULATION, AND DETAILING FINAL EXPENDITURES. DEPENDING ON THE SIZE OF THE GRANT, SOME GRANTEES SUBMIT BOTH AN INTERIM/PROGRESS REPORT AND A FINAL REPORT.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ONGOING DISASTER CASE MANAGEMENT IN THE TARGETED AFFILIATES IMPACTED BY THE WILDFIRES AND PROVIDE FINANCIAL SUPPORT FOR ITEMS INCLUDING: HOME REPAIR/REBUILD; JOB AND SKILLS RETRAINING/EDUCATION; RESOURCES TO ACCESS NECESSARY CHILDCARE SERVICES; BEHAVIORAL HEALTH SUPPORT SUCH AS ONGOING TRAUMA COUNSELING; & FINANCIAL LITERACY TRAINING.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD WILDLIFE FUND US

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE WITH INDIGENOUS STAKEHOLDERS AND PUBLIC AND PRIVATE LANDOWNERS TO CATALYZE COMMUNITY CONNECTIONS AND KNOWLEDGE SHARING, INCLUDING INDIGENOUS FIRE MANAGEMENT; TO PROVIDE ON-THE-GROUND SPECIES AND HABITAT RESTORATION; TO ADVOCATE TO STRENGTHEN POLICY AND INVESTMENT INTO NATURE-BASED SOLUTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMBINE BUSINESS RECOVERY GRANTS WITH REMOTE BUSINESS TRAINING AND MENTORSHIP ACTIVITIES TO HELP SMALL BUSINESS OWNERS IN THE BAHAMAS RECOVER FROM THE IMPACTS OF HURRICANE DORIAN AND BUILD THEIR RESILIENCE TO FUTURE DISASTERS AS WELL AS THE CURRENT CORONAVIRUS PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT BORDERS USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE MORBIDITY AND MORTALITY BY ADDRESSING THE HEALTH, NUTRITIONAL, AND WATER AND SANITATION NEEDS OF

**Part IV** Supplemental Information

VULNERABLE POPULATIONS, ESPECIALLY THOSE WITHOUT OTHER ACCESS TO MEDICAL CARE AND HUMANITARIAN AID, FILLING GAPS AND MEETING THE URGENT NEEDS OF ESPECIALLY VULNERABLE PEOPLE IN VENEZUELA.

NAME OF ORGANIZATION OR GOVERNMENT: ACTION AGAINST HUNGER USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IMMEDIATE RELIEF TO COMMUNITIES IN EAST AFRICA AFFECTED BY THE COVID-19 PANDEMIC AND TO PROMOTE LONGER-TERM RECOVERY AND RESILIENCE PROGRAMS TO HARD-HIT REGIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ACTION AID

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESPONSE TO THE COVID-19 PANDEMIC IN LIBERIA, BANGLADESH, COLOMBIA, ZIMBABWE AND SOMALILAND WITH CRITICAL IDENTIFIED NEEDS INVOLVING PUBLIC HEALTH EDUCATION AND SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICARES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACCESS TO PROTECTIVE EQUIPMENT AND GENERAL MEDICINES AND SUPPLIES FOR FRONTLINE HEALTH WORKERS; TO ENSURE CONTINUITY OF OPERATIONS FOR AMERICARES HEALTH PROGRAMMING, INCLUDING CLINICAL CARE; AND TO PROVIDE COVID-19 TRAINING AND TECHNICAL ASSISTANCE FOR HEALTH PROVIDERS AND PARTNERS ON PREPAREDNESS, INFECTION PREVENTION AND CONTROL AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REHABILITATE COMMUNITIES ON ABACO AFTER HURRICANE DORIAN TO ENSURE COMMUNITIES ARE MORE RESILIENT AND BETTER PREPARED FOR FUTURE STORMS.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN WORLD RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMMEDIATE SURVIVAL AND EARLY RECOVERY OF VULNERABLE FAMILIES DISPLACED BY THE ETA-IOTA HURRICANES WHILE REDUCING THE FURTHER SPREAD OF COVID-19 IN HONDURAS.

NAME OF ORGANIZATION OR GOVERNMENT: VIBRANT EMOTIONAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A CADRE OF VOLUNTEER MENTAL HEALTH PROFESSIONALS ACTIVE ACROSS ALL 50 STATES AND THE US TERRITORIES TO PROVIDE SERVICES TO SUPPORT THE RESILIENCE OF COMMUNITIES AND ORGANIZATIONS DURING AND AFTER THE PANDEMIC AND TO PROVIDE STATE OF THE ART DISASTER MENTAL HEALTH TRAINING TO LICENSED MENTAL HEALTH PROFESSIONALS ON AN ON-GOING AND JUST IN TIME BASIS.

NAME OF ORGANIZATION OR GOVERNMENT: ROCKY MOUNTAIN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER SOLAR-PLUS STORAGE MICROGRID PROJECTS TO TRANSFORM THE LOCAL ENERGY SYSTEM ON ABACO TO BE RESILIENT, LOW COST, AND SUSTAINABLE.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MITIGATE HEALTH AND ECONOMIC IMPACTS ON VULNERABLE HOUSEHOLDS DUE TO COVID-19 IN HIGH-RISK AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: PLAN INTERNATIONAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE CHILDREN'S RIGHT TO AN EDUCATION IN THE MIDST OF THE COVID-19 PANDEMIC BY IMPROVING TEACHERS E-LEARNING SUPPORT SKILLS AND IMPROVING STUDENTS AND THEIR FAMILIES KNOWLEDGE OF ONLINE CHILD PROTECTION ISSUES SO THAT VIRTUAL LEARNING IS

**Part IV** Supplemental Information

SAFE AND EFFECTIVE, ESPECIALLY FOR GIRLS, PERU.

NAME OF ORGANIZATION OR GOVERNMENT: DONORSCHOOSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMBAT THE IMPACT OF COVID, TO PROVIDE A 2X MATCH FOR TEACHER PROJECTS IDENTIFIED ON THE DONORSCHOOSE DIGITAL PLATFORM TARGETED TO LOW-INCOME COMMUNITIES IN SEVEN US STATES (TEXAS, GEORGIA, FLORIDA, OHIO, KENTUCKY, TENNESSEE, AND LOUISIANA).

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PROTECTION SUPPLIES AND SERVICES FOR PROGRAMS FOR THREE MONTHS, ALLOWING THEM TO RAPIDLY DETECT, RESPOND AND PREVENT FURTHER SPREAD OF COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: COLOR OF CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ISSUES ADVOCACY ISSUES OF INEQUITY THAT EXISTED BEFORE BUT THAT ARE HIGHLIGHTED AND LAID BARE BY THE PANDEMIC CRISIS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AUGMENT ONGOING EFFORTS BY NATIONAL AND SUB-NATIONAL GOVERNMENTS AND CONTRIBUTE TO IMPROVED PREVENTION AND MANAGEMENT OF COVID-19, ESPECIALLY AMONG VULNERABLE POPULATIONS IN THE HORN OF AFRICA REGION, PARTICULARLY IN ETHIOPIA, KENYA, SOMALIA AND SOUTH SUDAN.

NAME OF ORGANIZATION OR GOVERNMENT:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ONGOING WORK PROVIDING

**Part IV** Supplemental Information

HANDWASHING FACILITIES AND SAFE WATER RESOURCES, HYGIENE EDUCATION AND RELATED COVID-19 MEASURES TO THE MOST VULNERABLE COUNTRIES GLOBALLY.

NAME OF ORGANIZATION OR GOVERNMENT: SCOPA HAS A DREAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE THE RESOURCES NECESSARY TO SUPPORT THE MOST VULNERABLE INDIVIDUALS AND FAMILIES AFFECTED BY THE LNU LIGHTNING COMPLEX FIRE IN SONOMA COUNTY, SPECIFICALLY FARM WORKERS, DOMESTIC WORKERS, IMMIGRANTS AND LOW-INCOME RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD CENTRAL KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE 25,000 TO 62,000 MEALS IN VULNERABLE COMMUNITIES USING TWO DIFFERENT METHODS OF EXPANSION.

NAME OF ORGANIZATION OR GOVERNMENT: RELIEF INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE RECOVERY AND RESILIENCE AMONGST DISPLACED COMMUNITIES, AFFECTED BY THE TAAL VOLCANO ERUPTION AND COVID-19, RESIDING IN THE BATANGAS PROVINCE OF THE PHILIPPINES.

NAME OF ORGANIZATION OR GOVERNMENT: BRAC USA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GOVERNMENTS OF LIBERIA, SIERRA LEONE, TANZANIA AND UGANDA IN THE PREVENTION, PROMPT DETECTION AND EFFECTIVE RESPONSE TO THE COVID-19 OUTBREAK.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD CARE AWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHILDCARE PROVIDERS IN THOSE AREAS OF THE COUNTRY THAT ARE IN THE MOST IMMEDIATE NEED AND TO PROVIDE DIRECT AID TO THOSE GEOGRAPHIC AREAS ENTERING PHASED RECOVERY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE TO LOW-INCOME SONOMA COUNTY HOUSEHOLDS GREATLY AFFECTED ECONOMICALLY BY THE KINCADE 2019 WILDFIRE DISASTER.

NAME OF ORGANIZATION OR GOVERNMENT: ENTERPRISE COMMUNITY PARTNERS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS IMMEDIATE CRITICAL NEEDS OF LOW-INCOME RESIDENTS AND THEIR LOCAL NONPROFIT AFFORDABLE HOUSING PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE QUICK, FLEXIBLE FUNDING TO BE DISBURSED TO LOCAL COMMUNITIES WITH THE GREATEST NEED, TO SUPPORT EFFORTS TO HIRE WORKERS AS NEEDED TO REPLACE DWINDLING NUMBERS OF VOLUNTEERS, TO BUILD AN INVENTORY OF EMERGENCY FOOD BOXES TO DISTRIBUTE TO MEMBER FOOD BANKS ACROSS THE COUNTRY AND TO BUILD THE CAPACITY FOR OPERATIONAL SHIFTS, LIKE ADDING MORE MOBILE OR DRIVE-THRU OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: GIVE DIRECTLY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO GIVE \$1,000 DIGITAL CASH TRANSFERS TO LOW-INCOME FAMILIES ENROLLED IN THE FEDERAL GOVERNMENTS FOOD ASSISTANCE PROGRAM ACROSS THE COUNTRY IN ORDER TO PROVIDE SWIFT, EFFECTIVE RELIEF AND TO MINIMIZE PERSON-TO-PERSON INTERACTION.

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL FUND FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ALLEVIATE THE IMPACT OF THE COVID-19 HEALTH PANDEMIC FOR CHILDREN LIVING IN VULNERABLE COMMUNITIES

**Part IV** Supplemental Information

AROUND THE GLOBE THROUGH SUPPORT TO COMMUNITY-BASED ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MEDICAL CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEPLOY EMERGENCY MEDICAL TEAMS; TO PROVIDE SURGED MEDICAL ASSISTANCE AT OVERWHELMED HEALTH FACILITIES AND HOSPITALS IN THE US; AND TO PROVIDE CLINICAL SUPPORT, EPIDEMIOLOGISTS AND PUBLIC HEALTH EXPERTS WHERE MOST NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN IMMIGRATION AND REFUGEE SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY FUNDING TO IMMIGRANT AND REFUGEE CLIENTS TO ADDRESS IMMEDIATE, SHORT-TERM FINANCIALS NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ALLIANCE ON MENTAL ILLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY FUNDING TO SUPPORT EXPANSION OF TOOLS TO SUPPORT GROWING MENTAL HEALTH NEEDS DUE TO THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL INDIAN HEALTH BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE AND DISSEMINATE VITAL COMMUNITY HEALTH INFORMATION; TO CREATE AND DISSEMINATE POLICY AND RESPONSE INFORMATION; TO PROVIDE TECHNICAL ASSISTANCE TO TRIBES AS THEY SEEK TO ACCESS RESOURCES OR MOUNT THEIR OWN OUTBREAK RESPONSE; TO CREATE, IMPLEMENT AND ANALYZE NATIONAL SURVEYS ON STATE OF THE RESPONSE THAT TRIBES ARE MAINTAINING AGAINST COVID-19; AND TO DOCUMENT AND SHARE TOOLS THAT TRIBES ARE CREATING TO MANAGE THE PANDEMIC LOCALLY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: POINTS OF LIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS IMMEDIATE NEEDS RESPONSE TO COVID-19 AND TO SUPPORT GLOBAL COORDINATION EFFORTS, CHANNELING VOLUNTEERS TO WHERE THEY ARE NEEDED MOST.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOPE - THE PEOPLE-TO-PEOPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMPLEMENTATION OF THE NEXT PHASE OF PROJECT HOPES COVID-19 HEALTHCARE PREPAREDNESS AND RESPONSE TRAINING PROGRAM TO EXPAND THE REACH OF THE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GLOBAL COVID-19 RESPONSE BY PROVIDING COMMUNITY-BASED CARE AND SUPPORTING HEALTH SYSTEMS TO STRENGTHEN ESSENTIAL DEFENSES AGAINST THE PANDEMIC IN COUNTRIES AND COMMUNITIES AT RISK.

NAME OF ORGANIZATION OR GOVERNMENT: WATER MISSIONS INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD BACK BETTER BY BRINGING MARSH HARBOURS MUNICIPAL WATER SYSTEMS BACK ONLINE AND CREATING LONG-TERM RESILIENCY WITH INNOVATIVE SOLAR TECHNOLOGY.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MITIGATE THE ECONOMIC EFFECTS OF COVID-19 BY PROVIDING FINANCIAL COACHING AND INCLUSION TO INDIVIDUALS AND SMALL BUSINESSES TO CREATE ECONOMIC RESILIENCE WITHIN UNDERSERVED COMMUNITIES OF COLOR.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ORGANIZED RELIEF EFFORT

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOME REPAIR ASSISTANCE TO 25 HOUSEHOLDS WHOSE HOMES WERE DAMAGED FROM HURRICANE DORIAN IN ABACO.

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL OF LARGE PUBLIC HOUSING AUTHORITIES (CLPHA)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC HOUSING AUTHORITIES' IMMEDIATE AND LOCALLY-DEFINED NEEDS, TO PROVIDE VITAL FINANCIAL RESOURCES AND ASSISTANCE TO A COHORT OF 10 PHAS, AND TO PRIORITIZE TECHNICAL ASSISTANCE FOR ITS FULL MEMBERSHIP OF 70 PHAS ACROSS THE COUNTRY.

NAME OF ORGANIZATION OR GOVERNMENT: SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE ESSENTIAL HEALTHCARE SERVICE DELIVERY FOR 4,684 REFUGEES AND ASYLUM SEEKERS IN GREECES ATTICA REGION AND BEKAA VALLEY AND ARSAL, LEBANON IN THE IMMEDIATE AFTERMATH OF THE COVID-19 OUTBREAK.

NAME OF ORGANIZATION OR GOVERNMENT: HIAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MITIGATE COVID-19-RELATED RISKS TO WOMEN, GIRLS, LGBTQ, AND OTHER MARGINALIZED GROUPS IN COSTA RICA AND PERU TO ENSURE SURVIVORS CAN ACCESS GENDER-BASED VIOLENCE RESPONSE SERVICES, AND TO SUPPORT PREPAREDNESS ACTIVITIES OF SERVICE PROVIDERS SO THEIR RESILIENCE CAN SUPPORT SURVIVORS IN FUTURE WAVES OF THE PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL TEAMS INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN COVID-19 PREVENTION AND RESPONSE AMONGST REFUGEE POPULATIONS IN MEDICAL TEAMS COUNTRY

**Part IV** Supplemental Information

PROGRAMS IN UGANDA, BANGLADESH AND TANZANIA.

NAME OF ORGANIZATION OR GOVERNMENT: MSI UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE CONTINUED ACCESS TO CONTRACEPTION, SAFE ABORTION, POST-ABORTION CARE, AND OTHER REPRODUCTIVE HEALTH SERVICES FOR WOMEN AND GIRLS AND THEIR FAMILIES DURING THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE TELEHEALTH PROGRAM TO MAINTAIN ACCESS TO HEALTHCARE DURING SOCIAL ISOLATION IN QUARANTINING, TO PROVIDE TESTS AND EQUIPMENT TO FRONTLINE CLINIC HEALTHCARE WORKERS WITH LIMITED ACCESS, TO PROVIDE CONTINUED ACCESS TO MEDICATION FOR CLINIC PATIENTS THROUGH MAIL ORDER AND OTHER MEANS AND TO PROVIDE OPERATIONAL AND TECHNICAL ASSISTANCE TO 1400 LOCAL CLINIC PARTNERS.

NAME OF ORGANIZATION OR GOVERNMENT: THE ASIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE NEW ECONOMIC OPPORTUNITIES FOR VULNERABLE UNDER/UNEMPLOYED JOB-SEEKING YOUTH IN MYANMAR AND TO HELP SMALL AND MEDIUM BUSINESSES MAINTAIN BUSINESS CONTINUITY AND SURVIVE DURING COVID-19 AND AS WELL AS ADAPT FOR A POSTCOVID WORLD. TO CONTRIBUTE TO TARGETED GAPS IN NEPAL IN ACCESS TO FINANCING INFORMATION, SMOOTH REINTEGRATION OF RETURNING MIGRANT WORKERS, AND GREATER INCOME SECURITY AMONG MICRO AND SMALL BUSINESSWOMEN ENTREPRENEURS WHOSE LIVELIHOODS HAVE BEEN DISPROPORTIONALLY IMPACTED BY COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT:



**Part IV** Supplemental Information

INFORMATION TECHNOLOGY DISASTER RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE WIFI CONNECTIVITY TO STUDENTS AND FAMILIES IN RURAL AND UNDERSERVED COMMUNITIES IN THE UNITED STATES WHILE COMMUNITIES ADJUST TO A NEW NORMAL DURING THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP WITH NATIVE AMERICANS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE PROVIDING RELIEF FOR TRIBES IMPACTED BY THE COVID-19 PANDEMIC WITH NEEDED ESSENTIAL GROCERIES AND OTHER PRODUCTS INCLUDING FOOD, WATER, ESSENTIAL SUPPLIES AND PPE SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: INITIATIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO RECOVERY COORDINATORS WHO WILL WORK IN CENTRAL MINNESOTA TO SUPPORT THE SPANISH AND SOMALI POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO CONSERVATION TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HAVE SUSTAINABLE COMMUNITY CENTERS THAT SERVE AS SYMBOLS OF SELF-SUFFICIENCY, HOPE AND INNOVATION.

NAME OF ORGANIZATION OR GOVERNMENT: AIRLINK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NGOS IN AFRICA, LATIN AMERICA/CARIBBEAN COST SAVINGS RELATED TO INTERNATIONAL AIRFREIGHT AND TO HELP THEM NAVIGATE COMPLEX CUSTOMS AND FIRST/LAST-MILE REQUIREMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NURSES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE MOST PRESSING

**Part IV** Supplemental Information

CHALLENGES FOR AMERICAS FOUR MILLION NURSES, WHO ARE ON THE FRONT LINES OF THE PANDEMIC: DIRECT FINANCIAL ASSISTANCE, MENTAL HEALTH AND WELL-BEING, ADVOCATING ON BEHALF OF NURSES AND PATIENTS, AND SHARING THE LATEST SCIENTIFIC DATA.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE SERVICES OF THE REBUILDING OUR COMMUNITY SONOMA COUNTY (ROC) LONG-TERM RECOVERY GROUP TO SERVE OUR MOST VULNERABLE SONOMA COUNTY RESIDENTS WHO HAVE BEEN DIRECTLY IMPACTED BY THE KINCADE FIRE.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FIRE RESPONSE AND RECOVERY FOR THOSE AFFECTED BY THE CZU AUGUST LIGHTENING COMPLEX FIRE.

NAME OF ORGANIZATION OR GOVERNMENT: DIRECT RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROTECT COMMUNITY HEALTH WORKERS ON THE FRONTLINES OF RESPONSE IN DIFFICULT-TO-REACH COMMUNITIES ACROSS 24 COUNTRIES IN SUB-SAHARAN AFRICA.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD CHAIN WORKERS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COVID-19 RESPONSE PROJECTS AND DIRECT RELIEF FUNDS OF MEMBERS REPRESENTING FOOD CHAIN WORKERS, WITH PIVOT OF ADVOCACY WORK AND INCREASE IN ORGANIZING AND OPERATIONS CAPACITY TO RESPOND TO THE CRISIS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEAR EAST FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A SUITE OF RAPID INTERVENTIONS TO HELP VULNERABLE ENTREPRENEURS, SMALL-SCALE FARMERS, AND FOOD PROCESSORS ADAPT THEIR OPERATIONS AND PROTECT THEIR WORKING CAPITAL, ASSETS, AND JOBS AND TO SUPPORT THE SURVIVAL AND RESILIENCE OF BUSINESSES, SMALL-SCALE AGRICULTURE, AND MARKET SYSTEMS THAT PROVIDE CRITICAL INCOME, EMPLOYMENT, AND FOOD SECURITY AS A RESULT OF COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW ORLEANS FAMILY JUSTICE ALLIANCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE LONG-TERM RECOVERY, STABILIZATION, AND SELF-SUFFICIENCY FOR VULNERABLE IMMIGRANT FAMILIES IMPACTED BY THE COVID-19 CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTO RICO COMMUNITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REACH/SUPPORT ANOTHER FIVE COMMUNITY AQUEDUCTS THAT MUCH NEED REPAIRS AND REHABILITATION TO ADDRESS DAMAGE FROM THE EARTHQUAKES AND 2017 HURRICANES AND TO BUILD THE CAPACITY OF THE COMMUNITY COMMITTEES/GROUPS/ORGANIZATIONS RESPONSIBLE FOR MAINTAINING THEM.

NAME OF ORGANIZATION OR GOVERNMENT:

ATLANTA WEALTH BUILDING INITIATIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IMMEDIATE SUPPORT OF BUSINESSES OWNED BY PEOPLE OF COLOR IN LIGHT OF THE ECONOMIC DISRUPTION CAUSED BY COVID-19, AS WELL AS THE LONG-TERM RECOVERY AND SUSTAINABILITY OF THE SMALL BUSINESS ECOSYSTEM.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TREE OF LIFE MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DISASTER RECOVERY SERVICES FOR THE YANKTON SIOUX LONG TERM RECOVERY GROUP. SERVICES INCLUDE DISASTER RECOVERY COORDINATION, CASE MANAGEMENT, NEEDS ASSESSMENT, AND LONG TERM RECOVERY GROUP DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FREMONT AREA UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COORDINATE SERVICES AND PROVIDE ASSISTANCE IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER IN DODGE AND WASHINGTON COUNTIES IN NEBRASKA.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION OF MIDDLE TENNESSEE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO NONPROFITS PROVIDING VITAL SERVICES BOTH IMMEDIATE AND LONG TERM TO MIDDLE TENNESSEE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE MIDLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COVID AND FLOOD RECOVERY COORDINATOR AND BILINGUAL RESOURCES FOR THE GREATER OMAHA METROPOLITAN AREA AND NINE COUNTIES IN SOUTHWEST IOWA.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHCARE READY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE FOR COMMUNITY-BASED ORGANIZATIONS AND LEADERS DOING THE WORK OF PREPARING AND PROTECTING MEDICALLY AND SOCIALLY VULNERABLE POPULATIONS DURING THE COVID-19 CRISIS BY KEEPING PATIENTS WITH CHRONIC CONDITIONS

**Part IV** Supplemental Information

FROM BECOMING ACUTE AND KEEPING SOCIALLY VULNERABLE POPULATIONS FROM ENTERING A CRISIS STATE.

NAME OF ORGANIZATION OR GOVERNMENT: CRESCENT CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE ACCESS TO HEALTH CARE AND OTHER SERVICES FOR VULNERABLE INDIVIDUALS, PARTICULARLY THE AFRICAN AMERICAN COMMUNITY, DURING THE COVID-19 CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGIA BUDGET & POLICY INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INFORM GEORGIA'S SHORT-, MEDIUM- AND LONG-TERM POLICY RESPONSE TO THE PANDEMIC, ENSURING THE STATE RECOVERS EQUITABLY AND RESILIENTLY, WHILE ADDRESSING CORE ISSUES RELATED TO HEALTH, EDUCATION, THE WORKFORCE AND THE SOCIAL SAFETY NET.

NAME OF ORGANIZATION OR GOVERNMENT: IMAGINE WATER WORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESPONSE TO THE COVID-19 PANDEMIC IN LOUISIANA IN ADDITION TO PREPAREDNESS FOR THE CONCURRENT DISASTERS OF COVID-19 AND HURRICANE SEASON WITH A FOCUS ON RESOURCING, CONNECTING, AND SUPPORTING VULNERABLE POPULATIONS IN NEW ORLEANS AND HOUMA.

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE RESOURCES AVAILABLE TO REPLENISH AND EXPAND THE SUPPLY OF SHELF-STABLE MEALS, FROZEN MEALS AND/OR OTHER NUTRITION SERVICES; TO SUBSIDIZE ADDITIONAL TRANSPORTATION AND PERSONNEL COSTS FOR LOCAL SITES; TO ENABLE IMPLEMENTATION OF TELEPHONE REASSURANCE AND OTHER TECH-BASED PROGRAMS TO CHECK IN AND CONNECT WITH ISOLATED SENIORS; AND TO USE BEST EFFORTS IN SEEKING TO

**Part IV** Supplemental Information

ENSURE SENIOR NUTRITION PROGRAMS EVERYWHERE HAVE ACCESS TO THE LATEST SCIENCE-BASED INFORMATION TO PROTECT THEMSELVES, PREVENT INFECTION AND CARE FOR THOSE IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL DOMESTIC WORKERS ALLIANCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LISTEN TO DOMESTIC WORKERS NEEDS, TO DEVELOP RESPONSIVE STRATEGIES, AND TO RAPIDLY DEPLOY THEM DURING THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

SEXUAL TRAUMA AWARENESS & RESPONSE (STAR)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MANAGE THE INCREASE IN REQUESTS FOR SEXUAL ASSAULT RESPONSE AND COUNSELING SERVICES IN CENTRAL AND SOUTH LOUISIANA.

NAME OF ORGANIZATION OR GOVERNMENT:

THE NATIONAL DOMESTIC VIOLENCE HOTLINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RESPOND TO THE INCREASING NUMBER OF PEOPLE IMPACTED BY DOMESTIC VIOLENCE, AS A RESULT OF COVID-19, THAT REQUIRE CRISIS INTERVENTION AND REFERRAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE THE CAPABILITY OF GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD TO RESPOND TO COVID-19 PANDEMIC-RELATED NEEDS, PREPARE FOR C-19 RECOVERY, AND PREPARE FOR DISASTER RECOVERY THROUGHOUT THE ND AND SD TRIBES.

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NAME OF ORGANIZATION OR GOVERNMENT: NEW AMERICAN PATHWAYS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY ASSISTANCE, CASE MANAGEMENT, AND EMPLOYMENT SUPPORT TO REFUGEES IN ATLANTA.

NAME OF ORGANIZATION OR GOVERNMENT:

REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES (RAICES)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MEET THE MENTAL AND BEHAVIORAL HEALTH NEEDS OF REFUGEE FAMILIES AS A MEANS OF ENSURING THE SECURITY AND STABILITY THAT HAS BEEN COMPROMISED DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTLAND UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE WORK OF THE DISASTER RECOVERY OUTREACH COORDINATOR FOR FLOOD RECOVERY IN THE GRAND ISLAND, NE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC BROADCASTING ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE PEOPLE ARE INFORMED AND EQUIPPED TO SAFELY RETURN TO WORK AND SOCIAL ACTIVITIES; TO COVER EMERGING HOTSPOTS; TO SUSTAIN OUR FOCUS ON PUBLIC POLICIES TO ADDRESS ECONOMIC AND HEALTH EQUITY; AND TO SUSTAIN VITAL FREE TUTORING FOR STUDENTS MOST IMPACTED BY REMOTE LEARNING AND OTHER DISRUPTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICANA COMMUNITY CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTAIN STABILITY THROUGH VITAL EMERGENCY SERVICES (FOOD AND INCOME INSECURITY, HOUSING, ACCESSING FEDERAL PUBLIC ASSISTANCE PROGRAMS, HEALTHCARE, AND MENTAL HEALTH) IN THIS UNPRECEDENTED TIME.

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NAME OF ORGANIZATION OR GOVERNMENT:

ATLANTA NEIGHBORHOOD DEVELOPMENT PARTNERSHIP INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MITIGATE THE COVID-19 IMPACT ON THE PHYSICAL, MENTAL AND FINANCIAL WELL-BEING OF OUR VULNERABLE RESIDENTS (LOW TO MODERATE INCOME POPULATIONS) BY PROVIDING FINANCIAL HOUSING SUPPORT, A SAFE AND STABLE HOUSING ENVIRONMENT AND SUPPORTIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES SOUTHWESTERN OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE MENTAL HEALTH SYMPTOM ACUITY AND INCREASE RESILIENCY AND SELF-SUFFICIENCY AND TO IMPROVE ACCESS TO FRESH AND HEALTHY FOOD CHOICES AND ELIMINATE HUNGER FOR THE REGIONS MOST VULNERABLE POPULATIONS INCLUDING IMMIGRANTS AND REFUGEES, INDIVIDUALS AND FAMILIES IN CRISIS, AND HOMEBOUND SENIORS AND CAREGIVERS.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE ONGOING CRISIS OF POVERTY IN THE MIAMI VALLEY REGION THROUGH A FOOD PANTRY AND WITH CASE MANAGEMENT AND FINANCIAL ASSISTANCE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD360

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ACCELERATE THE RECOVERY PROCESS BY FILLING PRODUCT GAPS ALLOWING NONPROFIT PARTNERS TO STEWARD THOSE DOLLARS TO OTHER PROGRAMMATIC ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: LATINO COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INVEST IN GRASSROOTS LATINO



**Part IV** Supplemental Information

NONPROFITS THAT ARE SUPPORTING LOW-INCOME AND FARMWORKER FAMILIES  
AFFECTED BY THE WILDFIRES DISASTER.

NAME OF ORGANIZATION OR GOVERNMENT: LATINO SERVICE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DECREASE MENTAL HEALTH STIGMA  
WITHIN THE LATINX COMMUNITY; TO ENGAGE AND EDUCATE THE LATINX COMMUNITY  
ON MENTAL HEALTH AND DISASTER PREPAREDNESS ISSUES AND RESOURCES; TO  
INSPIRE THE FUTURE MENTAL HEALTH WORKFORCE.

NAME OF ORGANIZATION OR GOVERNMENT: MENNONITE DISASTER SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL ASSISTANCE TO  
PINE RIDGE BY SUPPORTING MENNONITE DISASTER SERVICES TO RETURN TO SOUTH  
DAKOTA TO COMPLETE THE INSIDE/FINISH WORK ON THE PINE RIDGE VOLUNTEER  
CENTER/EMERGENCY OPERATIONS CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: METROMORPHOSIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD THE CAPACITY OF COMMUNITIES  
MOST IMPACTED BY COVID- 19 AND TO IMPLEMENT A RESPONSE THAT CENTERS  
COMMUNITY MEMBERS AND INDIGENOUS INSTITUTIONS IN LEADING RECOVERY  
EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL AFTERSCHOOL ASSOCIATION IN PARTNERSHIP WITH DISCOVERY EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HIGH QUALITY DIGITAL  
CONTENT AND IMPACTFUL ON-DEMAND PROFESSIONAL DEVELOPMENT FOR UNDER  
RESOURCED SCHOOLS THROUGHOUT THE UNITED STATES WITH A FOCUS ON PROVIDING  
DISTANCE LEARNING FOR STUDENTS AND EDUCATORS IN FL AND GA.

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NAME OF ORGANIZATION OR GOVERNMENT: OREGON COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT WILL PROVIDE FUNDS TO ALL REGIONS IN OREGON AFFECTED BY THE WILDFIRES; WITH A FOCUS ON THE ONGOING SUPPORT NEEDED FOR THOSE AFFECTED BY THE WILDFIRES, INCLUDING BUT NOT LIMITED TO: ACCESS TO MENTAL HEALTH RESOURCES AND TRAUMA COUNSELING, HOUSING, ECONOMIC AND WORKFORCE DEVELOPMENT, CHILD/FAMILY CARE, HEALTH, AND COMMUNITY VITALITY.

NAME OF ORGANIZATION OR GOVERNMENT:

RESTAURANT WORKERS COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESTAURANT WORKERS IN CRISIS AND SMALL BUSINESS OWNERS THROUGH DIRECT FINANCIAL ASSISTANCE AND LOANS.

NAME OF ORGANIZATION OR GOVERNMENT: SOLITA'S HOUSE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREVENT HOMELESSNESS RESULTING FROM COVID-RELATED INCOME LOSS/REDUCTION BY PROVIDING FINANCIAL ASSISTANCE AND COUNSELING SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: TENNESSEE CHARITABLE CARE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RAPID RESPONSE FINANCIAL SUPPORT TO TCCN MEMBERS SERVING LOW INCOME, UNINSURED AND UNDERINSURED PATIENTS TO ENABLE THEM TO SUSTAIN OR STRENGTHEN THEIR COVID-19 CLINICAL CARE OF SCREENING & TREATING AND TO MAINTAIN PRIMARY AND CHRONIC CARE SERVICES DURING THIS ONGOING PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: THE WAYUU TAYA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE ACCESS TO FOOD, HEALTH

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CARE, WATER AND SANITATION, AND LIVELIHOODS FOR THE MOST VULNERABLE COMMUNITIES IN THE INDIGENOUS REGION ALONG THE NORTHERN VENEZUELA-COLOMBIA BORDER.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP HOUSEHOLDS IMPACTED BY THE 2019 SOUTHERN CALIFORNIA WILDFIRES TO COLLECT INSURANCE FUNDS TO REPAIR/REPLACE AND NAVIGATE THE MYRIAD OF DECISIONS TO RESTORE THEIR QUALITY OF LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: WORKERS DEFENSE PROJECT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP LOW-WAGE, UNDOCUMENTED WORKERS AND THEIR FAMILIES IN AUSTIN, DALLAS AND HOUSTON STAY SAFE, HEALTHY AND FINANCIALLY STABLE DURING THE COVID-19 PANDEMIC BY EDUCATING IMMIGRANTS ABOUT THEIR LABOR RIGHTS, WORKPLACE SAFETY, AND RESOURCES; PROVIDING IMMIGRANT WORKERS WITH LEGAL ADVICE AND SUPPORT FOR EMPLOYMENT RIGHTS ISSUES; AND ADVOCATING FOR LOCAL, STATE AND FEDERAL POLICY CHANGES AND ASSISTING WITH POLICY ENFORCEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BASIC EMERGENCY NEEDS: MEALS, SHELTER, CHILDCARE, FACILITY SANITATION, CLIENT HEALTH EDUCATION AND SCREENINGS, SECURITY, AND MAINTENANCE FOR THE HOMELESS THROUGHOUT THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF CENTRAL AND NORTHERN MISSOURI

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

**Part IV** Supplemental Information

SERVICES FOR 2019 MISSOURI FLOODING THROUGHOUT CENTRAL AND NORTHERN MISSOURI.

NAME OF ORGANIZATION OR GOVERNMENT: CULTURE AID NOLA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NO BARRIER, FREE FOOD DISTRIBUTION AND INFORMATION DISSEMINATION TO POPULATIONS IN NEW ORLEANS MOST AFFECTED BY THE SOCIETAL IMPACT OF COVID-19 AND MOST AT RISK OF ECONOMIC COLLAPSE DUE TO WIDESPREAD JOB LOSS AND LACK OF PUBLIC OR PRIVATE SAFETY NET.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROJECT WILL SUPPLEMENT ONGOING EFFORTS TO RESTORE THE BORDEAUX FARMERS MARKET, SUPPORT REBUILDING THE COMMUNITY/ACTIVITY CENTER, AND SUPPORT RESTORATION OF WATER COLLECTION INTO THE MARKET CISTERN.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR RURAL STRATEGIES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPORT ON THE IMPACT OF COVID-19 ON RURAL COMMUNITIES NATIONALLY AND IN TARGETED STATES TO HELP FILL INFORMATION GAPS SO THAT CITIZENS AND POLICYMAKERS ARE AWARE OF SPECIAL CONDITIONS AFFECTING RURAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITYGIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CULTURALLY RELEVANT AND FIRST LANGUAGE OUTREACH AND SERVICES TO THE KAREN, LATINX AND EAST AFRICAN NEW AMERICANS LIVING AND WORKING IN THE WILLMAR AREA, MANY OF WHOM ARE WORKING IN OR HAVE FAMILY MEMBERS WORKING IN, AGRICULTURAL AND

**Part IV** Supplemental Information

MEAT PACKING ENVIRONMENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COORDINATOR FOR CULTURAL AND LINGUISTICALLY APPROPRIATE DISASTER CASE MANAGEMENT SERVICES FOR IMMIGRANT HOUSEHOLDS IN 3 COMMUNITIES IN NORTH CENTRAL SOUTH DAKOTA.

NAME OF ORGANIZATION OR GOVERNMENT: LAKOTA NATION DISASTER RESILIENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY CAPACITY FOR DISASTER RECOVERY FOR THE PINE RIDGE RESERVATION IN SOUTH DAKOTA.

SUPPORTED SERVICES INCLUDE TRAINING & EDUCATION, DISASTER CASE MANAGEMENT, AND RESOURCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

AMALGAMATED CHARITABLE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO USE ITS RAPID RESPONSE FUNDING INFRASTRUCTURE TO SUPPORT THE WORK OF CURRENT AND PROSPECTIVE GRANTEEES AS THEY MEET THE NEEDS OF THEIR VULNERABLE COMMUNITIES RELATED TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING NORTHEAST FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE CAPACITY TO DISTRIBUTE NUTRITIOUS FOODS TO MEET RISING NEED ENGENDERED BY THE PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE AT THE GREENLIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOR THE BASIC NEEDS OF THE UNSHELTERED HOMELESS DURING THE COVID-19 PANDEMIC INCLUDING FOOD (HOT

**Part IV** Supplemental Information

MEALS), WATER, AS WELL AS HYGIENE SUPPLIES, AND EDUCATION TO THE HOMELESS ON SOCIAL DISTANCING AND VIRUS PREVENTION.

NAME OF ORGANIZATION OR GOVERNMENT:

HARMONY COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY AND RELIEF ASSISTANCE INCLUDING NUTRITIONAL FOOD, TELETHERAPY COUNSELING, AND RENTAL AND UTILITY ASSISTANCE TO FAMILIES IMPACTED BY COVID-19. TO OFFER TRAINING AND BARRIER REMOVAL RESOURCES TO ASSIST FAMILIES WITH ACHIEVING SELF-SUFFICIENCY AND LIVABLE WAGES.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE SOUTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY ASSISTANCE, INCLUDING RENTAL AND UTILITY ASSISTANCE AND EMPLOYMENT SERVICES, TO BROWARD COUNTY, FLORIDA RESIDENTS WHO HAVE BEEN IMPACTED WITH LOSS OF INCOME DUE TO COVID-19. TO PROVIDE EXPANDED MEALS AND MOBILE SHOWERS TO THOSE FORCED TO LIVE ON THE STREET AND FOR THOSE WHO ARE FOOD INSECURE AND MARGINALLY HOUSED.

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSTON IMMIGRATION LEGAL SERVICES COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MEMBER AND PARTNER AGENCIES IN INCREASING CLIENT CAPACITY TO MEET BASIC NEEDS THROUGH THIS PANDEMIC INCLUDING DIRECT CASH ASSISTANCE, RENTAL AND UTILITY ASSISTANCE, FOOD, AND HEALTHCARE.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNEWS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE RECOVERY FROM THE

**Part IV** Supplemental Information

COVID-19 PANDEMIC AND TO STRENGTHEN COMMUNITY RESILIENCE IN SOUTHERN ZIMBABWE.

NAME OF ORGANIZATION OR GOVERNMENT: LEE INITIATIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP INDEPENDENT RESTAURANTS THAT HAVE BEEN DOING RELIEF WORK BY FEEDING THEIR COMMUNITIES REOPEN WITH SUSTAINABLE PRODUCTS.

NAME OF ORGANIZATION OR GOVERNMENT:

MOVIMIENTO PARA EL ALCANCE DE VIDA INDEPENDIENTE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXTENSIVE CAPACITY BUILDING PROGRAM AND EDUCATIONAL TOOL SPECIFICALLY DESIGNED FOR THE SAFE AND EFFECTIVE HANDLING OF PEOPLE WITH DISABILITIES IN THE MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY EFFORTS BEFORE, DURING AND AFTER A DISASTER OR EMERGENCY.

NAME OF ORGANIZATION OR GOVERNMENT:

SCHOTT FOUNDATION FOR PUBLIC EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RESOURCE SMALL, GRASSROOTS COMMUNITY GROUPS LED BY AND FOR PEOPLE OF COLOR WHO ARE ON THE FRONTLINES ADDRESSING THE BASIC NEEDS OF PARENTS, STUDENTS AND EDUCATORS WHILE WORKING TO KEEP SCHOOL SYSTEMS OPERATIONAL AND ACCOUNTABLE TO THEIR CONSTITUENTS AT THIS TIME.

NAME OF ORGANIZATION OR GOVERNMENT: SOWING SEEDS WITH FAITH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE YOUTH AND FAMILIES WITH SUSTAINABILITY AND RESOURCES TO BE EFFECTIVE AND EFFICIENT DURING THESE TIMES.

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NAME OF ORGANIZATION OR GOVERNMENT: TEACH FOR ALL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE DIGITAL TEACHING SKILLS THROUGH ONLINE TRAINING TO ENSURE LEARNING CONTINUITY AND DECREASE THE GAP FOR VULNERABLE STUDENTS IN BRAZIL.

NAME OF ORGANIZATION OR GOVERNMENT: THE FOODBANK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE EXPANDED DRIVE THRU FOOD DISTRIBUTIONS FROM TWO DAYS PER WEEK TO FOUR DAYS PER WEEK.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF FLORIDA'S FIRST COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP VULNERABLE POPULATIONS ADDRESS THEIR PRESSING NEEDS, EXACERBATED BY THE PANDEMIC, WITH A FOCUS ON CHILD CARE FOR LOW INCOME FAMILIES, PREVENTION OF SOCIAL ISOLATION FOR OLDER ADULTS, AND ASSISTANCE TO IMMIGRANTS TO OVERCOME BARRIERS AND CONNECT WITH RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: JACKSONVILLE AREA LEGAL AID INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE AVAILABILITY AND SCOPE OF FREE CIVIL LEGAL SERVICES TO MEET THE SUDDEN, SHARP INCREASE IN THE NUMBER OF INCOME-CHALLENGED AND OTHERWISE VULNERABLE FIRST COAST HOUSEHOLDS AT RISK OF BASIC NEEDS INSECURITY, AS A RESULT OF THE COVID-19 CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: CONEXION AMERICAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MEET THE NEEDS OF TENNESSEE'S LATINO, IMMIGRANT AND REFUGEE COMMUNITIES IN A LINGUISTICALLY AND CULTURALLY RESPONSIVE WAY WITH A FOCUS ON FOOD SECURITY, EMERGENCY



**Part IV** Supplemental Information

ECONOMIC ASSISTANCE, HEALTH ACCESS, SMALL BUSINESS SUPPORT AND DIGITAL INCLUSION.

NAME OF ORGANIZATION OR GOVERNMENT: EL PUENTE EDUCATIONAL CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DECREASE IMMEDIATE FINANCIAL HARDSHIP DUE TO THE PANDEMIC, TO INCREASE ACCESS TO TECHNOLOGY AND HELP DEVELOP THE LATINO COMMUNITY'S SKILLS TO USE IT, AND TO INCREASE MENTAL AND EMOTIONAL SUPPORT FOR ALL LATINO FAMILIES IN DAYTON, OHIO AND SURROUNDING AREAS.

NAME OF ORGANIZATION OR GOVERNMENT:

TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THAT OUR TN IMMIGRANT AND REFUGEE COMMUNITIES HAVE EQUITABLE ACCESS TO THE RESOURCES AVAILABLE THROUGH COMMUNITY EDUCATION, REFERRALS, ONGOING CASE MANAGEMENT, AND DIRECT FINANCIAL ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED NEIGHBORHOOD HEALTH SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REACH SOME OF THE MOST VULNERABLE AND AT RISK RESIDENTS OF NASHVILLE AND REDUCE COVID-19 TRANSMISSION; THEREBY REDUCING POTENTIAL ILLNESS, HOSPITALIZATION AND DEATH WHILE CARING FOR THIS VULNERABLE POPULATION IN SUCH A WAY THAT THEIR HEALTH IS MAINTAINED OR IMPROVED TO AN OPTIMAL LEVEL.

NAME OF ORGANIZATION OR GOVERNMENT: BACKSIDE LEARNING CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IMMEDIATE COVID-19 MITIGATION-RELATED SERVICES TO A COMMUNITY THAT LACKS ACCESS; THIS

**Part IV** Supplemental Information

INCLUDES CULTURALLY AND LINGUISTICALLY APPROPRIATE EDUCATION AROUND PREVENTION, ON-SITE MASS DISTRIBUTION OF MASKS, SANITIZER AND OTHER SUPPLIES AS WELL AS EXTENDED CASE MANAGEMENT SERVICES TO FAMILIES AND INDIVIDUALS WHO HAVE BEEN MOST AFFECTED BY THE PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT CONNECT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO FAMILIES IN THE NASHVILLE AREA THAT HAVE BEEN HIT BY ECONOMIC HARDSHIP AS A RESULT OF COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOW DAYS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHILDRENS SOCIAL-EMOTIONAL DEVELOPMENT AND MEET TANGIBLE NEEDS FOR HOMELESS CHILDREN AND CHILDREN FROM LOW INCOME FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A DIVERSITY TECHNOLOGY ADVOCATE WHO WILL PROVIDE IT SUPPORT TO PARENTS, STUDENTS, AND TEACHERS AS THEY NAVIGATE ONLINE AND HYBRID LEARNING DUE TO THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF KANSAS CITY ST. JOSEPH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DISASASTER CASE MANAGEMENT SERVICES FOR 2019 FLOOD RECOVERY THROUGHOUT THE REGION AND FOR THE 2020 ST. JOSEPH, MO FLOOD.

NAME OF ORGANIZATION OR GOVERNMENT:

JUBILEE PARK & COMMUNITY CENTER CORPORATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RELIEF EFFORTS LIKE FOOD AND BILL ASSISTANCE ALONGSIDE RESTORATIVE PROGRAMS UNDER FIVE KEY PILLARS: SAFETY, HEALTH, HOUSING, EDUCATION/WORKFORCE, AND OPPORTUNITY FOR THE GREATER SOUTHEAST DALLAS COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY REFUGEE MINISTRIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MITIGATE COVID IMPACT ON LOUISVILLE'S REFUGEE AND IMMIGRANT COMMUNITY WITH SUPPORT IN THREE AREAS: MEDICAL ACCESS; REMOTE EDUCATION SUPPORT AND BASIC NEEDS SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: NORFOLK AREA UNITED WAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COVID AND FLOOD RECOVERY COORDINATOR IN CENTRAL NEBRASKA (NORFOLK AREA) AND TO PROVIDE BILINGUAL SERVICES FOR SPANISH-SPEAKING MEMBERS OF THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SCEPTRE FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REINFORCE THE FAMILYS OVERALL HEALTH AND CAPACITY TO FUNCTION UNDER ABNORMAL CONDITIONS CAUSED BY COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: SQUARE MILE COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FRESH PRODUCE, FOOD ITEMS, AND NUTRITIONAL SUPPORT AND EDUCATION TO NEIGHBORHOODS DESIGNATED AS FOOD DESERTS BY THE USDA AT REDUCED COST OR FREE FOR FAMILIES IMPACTED BY COVID-19 AND TO FOCUS ON ECONOMIC RECOVERY FOR LIMITED RESOURCE, WOMEN, AND MINORITY OWNED BUSINESSES AND ENTREPRENEURS WHO HAVE FACED ECONOMIC HARDSHIPS AS A RESULT OF THE PANDEMIC.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: QUAD CITIES LATINO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COVID AND FLOOD RECOVERY COORDINATOR IN LOUISA COUNTY, IOWA WITH FOCUS ON LATINX AND CHIN COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ADARA DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREVENT THE SPREAD OF COVID-19 IN CENTRAL UGANDA AND TO REDUCE THE POTENTIALLY CATASTROPHIC IMPACTS IT WILL HAVE ON THE DELIVERY OF ESSENTIAL HEALTH SERVICES BY PROTECTING AND EDUCATING FRONTLINE HEALTH WORKERS AT KIWOKO HOSPITAL WITH THE NECESSARY EQUIPMENT AND PROTOCOLS AND ENSURING THE MAINTENANCE AND ADAPTATION OF ESSENTIAL FACILITY-BASED AND COMMUNITY OUTREACH HEALTH SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

BATON ROUGE COMMUNITY COLLEGE FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNOLOGY TO SUPPORT REMOTE STUDENT SERVICES FOR FACULTY AND STAFF AND TRAINING TO HELP FULFILL THE MISSION OF BATON ROUGE COMMUNITY COLLEGE.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A DISASTER CONSTRUCTION MANAGER TO FOCUS ON HOUSING RECOVERY NEEDS FOR LOW-INCOME, ELDERLY, AND RURAL POPULATIONS THROUGHOUT THE 27 IMPACTED COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: HANDS ON NASHVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD CAPACITY FOR NASHVILLE-AREA ORGANIZATIONS PROVIDING SERVICES TO THOSE DIRECTLY AND ECONOMICALLY IMPACTED BY COVID-19 THROUGH VOLUNTEER RECRUITMENT AND SUPPORT FOR SAFE

**Part IV** Supplemental Information

SERVICE OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS OF TAMPA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FEED AND CARE FOR TAMPA'S VULNERABLE AT HOME AND AT RISK NEIGHBORS, WHO ARE SHELTERING IN THEIR HOMES DUE TO THEIR PHYSICAL/MENTAL LIMITATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MIYAMOTO GLOBAL DISASTER RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STRUCTURAL REPAIRS ACCORDING TO CULTURAL HERITAGE AND BUILDING SAFETY GUIDELINES TO VULNERABLE HOUSEHOLDS THAT HAVE SUFFERED FROM THE EXPLOSION IN AUGUST 2020.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH VALLEY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MEET THE IMMEDIATE NEEDS OF THOSE DIRECTLY AFFECTED BY WILDFIRES DURING THE INITIAL CRISIS AND TO SUPPORT LONG-TERM RECOVERY IN THE REGION AFFECTED BY WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: SOLANO COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RELIEF AND RECOVERY EFFORTS (DIRECT SERVICES, RESOURCES AND FINANCIAL ASSISTANCE) FOR THOSE AFFECTED BY FIRE DISASTERS IN SOLANO COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS TRIBUNE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO GIVE TEXANS PLENTIFUL ACCESS TO NONPARTISAN NEWS AND INFORMATION ABOUT THE CORONAVIRUS PANDEMIC AND RELATED STATEWIDE ISSUES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NASHVILLE FOOD PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MEET THE INCREASED NEED FOR HEALTHY, NUTRITIOUS FOOD FOR THOSE RESIDENTS HARDEST HIT BY THE COVID-19 PANDEMIC BY SHARING INDIVIDUALLY PACKAGED MEALS AND PRODUCE.

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA EXTENSION (UNIVERSITY OF NEBRASKA LINCOLN)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DISASTER-IMPACTED COMMUNITIES IN NEBRASKA WITH ASSESSMENTS, LEADERSHIP DEVELOPMENT, AND MENTAL-WELLBEING NEEDS IDENTIFIED BY THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: THE EQUITY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE RESIDENTS ABOUT HOMEOWNER, RENTER AND COVID-19 RIGHTS; TO HOLD BAD ACTORS AND OFFICIALS ACCOUNTABLE; TO CONNECT RESIDENTS TO HELPFUL AND LEGITIMATE SOURCES OF INFORMATION AND FINANCIAL HELP TO DEAL WITH THE TORNADO RECOVERY AND CORONAVIRUS; AND TO BUILD THE POWER TO ENSURE EMERGENCY RELIEF FUNDS ARE DISTRIBUTED EQUITABLY AND THE RECOVERY INCREASES THE GENERATIONAL WEALTH AND WELL-BEING OF BLACK NORTH NASHVILLIANS.

NAME OF ORGANIZATION OR GOVERNMENT: MCKENZIE COMMUNITY DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RAMP UP THE TRANSITION WORK BASED ON TRANSFORMING THE PASSIVE SUPPORT OF THE RELIEF CENTERS INTO THE ACTIVE SUPPORT OF INDIVIDUALS THROUGH COMMUNITY ORGANIZERS AND NEIGHBORS HELPING NEIGHBORS AND TO RAMP UP THE SUPPORT OF ECONOMIC AND COMMUNITY WELLBEING WITH PROJECTS PLANNED AND FUNDED DURING THE TRANSITION PHASE.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD VISION, INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SHELTER, DISTRIBUTE NON-FOOD ITEMS AND PROVIDE FOOD VOUCHERS TO MOST VULNERABLE FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE MINISTRIES OF POINTE COUPEE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND EXPAND THE CAPACITY OF THE FOOD PANTRY AND CLIENT SERVICES PROGRAMS SERVING THE VULNERABLE AND AT-RISK POPULATIONS IN POINTE COUPEE PARISH.

NAME OF ORGANIZATION OR GOVERNMENT:

ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT INC

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

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH DAKOTA VOAD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A STATEWIDE ASSESSMENT OF LONG TERM RECOVERY GROUPS AND A LONG TERM RECOVERY SUMMIT/TRAINING IN RESPONSE TO 2019 SOUTH DAKOTA FLOODS.

NAME OF ORGANIZATION OR GOVERNMENT: THE HEARTH

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COMPASSIONATE LISTENING PROJECT SEEKS TO ORGANIZE, TRAIN, EQUIP, AND DEPLOY LOCAL COMMUNITY MEMBERS TO PROVIDE HIGH-QUALITY, NEIGHBOR-TO-NEIGHBOR, EMOTIONAL CARE TO THE DIVERSE RESIDENTS OF SOUTHERN OREGON SUFFERING FROM RECENT FIRE DISASTERS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2020**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://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 Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

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

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

Schedule J (Form 990) 2020



**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) PATRICIA MCILREAVY PRESIDENT & CEO	(i)	200,710.	0.	0.	7,748.	4,891.	213,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REGINE WEBSTER VICE PRESIDENT	(i)	178,239.	5,000.	0.	5,130.	7,312.	195,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	(i)	148,371.	5,000.	0.	7,248.	1,597.	162,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://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	3,107	312,962.	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 V, Donee Acknowledgement **29**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

UNIQUE WEBSITE PAGE VIEWS AVERAGED ALMOST 123,000 PER MONTH WITH AN  
AVERAGE OF NEARLY 83,000 MONTHLY USERS AND A CONSIDERABLE SPIKE IN  
TRAFFIC DURING TIMES OF DISASTERS. CDP ALSO HAD AN ACTIVE SOCIAL MEDIA  
PRESENCE ACROSS MULTIPLE PLATFORMS, WITH OVER 23,000 FACEBOOK LIKES AND  
AN AVERAGE OF NEARLY 195,000 MONTHLY IMPRESSIONS ON TWITTER.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
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DISASTER PHILANTHROPY FIELD TO GROW A DATA-GATHERING NETWORK COMPOSED OF MAJOR GRANTORS AND GRANTEES 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?

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

CDP CONTINUED TO EXPAND THE CONTENT AVAILABLE IN THE DISASTER  
PHILANTHROPY PLAYBOOK IN 2020.

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

- 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.

- ANNUAL DISASTER MANAGEMENT SUPPORT TO ASSIST ORGANIZATIONS WITH  
CUSTOMIZED DISASTER CONTENT AND NGO INFORMATION IMMEDIATELY FOLLOWING A  
DISASTER.

CDP SERVED ITS CLIENTS IN 2020 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:

HURRICANE SEASON RECOVERY FUND AND THE CA WILDFIRES RECOVERY FUND WILL  
BE EVERGREEN FUNDS AND WILL RAISE DONATIONS FOR HURRICANES AND

WILDFIRES IN 2020 AND FUTURE YEARS. THESE TWO FUNDS ALONG WITH THE CO  
WILDFIRES RECOVERY FUND HAVE RAISED OVER \$3.1 MILLION THROUGH THE END

OF 2020. GRANTS FROM THESE TWO FUNDS WILL BE AWARDED IN 2021. THE  
COVID-19 RESPONSE FUND WAS CDP'S FIRST DISASTER FUND THAT AWARDED BOTH

RESPONSE AND RECOVERY GRANTS. DURING 2020, CDP RAISED APPROXIMATELY \$40  
MILLION AND EXPECTS TO CONTINUE FUNDRAISING EFFORTS INTO 2021. CDP

Name of the organization CENTER FOR DISASTER PHILANTHROPY, INC.	Employer identification number 45-5257937
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GRANTED \$19.9 MILLION IN 2020 TO SUPPORT NONPROFIT ORGANIZATIONS WORKING DIRECTLY TO RESPOND TO THE PANDEMIC AMONG VULNERABLE POPULATIONS IN ORDER TO HELP BUILD THEIR CAPACITY TO ADDRESS THE MOST PRESSING NEEDS.

- 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 RAISED OVER \$3.6 MILLION. DURING 2020, GRANTS TOTALING \$3.4 MILLION WERE AWARDED FOR THESE DISASTERS.

- CDP LAUNCHED THE REFUGEE CRISIS FUND IN 2015 AND TRANSITIONED THIS FUND INTO THE GLOBAL RECOVERY FUND IN 2019 TO ALLOW CDP TO RECEIVE DONATIONS FOR ANY INTERNATIONAL DISASTER. IN 2020, CDP RAISED \$1.7 MILLION FOR VARIOUS DISASTERS AROUND THE GLOBE AND AWARDED GRANTS TOTALING \$1.6 MILLION.

- CDP MANAGES THE DISASTER RECOVERY FUND WHICH FOCUSES ON MID AND LONG-TERM RECOVERY FOR DOMESTIC DISASTERS FOR WHICH CDP DOESN'T LAUNCH A SEPARATE FUND. CDP'S DISASTER RECOVERY FUND RAISED \$1.0 MILLION AND GRANTED \$0.8 MILLION TO SUPPORT RECOVERY EFFORTS OF VARIOUS DOMESTIC DISASTERS IN 2020.

- CDP WAS AWARDED A NEW THREE-YEAR GRANT OF \$3.1 MILLION IN 2019 TO SUPPORT THE CONTINUATION OF THE MIDWEST EARLY RECOVERY FUND'S WORK THROUGH 2022. 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



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45-5257937

MOST VULNERABLE POPULATIONS THAT ARE IMPACTED BY LOCAL "LOW-ATTENTION"  
DISASTERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS IN ORDER TO ALLOW THEIR  
REVIEW, COMMENT AND APPROVAL BEFORE IT IS FILED.

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

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION  
OF THE PRESIDENT & CEO ANNUALLY IN ORDER TO DETERMINE COMPARABLE  
COMPENSATION FOR ORGANIZATIONS OF SIMILAR SIZE AND SCALE TO CDP. THE  
EXECUTIVE COMMITTEE MAY ALSO REVIEW COMPENSATION REPORTS. THE EXECUTIVE  
COMMITTEE PROVIDES A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL  
APPROVAL. COMPENSATION OF ALL OTHER EMPLOYEES IS DETERMINED BY THE  
PRESIDENT & CEO. THE PRESIDENT & CEO REVIEWS COMPENSATION STUDIES FOR  
ORGANIZATIONS OF SIMILAR SIZE AND SCALE AND SEEKS GENERAL GUIDANCE FROM THE  
BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR  
PA, RI, SC, TN, UT, VA, WA, WV, WI, NV, AL, AK, AR

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

FORM 990, PART IX, LINE 11G

OTHER EXPENSES:

ADVISORY SERVICES CONSULTANTS:

PROGRAM SERVICES \$258,735

MANAGEMENT AND GENERAL \$6,980

CONSULTING AND HR:

PROGRAM SERVICES \$95,747

MANAGEMENT AND GENERAL \$19,048

FUNDRAISING \$17,540

OTHER:

PROGRAM SERVICES \$4,500

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES FROM PRIOR YEAR.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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	369.	13,051.	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) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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 .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>	X	
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>	X	
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



**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.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CENTER FOR DISASTER PHILANTHROPY, INC.</b>	Taxpayer identification number (TIN) <b>45-5257937</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE THOMAS CIRCLE, NW, NO. 700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ▶ **ONE THOMAS CIRCLE, NW, NO. 700 - WASHINGTON, DC 20005**  
Telephone No. ▶ **202-464-2018** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.