

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

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to 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.

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.

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

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ► **ONE THOMAS CIRCLE, NW, 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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2021** 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

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 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>ONE THOMAS CIRCLE, NW</td> <td>700</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: PATRICIA MCILREAVY SAME AS C ABOVE</td> </tr> </table>	C Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.		Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	ONE THOMAS CIRCLE, NW	700	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		F Name and address of principal officer: PATRICIA MCILREAVY SAME AS C ABOVE	
C Name of organization CENTER FOR DISASTER PHILANTHROPY, INC.													
Doing business as													
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite												
ONE THOMAS CIRCLE, NW	700												
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005													
F Name and address of principal officer: PATRICIA MCILREAVY SAME AS C ABOVE													
D Employer identification number 45-5257937													
E Telephone number 202-464-2018													
G Gross receipts \$ 19,775,155.													
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions													
H(c) Group exemption number ▶													
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
J Website: ▶ WWW.DISASTERPHILANTHROPY.ORG													
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶													
L Year of formation: 2012 M State of legal domicile: DC													

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LEVERAGING PHILANTHROPY TO STRENGTHEN COMMUNITIES TO WITHSTAND AND RECOVER FROM DISASTERS.		
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	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)	54,795,043.	19,138,518.
	9	Program service revenue (Part VIII, line 2g)	306,365.	495,548.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,235.	131,523.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	790.	998.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,203,433.	19,766,587.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,197,355.	24,454,300.
	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)	2,064,460.	2,175,468.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	374,903.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	597,612.	609,291.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,859,427.	27,239,059.
	19	Revenue less expenses. Subtract line 18 from line 12	22,344,006.	-7,472,472.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	37,440,525.	30,461,174.
	21	Total liabilities (Part X, line 26)	456,497.	948,995.
	22	Net assets or fund balances. Subtract line 21 from line 20	36,984,028.	29,512,179.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer PATRICIA MCILREAVY, PRESIDENT & CEO		Date 4/27/2022
	Type or print name and title		
Paid Preparer	Print/Type preparer's name ROHINI CHANDRABHATLA	Preparer's signature ROHINI CHANDRABHATLA	Date 04/27/22
Use Only	Firm's name ▶ SIKICH LLP	Firm's EIN ▶ 36-3168081	Check <input type="checkbox"/> if self-employed PTIN P00740442
	Firm's address ▶ 1199 N. FAIRFAX STREET 10TH FLOOR ALEXANDRIA, VA 22314	Phone no. (703) 836-1350	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 28,083. including grants of \$) (Revenue \$)
(1) 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 \$ 3,857,566. including grants of \$ 3,512,304.) (Revenue \$ 495,548.)
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.
- STRATEGIC PLANNING - TO CUSTOMIZE DISASTER PHILANTHROPY STRATEGIES

4c (Code:) (Expenses \$ 21,848,776. including grants of \$ 20,941,996.) (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 HURRICANE SEASON

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

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

4e Total program service expenses **25,734,425.**Form **990** (2021)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	22
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
THE ORGANIZATION - 202-464-2018
ONE THOMAS CIRCLE, NW, 700, WASHINGTON, DC 20005

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				293,744.	0.	12,592.
(2) REGINE WEBSTER VICE PRESIDENT	32.00			X				216,520.	0.	5,944.
(3) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	30.00			X				165,671.	0.	8,171.
(4) SALLY RAY DIRECTOR, DOMESTIC FUNDS	40.00				X			126,710.	0.	5,563.
(5) ANNA KRISTINA MOORE SENIOR DIRECTOR OF MARKETING AND COM	40.00				X			117,611.	0.	6,573.
(6) DEVIN MATHIAS SENIOR DIRECTOR OF DEVELOPMENT	40.00				X			117,611.	0.	6,049.
(7) KENNETH M JONES II CHAIR	5.00	X		X				0.	0.	0.
(8) TIFFANY BENJAMIN VICE CHAIR	1.00	X		X				0.	0.	0.
(9) SAM WORTHINGTON SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(10) TRAVIS CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(11) HEATHER GERONEMUS BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANITA WHITEHEAD BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHRISTINE RILEY MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(14) SABRENA SILVER BOARD MEMBER	1.00	X						0.	0.	0.

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
1b Subtotal								1,037,867.	0.	44,892.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,037,867.	0.	44,892.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KIMBERLEE MAPHIS EARLY 110 31ST AVENUE N #904, NASHVILLE, TN 37203	CONSULTING	110,634.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,138,518.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 27,077.				
	h Total. Add lines 1a-1f			19,138,518.			
Program Service Revenue	2 a CONSULTING FEES	Business Code	541610	495,548.	495,548.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			495,548.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			132,146.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses ...							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				-623.			-623.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code	900099	998.			998.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			998.			
	12 Total revenue. See instructions			19,766,587.	495,548.	0.	132,521.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,071,241.	23,071,241.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,383,059.	1,383,059.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	702,643.	189,825.	427,566.	85,252.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,292,738.	612,244.	456,221.	224,273.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,747.	25,256.	11,162.	7,329.
9 Other employee benefits	10,347.	4,546.	4,027.	1,774.
10 Payroll taxes	125,993.	45,689.	58,885.	21,419.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,111.		7,111.	
c Accounting	18,000.		18,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	404,721.	330,390.	65,789.	8,542.
12 Advertising and promotion	24,023.	9,691.	10,577.	3,755.
13 Office expenses	94,294.	36,371.	42,750.	15,173.
14 Information technology	30,263.	10,981.	15,802.	3,480.
15 Royalties				
16 Occupancy	1,800.	726.	793.	281.
17 Travel	3,094.	2,257.	837.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,699.	3,562.	839.	298.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,751.	5,144.	5,614.	1,993.
23 Insurance	8,535.	3,443.	3,758.	1,334.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	27,239,059.	25,734,425.	1,129,731.	374,903.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	34,082,009.	2	28,817,084.
	3 Pledges and grants receivable, net	3,291,263.	3	1,511,228.
	4 Accounts receivable, net	41,040.	4	37,457.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,963.	9	27,210.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 114,228.		
	b Less: accumulated depreciation	10b 46,258.		
		8,025.	10c	67,970.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	225.	15	225.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,440,525.	16	30,461,174.	
Liabilities	17 Accounts payable and accrued expenses	229,883.	17	248,869.
	18 Grants payable	150,000.	18	547,663.
	19 Deferred revenue	76,614.	19	152,463.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	456,497.	26	948,995.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,715,659.	27	9,668,819.
	28 Net assets with donor restrictions	29,268,369.	28	19,843,360.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,984,028.	32	29,512,179.
	33 Total liabilities and net assets/fund balances	37,440,525.	33	30,461,174.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,766,587.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,239,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,472,472.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,984,028.
5	Net unrealized gains (losses) on investments	5	623.
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	29,512,179.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21254221.	7058152.	13747286.	54795043.	19138518.	115993220
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21254221.	7058152.	13747286.	54795043.	19138518.	115993220
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						30996104.
6 Public support. Subtract line 5 from line 4.						84997116.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	21254221.	7058152.	13747286.	54795043.	19138518.	115993220
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,086.	106,235.	60,254.	108,968.	133,144.	434,687.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						116427907
12 Gross receipts from related activities, etc. (see instructions)					12	1,973,921.
13 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	73.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	70.70 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,526,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,133,698.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,270,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,147,003.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 438,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 424,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

45-5257937

Part II

[illegible]

Name of organization

Employer identification number

CENTER FOR DISASTER PHILANTHROPY, INC.**45-5257937****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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

2021

Open to Public Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I

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

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		32,118.	19,497.	12,621.
e Other		82,110.	26,761.	55,349.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				67,970.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,297,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	623.
b	Donated services and use of facilities	2b	1,682,332.
c	Recoveries of prior year grants	2c	-152,150.
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,530,805.
3	Subtract line 2e from line 1	3	19,766,587.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,766,587.

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

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

1	Total expenses and losses per audited financial statements	1	28,769,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,682,332.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-152,150.
e	Add lines 2a through 2d	2e	1,530,182.
3	Subtract line 2e from line 1	3	27,239,059.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,239,059.

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

CENTER FOR DISASTER PHILANTHROPY, INC.

45-5257937

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		88,634.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,294,425.
3 a Subtotal	0	0			1,383,059.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,383,059.

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

Schedule F (Form 990) 2021

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED TO PROVIDE RELIEF ITEMS, MENTAL HEALTH AND	404,234.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED FOR THE VIETNAM FLOODS OF 2020 TO PROVIDE	225,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED FOR THE WILDFIRES IN SOUTHERN TURKEY TO USE	115,191.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED FOR TYPHOONS ULYSSES AND ROLLY RELIEF IN THE	100,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED FOR BELGIAN FLOOD RELIEF TO PROVIDE FIRST AID AND	250,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED FOR TORNADO RELIEF AND RECOVERY IN THE CZECH REPUBLIC	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	THIS GRANT WAS AWARDED FOR WILDFIRE RELIEF IN AUSTRALIA TO PROVIDE ACCESSIBLE	88,634.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THIS GRANT WAS AWARDED FOR FLOOD RELIEF IN LUXEMBOURG TO PROVIDE CASH	100,000.	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

8

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

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: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED TO PROVIDE RELIEF ITEMS, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, RECOVERY ACTIVITIES AND DISASTER RISK REDUCTION FOR FLOOD RELIEF IN GERMANY IN BAVARIA, RHINELAND-PALATINATE AND NORTH-RHINE-WESTFALIA.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR THE VIETNAM FLOODS OF 2020 TO PROVIDE PERMANENT FLOOD RESISTANT SHELTERS AND CASH GRANTS FOR LIVELIHOOD RESTORATION IN FOUR TARGETED PROVINCES WITHIN 8 MONTHS, NAMELY QUANG BINH, QUANG TRI, THUA THIEN HUE AND QUANG NAM.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR THE WILDFIRES IN SOUTHERN TURKEY TO USE MICROGRANTS AND COMMUNITY-LED RESPONSE TO REDUCE THE RISK AND ENHANCE RESILIENCE FOR AFFECTED AREAS AND AT-RISK

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.

POPULATIONS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR TYPHOONS ULYSSES AND ROLLY RELIEF IN THE PHILIPPINES TO PROVIDE CASH TRANSFER PROGRAMMING, LIVELIHOOD INTERVENTIONS AND HEALTH AND HYGIENE SUPPORT AND AWARENESS IN CATANDUANES AND CAGAYAN PROVINCES.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR BELGIAN FLOOD RELIEF TO PROVIDE FIRST AID AND PSYCHOLOGICAL HELP, CASH ASSISTANCE, EMERGENCY SHELTERS AND EARLY AND LONG TERM RECOVERY FOR FLOOD-AFFECTED POPULATIONS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR TORNADO RELIEF AND RECOVERY IN THE CZECH REPUBLIC FOR DISTRIBUTION OF ITEMS AND CASH GRANTS FOR HOME REBUILDS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR WILDFIRE RELIEF IN AUSTRALIA TO PROVIDE ACCESSIBLE GRANTS TO SUPPORT COMMUNITY LED PROJECTS FOR MEDIUM TO LONG TERM RECOVERY IN RURAL, REGIONAL AND REMOTE AUSTRALIA.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: THIS GRANT WAS AWARDED FOR FLOOD RELIEF IN LUXEMBOURG TO PROVIDE CASH TRANSFERS TO THE MOST FLOOD AFFECTED HOUSEHOLDS.

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALL HANDS AND HEARTS, INC. 6 COUNTY ROAD SUITE 6 MATTAPoisETT, MA 02739	20-3414952	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN THE PARADISE AREA OF CALIFORNIA TO TRAIN AND
AMERICAN NURSES FOUNDATION 8515 GEORGIA AVE STE 400 SILVER SPRING, MD 20910-3492	13-1893924	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO PROVIDE MUCH-NEEDED
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)3	50,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE SULAWESI EARTHQUAKE TO PROVIDE REPAIRS TO 1-2
AMREF HEALTH AFRICA 75 BROAD STREET, SUITE 703 NEW YORK, NY 10004	13-1867411	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN KENYA TO SUPPORT LOGISTICS, SET-UP AND
AVSI-USA 8730 GEORGIA AVENUE, SUITE 209 SILVER SPRING, MD 20910	13-4147973	501(C)3	159,876.	0.			THIS GRANT WAS AWARDED FOR EARTHQUAKE RECOVERY IN HAITI TO PROVIDE PHYSICAL AND PSYCHOSOCIAL
BLACK ALLIANCE FOR JUST IMMIGRATION - 1368 FULTON ST SUITE 311 - BROOKLYN, NY 11216	27-1911378	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR THE SOUTHERN BORDER CRISIS AT THE US/MEXICO BORDER TO SUPPORT BLACK

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

105.

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

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON FOUNDATION - HAITIAN DEVELOPMENT INSTITUTE (HDI) - 75 ARLINGTON STREET - BOSTON, MA 02116	04-2104021	501(C)3	249,997.	0.			THIS GRANT WAS AWARDED FOR EARTHQUAKE RECOVERY IN HAITI TO BRING RESOURCES TO AFFECTED
BOYS AND GIRLS CLUB OF THE LEECH LAKE AREA - 208 CENTRAL AVE - CASS LAKE, MN 56633	41-1929446	501(C)3	95,326.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN THE LEECH LAKE AREA, LEECH LAKE, MINNESOTA TO
CARLTON COMPLEX LONG TERM RECOVERY PO BOX 655 PATEROS, WA 98846	47-3112482	501(C)3	108,708.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN WASHINGTON TO PROVIDE DISASTER CASE MANAGEMENT,
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC. - 1232 N CLASSEN BLVD - OKLAHOMA CITY, OK 73106-6810	73-0636561	501(C)3	105,722.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE FEBRUARY 2021 WINTER STORMS IN OKLAHOMA CITY,
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR EARTHQUAKE RECOVERY IN HAITI TO SUPPORT EARTHQUAKE AFFECTED
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN LIBERIA AND NIGERIA TO COMBAT VACCINE HESITANCY
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	135,409.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN GREECE TO PROVIDE ACCESS TO SOCIAL SERVICES AND
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN NICARAGUA TO REACTIVATE LIVELIHOODS THROUGH
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	153,327.	0.			THIS GRANT WAS AWARDED TO ASSIST VULNERABLE FARMERS IN SAINT VINCENT AND THE GRENADINES AFFECTED BY

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CENTER ASSOCIATES 9 N 4TH AVENUE MARSHALLTOWN, IA 50158-1836	42-0805386	501(C)3	75,350.	0.			THIS GRANT WAS AWARDED FOR STORM RECOVERY IN MARSHALLTOWN, IOWA TO PROVIDE ENHANCED MENTAL
CLOVERDALE SENIOR MULTIPURPOSE CENTER AS FISCAL SPONSOR FOR LA FAMILIA SANA - CLOVERDALE SENIOR MULTIPURPOSE CENTER, 311 NORTH	68-0106405	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CLOVERDALE, CALIFORNIA TP PROVIDE GROUP AND
COASTAL BEND DISASTER RECOVERY GROUP - 111 N. ODEM AVENUE, - SINTON, TX 78387	47-5463138	501(C)3	63,933.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE WINTER STORMS IN TEXAS TO CONTINUE PROVIDING
COMMUNITY ORGANIZED RELIEF EFFORT 6464 SUNSET BLVD, SUITE #530 LOS ANGELES, CA 90028	27-1703237	501(C)3	1,000,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND COVID-19 VACCINE
COMMUNITYGIVING: WILLMAR AREA COMMUNITY FOUNDATION - 101 7TH AVE S STE 100 - SAINT CLOUD, MN 56301-4275	36-3412544	501(C)3	20,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN MINNESOTA FOR PROVIDING CULTURALLY RELEVANT AND
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE) - 151 ELLIS ST NE - ATLANTA, GA 30303	13-1685039	501(C)3	498,733.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN BIHAR, INDIA TO PROTECT HEALTHCARE WORKINGS WITH
COPE NORTHERN SONOMA COUNTY PO BOX 1841 HEALDSBURG, CA 95448	85-2884315	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN NORTHERN SONOMA COUNTY, CALIFORNIA TO BUILD
CORVALLIS NEIGHBORHOOD HOUSING SERVICES, INC./DEVNW - 212 MAIN STREET - EUGENE, OR 97477	93-1057296	501(C)3	75,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO PROVIDE DISASTER CASE MANAGEMENT
CRAFT EMERGENCY RELIEF FUND (CERF) 535 STONE CUTTERS WAY STE 202 MONTPELIER, VT 05602-3796	13-3273980	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOR RELIEF AND RECOVERY NEEDS

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DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE BAHAMAS, DOMINICA, DOMINICAN REPUBLIC,
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET NEW YORK, NY 10006	13-3433452	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN BRAZIL TO HELP THE BRAZILIAN MINISTRY OF
DONORSCHOOSE 134 W 37TH ST NEW YORK, NY 10018-6911	13-4129457	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EQUIP TEACHERS AND
EAST HARRIS COUNTY EMPOWERMENT COUNCIL - 12605 EAST FREEWAY, SUITE 600 - HOUSTON, TX 77015	27-0377576	501(C)3	120,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE TEXAS WINTER STORMS TO ADDRESS THE NEED FOR A
ENTERPRISE COMMUNITY PARTNERS INC. 11000 BROKEN LAND PARKWAY, SUITE 70 COLUMBIA, MD 21044-3541	52-1231931	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO ADDRESS THE NEEDS OF
EPISCOPAL DIOCESE OF WESTERN LOUISIANA - PO BOX 4330 - PINEVILLE, LA 71361	72-0876874	501(C)3	75,000.	0.			THIS GRANT WAS AWARDED FOR HURRICANE DELTA AND LAURA RECOVERY IN CENTRAL AND WESTERN LOUISIANA FOR
EQUAL JUSTICE WORKS 1730 M STREET NW WASHINGTON, DC 20036-4511	52-1469738	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN TEXAS AND FLORIDA TO MOBILIZE PUBLIC INTEREST
FEEDING TEXAS 1524 S. IH 35 SUITE 342 AUSTIN, TX 78704	74-2762542	501(C)3	125,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE TEXAS WINTER STORMS TO PUT FOOD ON THE THE TABLE
FOR THE CHILDREN 3000 W MACARTHUR SUITE 412 SANTA ANA, CA 92704	33-0380021	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOR MENTAL

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FOUR BANDS COMMUNITY FUND, INC. 412 S MAIN ST EAGLE BUTTE, SD 57625	46-0456528	501(C)3	112,200.	0.			THIS GRANT WAS AWARDED FOR STORM AND FLOOD RECOVERY FOR THE CHEYENNE RIVER RESERVATION IN
FRIENDS OF THE ENVIRONMENT 301 W. ATLANTIC AVENUE SUITE 0-5 DELRAY BEACH, FL 33444	35-2283352	501(C)3	13,685.	0.			THIS GRANT WAS AWARDED FOR HURRICANE DORIAN RECOVERY TO IMPLEMENT NEW WASH (WATER, SANITATION,
GLIDE REVITALIZATION P.O. BOX 198 GLIDE, OR 97443	82-3265082	501(C)3	64,680.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN THE GLIDE, OREGON AREA TO PROVIDE CASE MANAGEMENT,
GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION - 126 N WASHINGTON ST - WINCHESTER, VA 22601-3910	81-0690876	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE ST. VINCENT VOLCANO ERUPTION IN SAINT VINCENT AND THE
GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION - 126 N WASHINGTON ST - WINCHESTER, VA 22601-3910	81-0690876	501(C)3	50,000.	0.			THIS GRANT WAS AWARDED FOR ETA & IOTA HURRICANE RECOVERY IN HONDURAS TO REMOVE DEBRIS, CLEAN
GOAL USA FUND RAINES FISCHER 555 5TH AVE NO 9 NEW YORK, NY 10017-0000	13-3492792	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN NORTHERN IRAQ TO SUPPORT FOOD SECURITY AND
GOOD360 675 N WASHINGTON ST SUITE 330 ALEXANDRIA, VA 22314	54-1282615	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO SUPPORT DISTRIBUTION OF
GOOD360 675 N WASHINGTON ST STYE 330 ALEXANDRIA, VA 22314	54-1282615	501(C)3	125,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE WINTER STORMS IN TEXAS, OKLAHOMA, LOUISIANA,
GRAND FOUNDATION P.O. BOX 1342 WINTER PARK, CO 80482	84-1374928	501(C)3	194,840.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN COLORADO FOR CAPACITY BUILDING THAT WILL HELP

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HABITAT FOR HUMANITY INTERNATIONAL 285 PEACHTREE CENTER AVE #2700 ATLANTA, GA 30303	91-1914868	501(C)3	50,000.	0.			THIS GRANT WAS AWARDED FOR TROPICAL CYCLONE SEROJA RECOVERY IN INDONESIA TO ASSIST
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DRIVE, SUITE 110 - DALLAS, TX 75237	26-1245799	501(C)3	75,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE WINTER STORMS IN TEXAS TO EXPAND THEIR CAPACITY TO
HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC. (HACAP) - 1515 HAWKEYE DRIVE - HIAWATHA, IA 52233-1102	42-0898405	501(C)3	35,000.	0.			THIS GRANT WAS AWARDED FOR STORM RECOVERY IN IOWA TO PROVIDE DERECHO RECOVERY ASSISTANCE TO
HEALTHCARE READY 1325 G ST, NW, SUITE 500 WASHINGTON, DC 20005	46-3134601	501(C)3	201,039.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO OFFER A MICROSUMMIT
HEARTLAND UNITED WAY 1441 N WEBB RD GRAND ISLAND, NE 68803-2313	47-0469492	501(C)3	30,000.	0.			THIS GRANT WAS AWARDED FOR FLOODING AND COVID-19 RECOVERY IN NEBRASKA TO SUPPORT A COORDINATOR WHO
HISPANIC FEDERATION 55 EXCHANGE PLACE NEW YORK, NY 10005	13-3573852	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOCUSED ON EDUCATING LATINO
HOUSTON RESPONDS 18214 UPPER BAY ROAD #580651 HOUSTON, TX 77058	82-4354555	501(C)3	160,000.	0.			THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA AND THE 2021 TEXAS WINTER STORM RELIEF IN
HUMBOLDT AREA FOUNDATION 363 INDIANOLA RD BAYSIDE, CA 95524	23-7310660	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RELIEF AND COVID-19 RESPONSE IN CALIFORNIA TO DIRECT
IMAGINE WATER WORKS/PROJECT SOUTH 627 TRICOU ST. NEW ORLEANS, LA 70117	58-1956686	501(C)3	150,075.	0.			THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA RELIEF IN NEW ORLEANS AND SOUTHWEST

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INFORMATION TECHNOLOGY DISASTER RESOURCE CENTER - PO BOX 79146 - FORT WORTH, TX 76179-0146	26-3865869	501(C)3	350,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM SEVERAL HURRICANES IN THE 2020 SEASON, WILDFIRES AND
INITIATIVE FOUNDATION 405 1ST ST SE LITTLE FALLS, MN 56345-3007	36-3451562	501(C)3	40,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN MINNESOTA TO SUPPORT TWO RECOVERY COORDINATORS WHO
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD STE 1500 LOS ANGELES, CA 90025-1030	95-3949646	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR EARTHQUAKE RELIEF AND RECOVERY IN CENTRAL CROATIA TO SERVE THE
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD STE 1500 LOS ANGELES, CA 90025-1030	95-3949646	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN GAZA FOR MALNUTRITION SCREENING, FOOD VOUCHERS,
INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518-4448	94-3027961	501(C)3	450,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN BOLIVIA, COLOMBIA AND PERU TO STRENGTHEN
ISRAAID PO BOX 61227 PALO ALTO, CA 94306	58-0472959	501(C)3	253,179.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN UGANDA, ESWATINI AND COLOMBIA TO BOLSTER
KIND, INC 1201 L ST. NW, FLOOR 2 WASHINGTON, DC 20005	26-2763038	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED TO ADDRESS THE NEEDS OF UNACCOMPANIED MINORS ARRIVING FROM AFGHANISTAN
KING BAUDOUIN FOUNDATION UNITED STATES - KBFUS - 10 ROCKEFELLER PL 16TH FL - NEW YORK, NY 10020-1903	58-2277856	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN MOZAMBIQUE TO INCREASE PUBLIC ACCESS TO
LAFAYETTE HABITAT FOR HUMANITY 823 W. CONGRESS ST. LAFAYETTE, LA 70501	72-1208936	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA RELIEF IN LOUISIANA FOR HOME REPAIRS ON THE

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LATINO COMMUNITY FOUNDATION 235 MONTGOMERY ST STE 1160 SAN FRANCISCO, CA 94104-3004	81-0564400	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA TO SUPPORT LOCAL, GRASSROOTS,
LATINO COMMUNITY FUND OF WASHINGTON STATE - PO BOX 30669 - SEATTLE, WA 98103	20-5987399	501(C)3	214,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA TO PROVIDE SUB-GRANTS TO LOCAL,
LOMAKATSI RESTORATION PROJECT PO BOX 3084 ASHLAND, OR 97520	93-1163452	501(C)3	400,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA TO PROVIDE POST-FIRE ECOLOGICAL
LUTHERAN WORLD RELIEF 700 LIGHT ST BALTIMORE, MD 21230-3850	13-2574963	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN PERU TO COMBAT THE MISINFORMATION, MYTHS,
MAINLAND CHILDREN'S PARTNERSHIP 2000 TEXAS AVE. TEXAS CITY (GALVESTON), TX 77590	76-0350823	501(C)3	104,000.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE TEXAS WINTER STORMS TO SUPPORT THE IDENTIFIED
MID IOWA COMMUNITY ACTION 1001 S. 18TH AVE. MARSHALLTOWN, IA 50158-3662	42-0923311	501(C)3	19,946.	0.			THIS GRANT WAS AWARDED FOR STORM RECOVERY IN IOWA FOR DISASTER CASE MANAGEMENT SERVICES IN
NATIONAL ALLIANCE ON MENTAL ILLNESS - 4301 WILSON BOULEVARD, SUITE 300 - ARLINGTON, VA 22203	43-1201653	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO SUPPORT NAMI'S HOTLINE
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1800 DIAGONAL ROAD SUITE 600 - ALEXANDRIA, VA 22304	56-2273242	501(C)3	300,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND COVID-19
NATIONAL DOMESTIC WORKERS ALLIANCE INC - 45 BROADWAY STE 320 - NEW YORK, NY 10006-4019	35-2420942	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND CAPACITY FOR

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NATIONAL FISH AND WILDLIFE FOUNDATION - 1133 15 STREET, NW, SUITE 1000 - WASHINGTON, DC 20005	52-1384139	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN COLORADO TO RESTORE NATURAL RESOURCES DAMAGED
NATIVES OF ONE WIND INDIGENOUS ALLIANCE - 607 W MAIN ST PO BOX 143 - MEDFORD, OR 97501	26-1810916	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO SUPPORT THE RECOVERY OF INDIGENOUS
NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN COLORADO TO PROVIDE CLIMATE-FORWARD POST-FIRE
NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY AND WILDFIRE MITIGATION IN THE BRAZILIAN AMAZON TO
NEAR EAST FOUNDATION 110 WEST FAYETTE STREET, SUITE 710 SYRACUSE, NY 13202	13-1624114	501(C)3	202,488.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE COMPLEX HUMANITARIAN CRISIS IN SUDAN AND SOUTH
NORFOLK AREA UNITED WAY, INC. 333 W NORFOLK AVE NORFOLK, NE 68701-5219	47-0492054	501(C)3	30,000.	0.			THIS GRANT WAS AWARDED FOR COVID AND FLOOD RECOVERY TO PROVIDE A COORDINATOR IN CENTRAL
NORTH BAY JOBS WITH JUSTICE PO BOX 427 SANTA ROSA, CA 95402	81-1374240	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA TO FOCUS ON A COMMUNITY MOST
NORTH VALLEY COMMUNITY FOUNDATION 1811 CONCORD AVE. SUITE 220 CHICO, CA 95928	68-0161456	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA TO SUPPORT LOCAL, GRASSROOTS
NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL, INC - 241 F ST - EUREKA, CA 95501	51-0189400	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA TO IMPLEMENT THEIR TRIBAL EMERGENCY

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OKLAHOMA INDIAN LEGAL SERVICES INC 4200 PERIMETER CENTER DRIVE OKLAHOMA CITY, OK 73112-2324	73-1142462	501(C)3	136,500.	0.			THIS GRANT WAS AWARDED FOR RECOVERY FROM THE 2021 WINTER STORMS TO SUPPORT THE DISASTER
ORAM 615 1ST AVENUE NE, SUITE 500 MINNEAPOLIS, MN 55413	26-3748676	501(C)3	65,000.	0.			THIS GRANT WAS AWARDED FOR REFUGEE CRISIS RECOVERY IN KENYA AND MEXICO TO PROTECT AND
ORANGE COUNTY DISASTER REBUILDS 123 SOUTH 6TH STREET ORANGE, TX 77630	74-6001826	501(C)3	162,768.	0.			THIS GRANT WAS AWARDED FOR RECOVERY IN ORANGE COUNTY, TEXAS TO HIRE A VOLUNTEER COORDINATOR, A
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE NEW YORK, NY 10038-4811	94-3139952	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN ASIA PACIFIC, LATIN AMERICA AND AFRICA TO
PACIFIC NORTHWEST CRISIS AND EVACUATION RESOURCES, INC. DBA CASCADE RELIEF TEAM - 1428 LIBERTY ST - SALEM, OR 97301	85-2967657	501(C)3	30,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO SUPPORT VOLUNTEERS PROVIDING
PENNSYLVANIA SOUTHEAST CONFERENCE OF UNITED CHURCH OF CHRIST - 1441 LAURA LN #100, - POTTSTOWN, PA 19464	23-1615192	501(C)3	50,000.	0.			THIS GRANT WAS AWARDED FOR TROPICAL STORM ISAIAS RECOVERY IN PHILADELPHIA TO REBUILD HOMES DAMAGED
PLAN INTERNATIONAL, INC. 155 PLAN WAY WARWICK, RI 02886-1011	13-5661832	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN FAR NORTH AND SOUTHWEST REGIONS OF CAMEROON TO
PROJECT HOPE - THE PEOPLE-TO-PEOPLE - 7500 OLD GEORGETOWN ROAD, SUITE 600 - BETHESDA, MD 20814	53-0242962	501(C)3	1,500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN SOUTH AMERICA, ASIA, EUROPE AND AFRICA FOR
PROJECT HOPE - THE PEOPLE-TO-PEOPLE - 7500 OLD GEORGETOWN ROAD, SUITE 600 - BETHESDA, MD 20814	53-0242962	501(C)3	266,930.	0.			THIS GRANT WAS AWARDED FOR FLOOD RECOVERY IN HENAN, CHINA FOR PURCHASE OF CRITICAL MEDICAL

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PROPUBICA 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	14-2007220	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOR JOURNALISM THAT WILL
PUERTO RICO COMMUNITY FOUNDATION, INC. - 1719 PONCE DE LEON AVENUE - SAN JUAN, NY 00953	66-0413230	501(C)3	55,850.	0.			THIS GRANT WAS AWARDED FOR HURRICANE MARIA RECOVERY IN PUERTO RICO TO PROVIDE GAP-FILLING
QUAD CITIES LATINO FOUNDATION PO BOX 4616 DAVENPORT, IA 52808-4616	81-1324538	501(C)3	60,000.	0.			THIS GRANT WAS AWARDED TO SUPPORT COVID AND FLOOD RECOVERY IN LOUISA COUNTY, IOWA TO PROVIDE
RECOVERING OKLAHOMANS AFTER DISASTERS (ROAD) - 12101 NORTH MACARTHUR BOULEVARD, SUITE A-112 - OKLAHOMA CITY, OK 73162-1800	83-1952160	501(C)3	50,000.	0.			THIS GRANT WAS AWARDED FOR WINTER STORM RECOVERY IN OKLAHOMA TO PROVIDE DAMAGE ASSESSMENTS, BID
REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES (RAICES) - 1305 N. FLORES STREET - SAN ANTONIO, TX 78212	74-2436920	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND CAPACITY TO
ROGUE CLIMATE PO BOX 1980 PHOENIX, OR 97535	46-4714467	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO ADDRESS THE NEEDS OF THOSE AFFECTED
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN INDONESIA TO ADDRESS VACCINE HESITANCY AND
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)3	20,000.	0.			THIS GRANT WAS AWARDED FOR CYCLONE TAUKTAE RECOVERY IN MUMBAI, INDIA FOR IMMEDIATE RELIEF
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN KENYA TO ADDRESS VACCINE HESITANCY AND

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SBP 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	26-2189665	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND SALLY RECOVERY IN SOUTHWEST LOUISIANA FOR
TEACH FOR AMERICA 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	13-3541913	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO PROVIDE INSTRUCTION AND
TEXAS CENTER FOR CHILD AND FAMILY STUDIES - 409 W 13TH STREET - AUSTIN, TX 78701	74-2949902	501(C)3	125,000.	0.			THIS GRANT WAS AWARDED FOR TEXAS WINTER STORM RECOVERY TO PROVIDE DIRECT CASH GRANTS TO
TEXAS TRIBUNE 919 CONGRESS AVE., SIXTH FLOOR AUSTIN, TX 78701	26-4527097	501(C)3	75,000.	0.			THIS GRANT WAS AWARDED TO PROVIDE IN DEPTH, INVESTIGATIVE JOURNALISM TO HOLD STATE LEADERS TO
THE NATIONAL DOMESTIC VIOLENCE HOTLINE - PO BOX 163865 - AUSTIN, TX 78716-3865	75-1658287	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO HIRE AND TRAIN MORE PEOPLE AND
THE UNDOCUBLACK NETWORK (FISCALLY SPONSORED BY THE PRAXIS PROJECT) - 1445 34TH AVENUE #7259 - OAKLAND, CA 94601	30-0044814	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR THE IMMIGRATION CRISIS IN DEL RIO, TEXAS TO PROVIDE POLICY AND
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	05-0544006	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED TO PROVIDE LEGAL, HEALTHCARE, MENTAL HEALTH AND SOCIAL SERVICES
UNITED POLICYHOLDERS 381 BUSH STREET, 8TH FLOOR SAN FRANCISCO, CA 94104	94-3162024	501(C)3	250,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA, COLORADO, OREGON AND WASHINGTON TO
UNITED WAY OF GRAYSON COUNTY 713 E. BROCKETT, PO BOX 1112 SHERMAN, TX 75091	23-7087293	501(C)3	140,000.	0.			THIS GRANT WAS AWARDED FOR TEXAS WINTER STORM RECOVERY IN FANNIN COUNTY AND GRAYSON COUNTY IN

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DR. BLDG B. REDDING, CA 96003	94-1251675	501(C)3	98,978.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN NORTHERN CALIFORNIA FOR A HOUSING SUBSIDY PROGRAM
UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA ROAD CAPITOLA, CA 95010	94-1422471	501(C)3	289,986.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN SANTA CRUZ COUNTY, CALIFORNIA TO PROVIDE
UNITED WAY OF SOUTHWEST LOUISIANA 815 RYAN STREET LAKE CHARLES, LA 70601	72-0456901	501(C)3	150,000.	0.			THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA RECOVERY IN SOUTHWEST LOUISIANA TO
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST. SUITE 200 OMAHA, NE 68102-1251	47-0376605	501(C)3	20,000.	0.			THIS GRANT WAS AWARDED FOR COVID AND FLOOD RECOVERY COORDINATION AND BILINGUAL RESOURCES FOR
UNITED WAY OF WHITMAN COUNTY PO BOX 426 PULLMAN, WA 99163-0426	91-0853374	501(C)3	100,000.	0.			THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN WHITMAN COUNTY, WASHINGTON TO SUPPORT A
VIBRANT EMOTIONAL HEALTH 50 BROADWAY, 19TH FLOOR NEW YORK, NY 10004	13-2637308	501(C)3	200,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND AND SUSTAIN THEIR
VICTORIA COUNTY LONG TERM RECOVERY GROUP - 104 S. WILLIAM-OFFICES/DORMITORIES - VICTORIA, TX 77901	82-4862966	501(C)3	120,489.	0.			THIS GRANT WAS AWARDED FOR TEXAS WINTER STORM RECOVERY IN VICTORIA COUNTY, TEXAS TO PROVIDE
VITAL STRATEGIES 100 BROADWAY, 4TH FLOOR NEW YORK, NY 10005	22-3419667	501(C)3	400,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN AFRICA TO SUPPORT RAPID DEPLOYMENT OF OPERATIONAL
VITAL STRATEGIES 100 BROADWAY, 4TH FLOOR NEW YORK, NY 10005	22-3419667	501(C)3	500,000.	0.			THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE FOR EQUITABLE DEPLOYMENT OF THE VACCINE IN

Schedule I (Form 990)

[illegible]

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: ALL HANDS AND HEARTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN THE PARADISE AREA OF CALIFORNIA TO TRAIN AND LEAD VOLUNTEERS IN SAWYERING AND TO CREATE FUEL BREAKS AND DEFENSIBLE SPACES.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NURSES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO PROVIDE MUCH-NEEDED SUPPORT AND MENTAL HEALTH CARE FOR AMERICA'S NURSING POPULATION.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICARES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE SULAWESI EARTHQUAKE TO PROVIDE REPAIRS TO 1-2 EARTHQUAKE-DAMAGED HEALTH FACILITIES IN THE MAMUJU AND MAJENE DISTRICTS OF SULAWESI, INDONESIA.

NAME OF ORGANIZATION OR GOVERNMENT: AMREF HEALTH AFRICA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN KENYA TO SUPPORT LOGISTICS, SET-UP AND PROVISION OF VACCINATION SERVICES IN OUTREACH CENTERS TO ENSURE EQUITABLE ACCESS TO THE VACCINE.

NAME OF ORGANIZATION OR GOVERNMENT: AVSI-USA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR EARTHQUAKE RECOVERY IN HAITI TO PROVIDE PHYSICAL AND PSYCHOSOCIAL PROTECTION; PROMOTING CHILD DEVELOPMENT THROUGH INFORMAL EDUCATION

Part IV Supplemental Information

PROGRAMS; AND REACTIVATING CHILD PROTECTION NETWORKS.

NAME OF ORGANIZATION OR GOVERNMENT: BLACK ALLIANCE FOR JUST IMMIGRATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR THE SOUTHERN BORDER CRISIS AT THE US/MEXICO BORDER TO SUPPORT BLACK MIGRANTS, IMMIGRANTS AND REFUGEES ENTERING THE U.S. THROUGH ITS SOUTHERN BORDER WITH SEEKING ASYLUM OR OTHER IMMIGRANT STATUS.

NAME OF ORGANIZATION OR GOVERNMENT:

BOSTON FOUNDATION - HAITIAN DEVELOPMENT INSTITUTE (HDI)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR EARTHQUAKE RECOVERY IN HAITI TO BRING RESOURCES TO AFFECTED COMMUNITIES THROUGH LOCAL ORGANIZATIONS TO EQUIP AND EMPOWER THEM TO HELP EARTHQUAKE VICTIMS COPE IN THE SHORT TERM AND REBUILD THEIR LIVES BY REPAIRING HOMES AND COMMUNITY INFRASTRUCTURE AND RESTORING LIVELIHOODS BY REPLACING INCOME-GENERATING ASSETS AND REPAIRING AGRICULTURAL INFRASTRUCTURE.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB OF THE LEECH LAKE AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN THE LEECH LAKE AREA, LEECH LAKE, MINNESOTA TO DEVELOP PROGRAMMING ON WELLNESS, RESILIENCE, AND MENTAL HEALTH THAT IS CULTURALLY GROUNDED AND APPROPRIATE FOR CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CARLTON COMPLEX LONG TERM RECOVERY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN WASHINGTON TO PROVIDE DISASTER CASE MANAGEMENT, VOLUNTEER COORDINATION, AND TO HELP MEET UNMET NEEDS OF FIRE SURVIVORS IN COUNTIES

Part IV Supplemental Information

OF OKANOGAN, DOUGLAS AND CHELAN, WASHINGTON, AS WELL AS THE CONFEDERATED TRIBES OF THE COLVILLE INDIAN RESERVATION.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE FEBRUARY 2021 WINTER STORMS IN OKLAHOMA CITY, OKLAHOMA TO PROVIDE STATEWIDE DISASTER CASE MANAGEMENT SERVICES AND OUTREACH WITH A SPECIAL FOCUS ON THE UNDECLARED COUNTIES IMPACTED.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR EARTHQUAKE RECOVERY IN HAITI TO SUPPORT EARTHQUAKE AFFECTED HOUSEHOLDS IN THE DIOCESES OF NIPPES AND CAYES RECOVER WITH DIGNITY THROUGH LIVELIHOOD TRAINING, CASH TRANSFERS AND EDUCATING ON HYGIENE PRACTICES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN LIBERIA AND NIGERIA TO COMBAT VACCINE HESITANCY AND MISINFORMATION AND INCREASE ACCESS TO VACCINES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN GREECE TO PROVIDE ACCESS TO SOCIAL SERVICES AND PSYCHOSOCIAL SUPPORT TO 2,000 PEOPLE AFFECTED BY THE RECENT WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19

Part IV Supplemental Information

RESPONSE IN NICARAGUA TO REACTIVATE LIVELIHOODS THROUGH AGRICULTURAL
INPUTS AND STRENGTHEN THE COMMUNITIES CAPACITY TO MITIGATE THE SPREAD OF
COVID-19 THROUGH PERSONAL HYGIENE, COVID-19 PREVENTION KITS AND
EDUCATIONAL CAMPAIGNS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED TO ASSIST
VULNERABLE FARMERS IN SAINT VINCENT AND THE GRENADINES AFFECTED BY THE
VOLCANIC ERUPTION IN APRIL 2021 AND HELP THEM RECOVER THEIR LIVELIHOODS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR STORM
RECOVERY IN MARSHALLTOWN, IOWA TO PROVIDE ENHANCED MENTAL HEALTH SERVICES
FOR CHILDREN AND CAREGIVERS IN SCHOOL-BASED AND IN-HOME SETTING IN
SEVERAL COUNTIES AND COMMUNITIES IN CENTRAL IOWA.

NAME OF ORGANIZATION OR GOVERNMENT:

CLOVERDALE SENIOR MULTIPURPOSE CENTER AS FISCAL SPONSOR FOR LA FAMILIA SANA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN CLOVERDALE, CALIFORNIA TO PROVIDE GROUP AND INDIVIDUAL
THERAPY SESSIONS TO SUPPORT THE MENTAL HEALTH OF THE LATINX AGRICULTURAL
FARMWORKERS.

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL BEND DISASTER RECOVERY GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY
FROM THE WINTER STORMS IN TEXAS TO CONTINUE PROVIDING DISASTER CASE
MANAGEMENT AND PROJECT MANAGEMENT FOR THOSE INDIVIDUALS AND FAMILIES IN
SOME OF TEXAS' POOREST COUNTIES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ORGANIZED RELIEF EFFORT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND COVID-19 VACCINE ACCESS TO BIPOC NEIGHBORHOODS BY INCREASING TECHNICAL AND OPERATIONAL SUPPORT TO UNDERSERVED AND HIGH-RISK COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITYGIVING: WILLMAR AREA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN MINNESOTA FOR PROVIDING 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 MEAT PACKING ENVIRONMENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN BIHAR, INDIA TO PROTECT HEALTHCARE WORKINGS WITH PREVENTION PROTOCOLS AND DECREASE ILLNESS PROGRESSION, KEEPING PATIENTS OUT OF INTENSIVE CARE, ULTIMATELY SAVING AT LEAST 10,000-12,000 LIVES IN DENSELY POPULATED AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: COPE NORTHERN SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN NORTHERN SONOMA COUNTY, CALIFORNIA TO BUILD CAPACITY BY HIRING ITS FIRST STAFF MEMBERS, REDUCE FUELS AND CREATE DEFENSIBLE SPACES

Part IV Supplemental Information

AROUND HOMES.

NAME OF ORGANIZATION OR GOVERNMENT:

CORVALLIS NEIGHBORHOOD HOUSING SERVICES, INC./DEVNW

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO PROVIDE DISASTER CASE MANAGEMENT AND DISASTER RECOVERY NAVIGATION SERVICES TO THOSE IMPACTED.

NAME OF ORGANIZATION OR GOVERNMENT: CRAFT EMERGENCY RELIEF FUND (CERF)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOR RELIEF AND RECOVERY NEEDS OF ARTISTS THROUGH GRANTS, INFORMATION, AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: DIRECT RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE BAHAMAS, DOMINICA, DOMINICAN REPUBLIC, JAMAICA AND PUERTO RICO TO PROCUR PHARMACEUTICAL REFRIGERATORS AND FREEZERS AND OTHER EQUIPMENT TO EXPAND VACCINE STORAGE CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT BORDERS USA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN BRAZIL TO HELP THE BRAZILIAN MINISTRY OF HEALTH (MOH) MEET THE HEALTH NEEDS OF VULNERABLE POPULATIONS THROUGH CAPACITY BUILDING AND HUMAN RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: DONORSCHOOSE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EQUIP TEACHERS AND STUDENTS IN

Part IV Supplemental Information

LOW-INCOME, MOSTLY MINORITY SCHOOLS WITH RESOURCES THAT ADDRESS LEARNING NEEDS THAT HAVE ARISEN AS A RESULT OF COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT:

EAST HARRIS COUNTY EMPOWERMENT COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE TEXAS WINTER STORMS TO ADDRESS THE NEED FOR A FULL-TIME RECOVERY MANAGER TO HELP OVERSEE SUCCESSFUL RECOVERY FOR THE CITIZENS OF EAST HARRIS COUNTY (LOWER-INCOME AND MIXED STATUS MINORITY HOUSEHOLDS) THAT LACK MANY SOCIAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: ENTERPRISE COMMUNITY PARTNERS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO ADDRESS THE NEEDS OF BIPOC RENTERS AND LANDLORDS AS THEY BOTH STRUGGLE TO KEEP HOUSED DURING THE ECONOMIC EFFECTS CREATED BY THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

EPISCOPAL DIOCESE OF WESTERN LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE DELTA AND LAURA RECOVERY IN CENTRAL AND WESTERN LOUISIANA FOR HOUSING CONSTRUCTION AND REPAIRS.

NAME OF ORGANIZATION OR GOVERNMENT: EQUAL JUSTICE WORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN TEXAS AND FLORIDA TO MOBILIZE PUBLIC INTEREST LAWYERS TO DELIVER CRITICAL LEGAL SERVICES TO POPULATIONS SEVERELY IMPACTED BY NATURAL DISASTERS, PARTICULARLY THE COVID-19 PANDEMIC.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE TEXAS WINTER STORMS TO PUT FOOD ON THE THE TABLE AND PROVIDE DRINKING WATER AND OTHER BASIC NEEDS FOR THOSE WHO MOST CRITICALLY NEED IT IN TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: FOR THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOR MENTAL HEALTH/PSYCO-SOCIAL SUPPORT FOR FOSTER YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: FOUR BANDS COMMUNITY FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR STORM AND FLOOD RECOVERY FOR THE CHEYENNE RIVER RESERVATION IN SOUTH DAKOTA TO BUILD LOCAL CAPACITY FOR DISASTER RECOVERY, INCLUDING GRANT FUNDS FOR DISASTER CASE MANAGEMENT, LOCAL CONTRACT STAFF, AND COMMUNITY EDUCATION AND TRAINING TO WORK TOWARDS MEETING UNMET NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE DORIAN RECOVERY TO IMPLEMENT NEW WASH (WATER, SANITATION, AND HYGIENE) CURRICULA IN PUBLIC AND PRIVATE PRIMARY AND SECONDARY SCHOOLS IN ABACO, BAHAMAS.

NAME OF ORGANIZATION OR GOVERNMENT: GLIDE REVITALIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN THE GLIDE, OREGON AREA TO PROVIDE CASE MANAGEMENT,

Part IV Supplemental Information

CONSTRUCTION MANAGEMENT, AND WORK TOWARDS COMMUNITY RECOVERY.

NAME OF ORGANIZATION OR GOVERNMENT:

GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE ST. VINCENT VOLCANO ERUPTION IN SAINT VINCENT AND THE GRENADINES TO LEAD ASH REMOVAL, CLEANING AND REHABILITATION WORK AND HOME RECONSTRUCTION OF THE POOREST AFFECTED COMMUNITY IN ST VINCENT.

NAME OF ORGANIZATION OR GOVERNMENT:

GLOBAL EMERGENCY RELIEF RECOVERY & RECONSTRUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR ETA & IOTA HURRICANE RECOVERY IN HONDURAS TO REMOVE DEBRIS, CLEAN INFRASTRUCTURE, AND INITIATE REHABILITATION ACTIVITIES AND RECONSTRUCTION PROJECTS FOR A MINIMUM OF SIX COMMUNITIES, FIVE SCHOOLS, AND FOUR HEALTH FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: GOAL USA FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN NORTHERN IRAQ TO SUPPORT FOOD SECURITY AND RESILIENT LIVELIHOODS, ESPECIALLY TO SUPPORT WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD360

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO SUPPORT DISTRIBUTION OF PPE TO NATIVE AMERICAN POPULATIONS, ELDERLY, AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD360

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE WINTER STORMS IN TEXAS, OKLAHOMA, LOUISIANA, MISSISSIPPI AND OTHER SOUTHERN STATES TO PROVIDE MUCH-NEEDED SUPPLIES TO LOCAL ORGANIZATIONS WORKING TO SUPPORT REBUILD, REPAIR AND RECOVERY.

NAME OF ORGANIZATION OR GOVERNMENT: GRAND FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN COLORADO FOR CAPACITY BUILDING THAT WILL HELP FACILITATE A MORE EFFICIENT, EFFECTIVE AND EQUITABLE RECOVERY FROM THE 2020 WILDFIRES THAT AFFECTED THE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR TROPICAL CYCLONE SEROJA RECOVERY IN INDONESIA TO ASSIST DISASTER AFFECTED COMMUNITIES BY: BUILDING 67 TRANSITIONAL SHELTERS, TRAINING LOCAL COMMUNITY ON SAFE BUILDING AND "BUILD BACK BETTER" CONSTRUCTION TECHNIQUES, AND CONDUCTING DRR HAZARD MAPPING AND ACTION PLANNING FOR THE COMMUNITY TO MITIGATE AGAINST FUTURE THREATS OF DISASTER.

NAME OF ORGANIZATION OR GOVERNMENT:

HARMONY COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE WINTER STORMS IN TEXAS TO EXPAND THEIR CAPACITY TO PROVIDE COUNSELING SERVICES TO SUPPORT THOSE EXPERIENCED LAYERED TRAUMA FROM THE WINTER STORMS THAT HIT TEXAS IN FEBRUARY.

NAME OF ORGANIZATION OR GOVERNMENT:

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC. (HACAP)

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR STORM RECOVERY IN IOWA TO PROVIDE DERECHO RECOVERY ASSISTANCE TO CHILDCARE PROVIDERS IN LINN AND BENTON COUNTIES IN IOWA.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHCARE READY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO OFFER A MICROSUMMIT SERIES ON VACCINE EDUCATION AND EQUITABLE ALLOCATION, DISTRIBUTION, AND ADMINISTRATION.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTLAND UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR FLOODING AND COVID-19 RECOVERY IN NEBRASKA TO SUPPORT A COORDINATOR WHO WILL PROVIDE LINGUISTICALLY AND CULTURALLY APPROPRIATE OUTREACH AND SERVICES IN 4 COUNTIES IN CENTRAL NEBRASKA (GRAND ISLAND, NE AREA).

NAME OF ORGANIZATION OR GOVERNMENT: HISPANIC FEDERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES FOCUSED ON EDUCATING LATINO COMMUNITIES ABOUT THE VACCINE AND PROVIDE ACCESS TO VACCINATION SITES.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON RESPONDS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA AND THE 2021 TEXAS WINTER STORM RELIEF IN LOUISIANA AND TEXAS TO DEVELOP SKILLS IN CASE MANAGEMENT AND HOME REBUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: HUMBOLDT AREA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RELIEF AND COVID-19 RESPONSE IN CALIFORNIA TO DIRECT GRANTS TO LOCAL,

Part IV Supplemental Information

GRASSROOTS ORGANIZATIONS SUPPORTING COMMUNITY RECOVERY, WITH A SPECIFIC INVESTMENT IN THE LOCAL INDIGENOUS COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: IMAGINE WATER WORKS/PROJECT SOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA RELIEF IN NEW ORLEANS AND SOUTHWEST LOUISIANA FOR EDUCATION, TRAINING AND SUPPORT MUTUAL AID EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT:

INFORMATION TECHNOLOGY DISASTER RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM SEVERAL HURRICANES IN THE 2020 SEASON, WILDFIRES AND COVID-19 FOR SEVERAL WESTERN STATES AND THE WHITE SWAN COMMUNITY IN SOUTH DAKOTA FOR SUPPORT AT COMMUNITY RECOVERY SITES, TECHNICAL ASSISTANCE AND CAPACITY BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: INITIATIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN MINNESOTA TO SUPPORT TWO RECOVERY COORDINATORS WHO WILL WORK IN CENTRAL MINNESOTA TO SUPPORT THE SPANISH AND SOMALI SPEAKING POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MEDICAL CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR EARTHQUAKE RELIEF AND RECOVERY IN CENTRAL CROATIA TO SERVE THE TOWNS OF GLINA AND TOPUSKO, AND THEIR SURROUNDING RURAL COMMUNITIES THROUGH REPAIRING THEIR HEALTH CENTER.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MEDICAL CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN GAZA FOR MALNUTRITION SCREENING, FOOD VOUCHERS, NUTRITION COUNSELING AND PSYCHOSOCIAL SUPPORT FOR CHILDREN AND MOTHERS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNEWS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN BOLIVIA, COLOMBIA AND PERU TO STRENGTHEN INDIGENOUS, AFRO-DESCENDANT AND LAST-MILE HEALTH NETWORKS AND BUILD TRUST AROUND COVID-19 VACCINES.

NAME OF ORGANIZATION OR GOVERNMENT: ISRAAID

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RECOVERY IN UGANDA, ESWATINI AND COLOMBIA TO BOLSTER RESILIENCE AMONG DISASTER-AFFECTED COMMUNITIES BY OFFERING TARGETED TRAINING AND SUPPORT TO FRONTLINE WORKERS TOWARD EXPANDING THEIR TOOLKIT IN RESPONDING TO THE ACUTE CHALLENGES FACING THEIR COMMUNITY IN LIGHT OF COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: KIND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED TO ADDRESS THE NEEDS OF UNACCOMPANIED MINORS ARRIVING FROM AFGHANISTAN AND THROUGH THE SOUTHERN BORDER AND TO PROVIDE LEGAL REPRESENTATION AND REUNIFICATIONS FOR THESE CHILDREN AND THEIR FAMILIES INCLUDING ADVOCATING FOR POLICY CHANGES TO IMPROVE THE REUNIFICATION PROCESS OVERALL.

NAME OF ORGANIZATION OR GOVERNMENT:

KING BAUDOUIN FOUNDATION UNITED STATES - KBFUS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19

Part IV Supplemental Information

RESPONSE IN MOZAMBIQUE TO INCREASE PUBLIC ACCESS TO INFORMATION AND TO
IMPROVE HEALTH WORKER KNOWLEDGE, LEADING TO IMPROVED POPULATION HEALTH
OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: LAFAYETTE HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE
LAURA AND DELTA RELIEF IN LOUISIANA FOR HOME REPAIRS ON THE MOST URGENT
UNMET NEEDS CASES.

NAME OF ORGANIZATION OR GOVERNMENT: LATINO COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN CALIFORNIA TO SUPPORT LOCAL, GRASSROOTS, LATINX-LED AND
LATINX-SERVING ORGANIZATIONS AS THEY WORK TO PROVIDE RECOVERY RESOURCES
TO AFFECTED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

LATINO COMMUNITY FUND OF WASHINGTON STATE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN CALIFORNIA TO PROVIDE SUB-GRANTS TO LOCAL, GRASSROOTS
ORGANIZATIONS WORKING TO SUPPORT RECOVERY FROM THE WILDFIRES AND THE
COVID PANDEMIC FOR IMMIGRANT AND FARMWORKER POPULATIONS IN THE AREAS
HARDEST HIT.

NAME OF ORGANIZATION OR GOVERNMENT: LOMAKATSI RESTORATION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN CALIFORNIA TO PROVIDE POST-FIRE ECOLOGICAL RESTORATION ALONG
WITH WORKFORCE TRAINING AND DEVELOPMENT TO SUSTAIN RECOVERY AND SUPPORT
RESILIENCE IN THE LONG-TERM FOR TRIBAL, LATINX, AND RURAL FOREST-BASED

Part IV Supplemental Information

COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN WORLD RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN PERU TO COMBAT THE MISINFORMATION, MYTHS, AND FEAR SURROUNDING COVID-19 AMONG VULNERABLE POPULATIONS (INCLUDING REFUGEES, RURAL AND INDIGENOUS COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: MAINLAND CHILDREN'S PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY FROM THE TEXAS WINTER STORMS TO SUPPORT THE IDENTIFIED UNMET NEEDS OF THE CITIZENS OF GALVESTON COUNTY, OUTREACHING AND IDENTIFYING THE MOST AT-RISK RESIDENTS WHO HAD STORM DAMAGE TO ASSIST THEM TO APPLY FOR BENEFITS AND CONNECT THEM WITH SERVICES AND RESOURCES TO HELP WITH FULL RECOVERY.

NAME OF ORGANIZATION OR GOVERNMENT: MID IOWA COMMUNITY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR STORM RECOVERY IN IOWA FOR DISASTER CASE MANAGEMENT SERVICES IN STORY, HARDIN, MARSHALL, TAMA, AND POWESHIEK COUNTIES IN IOWA AS A RESPONSE TO THE AUGUST 10, 2020 SEVERE STORMS (DERECHO).

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ALLIANCE ON MENTAL ILLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO SUPPORT NAMI'S HOTLINE EXPANSION BY EXTENDING ACCESSIBLE HOURS AND ADDING NEW TEXTING FUNCTIONALITY. THE FUNDS ALSO SUPPORT PROVISION OF RESOURCES FOR FRONTLINE WORKERS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND COVID-19 VACCINATION ACCESS BY INVESTING IN THE NECESSARY INFRASTRUCTURE AND MATERIALS FOR CURRENT AND FUTURE VACCINATION SITES AND INCREASING ACCESS FOR UNDERSERVED POPULATIONS BY SUPPORTING TRANSLATION SERVICES, HEALTH LITERACY DEVELOPMENT, TRANSPORTATION, TRAINING AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL DOMESTIC WORKERS ALLIANCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND CAPACITY FOR ADVOCACY FOR SAFE WORKPLACES AND EQUITABLE ACCESS TO RESOURCES FOR DOMESTIC WORKERS.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL FISH AND WILDLIFE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN COLORADO TO RESTORE NATURAL RESOURCES DAMAGED BY THE 2020 WILDFIRES AND HELP MITIGATE RISK FROM WILDFIRES IN THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIVES OF ONE WIND INDIGENOUS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO SUPPORT THE RECOVERY OF INDIGENOUS AND FARMWORKER FAMILIES FROM THE 2020 WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE

Part IV Supplemental Information

RECOVERY IN COLORADO TO PROVIDE CLIMATE-FORWARD POST-FIRE REFORESTATION
ON COLORADO'S FRONT RANGE CALWOOD AND CAMERON PEAK BURN SCARES.

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RECOVERY AND WILDFIRE MITIGATION IN THE BRAZILIAN AMAZON TO SUPPORT THE
COMMUNITY WITH ADDRESSING CHRONIC WILDFIRE THREATS DURING THE COVID-19
PANDEMIC IS TO INVEST IN COMMUNITY ENGAGEMENT AND CAPACITY BUILDING TO
NOT LOSE ANY TRACTION OR MOMENTUM FROM THE PRE-COVID-19 WILDFIRE
MITIGATION AND ENVIRONMENTAL CONSERVATION PROGRAMS AND INVESTMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: NEAR EAST FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY
FROM THE COMPLEX HUMANITARIAN CRISIS IN SUDAN AND SOUTH SUDAN TO PROVIDE
SUPPORT TO HIGHLY VULNERABLE CONFLICT- AND CRISIS-IMPACTED PEOPLE (IDPS,
RETURNEES, AND VULNERABLE HOST POPULATIONS) HELPING THEM TO REDUCE THEIR
RISK OF FOOD INSECURITY, RECOVER THEIR LIVELIHOODS, AND BUILD RESILIENCE
TO FUTURE SHOCKS AND DISRUPTIONS THROUGH IMPROVED AGRICULTURAL
PRODUCTION, INCLUSIVE VALUE CHAIN DEVELOPMENT, AND ACCESS TO FINANCE.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY JOBS WITH JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE

Part IV Supplemental Information

RECOVERY IN CALIFORNIA TO FOCUS ON A COMMUNITY MOST DISPROPORTIONATELY
AFFECTED BY WILDFIRES IN NORTHERN CALIFORNIA -- IMMIGRANT FARMWORKERS AND
THOSE SUPPORTING CLEAN-UP, RECOVERY AND REBUILD.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH VALLEY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN CALIFORNIA TO SUPPORT LOCAL, GRASSROOTS ORGANIZATION HELPING
THE MARGINALIZED POPULATIONS IN NORTH VALLEY ACCESS RESOURCES AND RECOVER
FROM THIS DISASTER.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN CALIFORNIA TO IMPLEMENT THEIR TRIBAL EMERGENCY RESPONSE PLAN
ASSISTANCE PROGRAM, WHICH WILL HELP PREPARE TRIBAL COMMUNITIES IN
NORTHERN CALIFORNIA FOR FUTURE WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA INDIAN LEGAL SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY
FROM THE 2021 WINTER STORMS TO SUPPORT THE DISASTER LEGAL NAVIGATOR
PROJECT, PROVIDING LEGAL SERVICES AND DISASTER-RELATED ASSISTANCE AND
REFERRALS TO NATIVE AMERICANS IN OKLAHOMA.

NAME OF ORGANIZATION OR GOVERNMENT: ORAM

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR REFUGEE
CRISIS RECOVERY IN KENYA AND MEXICO TO PROTECT AND EMPOWER VULNERABLE
LGBTIQ REFUGEES THROUGH TRAINING AND SEED-FUNDING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE COUNTY DISASTER REBUILDS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR RECOVERY IN ORANGE COUNTY, TEXAS TO HIRE A VOLUNTEER COORDINATOR, A CASE MANAGEMENT SUPERVISOR, AND A CONSTRUCTION MANAGER TO SUPPORT THE COMMUNITY'S RECOVERY FROM MULTIPLE STORMS THAT HAVE AFFECTED THE AREA, INCLUDING HURRICANES AND THE WINTER STORM.

NAME OF ORGANIZATION OR GOVERNMENT: OUTRIGHT ACTION INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN ASIA PACIFIC, LATIN AMERICA AND AFRICA TO RESPOND TO IMMEDIATE RELIEF AND RECOVERY NEEDS AND IMPROVE THE LIVES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER (LGBTIQ) PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT:

PACIFIC NORTHWEST CRISIS AND EVACUATION RESOURCES, INC. DBA CASCADE RELIEF T

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN OREGON TO SUPPORT VOLUNTEERS PROVIDING MAJOR DEBRIS REMOVAL SO THAT REBUILDING CAN BEGIN FOLLOWING THE 2020 WILDFIRES.

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA SOUTHEAST CONFERENCE OF UNITED CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR TROPICAL STORM ISAIAS RECOVERY IN PHILADELPHIA TO REBUILD HOMES DAMAGED IN AUGUST 2020.

NAME OF ORGANIZATION OR GOVERNMENT: PLAN INTERNATIONAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN FAR NORTH AND SOUTHWEST REGIONS OF CAMEROON TO ENSURE SAFE

Part IV Supplemental Information

AND SANITARY PUBLIC SPACES AND ACCESS TO VACCINE INFORMATION FOR
HARD-TO-REACH POPULATIONS (INCLUDING REFUGEES, IDP, INDIGENOUS, CHILDREN,
YOUTH, ESPECIALLY GIRLS).

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOPE - THE PEOPLE-TO-PEOPLE
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RESPONSE IN SOUTH AMERICA, ASIA, EUROPE AND AFRICA FOR THEIR MENTAL
HEALTH RESILIENCY PROGRAM TO TRAIN HEALTHCARE WORKERS.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOPE - THE PEOPLE-TO-PEOPLE
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR FLOOD
RECOVERY IN HENAN, CHINA FOR PURCHASE OF CRITICAL MEDICAL EQUIPMENT AND
SUPPLIES DAMAGED IN THE FLOODS.

NAME OF ORGANIZATION OR GOVERNMENT: PROPUBLICA
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RESPONSE IN THE UNITED STATES FOR JOURNALISM THAT WILL SHINE A LIGHT ON
THE HEALTH CRISIS AND ITS ECONOMIC FALLOUT, VACCINE DEPLOYMENT, STIMULUS
PROGRAMS AND WIDENING INEQUALITIES.

NAME OF ORGANIZATION OR GOVERNMENT:
PUERTO RICO COMMUNITY FOUNDATION, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE
MARIA RECOVERY IN PUERTO RICO TO PROVIDE GAP-FILLING FUNDING FOR THE
SOLAR PROJECT ON THE ISLAND OF CULEBRA.

NAME OF ORGANIZATION OR GOVERNMENT: QUAD CITIES LATINO FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED TO SUPPORT

Part IV Supplemental Information

COVID AND FLOOD RECOVERY IN LOUISA COUNTY, IOWA TO PROVIDE AN
ADVOCATE/COORDINATOR TO SUPPORT NEEDS OF IMPACTED COMMUNITY MEMBERS WITH
FOCUS ON LANTINX AND CHIN COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

RECOVERING OKLAHOMANS AFTER DISASTERS (ROAD)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WINTER
STORM RECOVERY IN OKLAHOMA TO PROVIDE DAMAGE ASSESSMENTS, BID REVIEWS AND
PROJECT MANAGEMENT FOR HOUSEHOLDS IN 77 COUNTIES IMPACTED BY THE FEBRUARY
2021 WINTER STORM.

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RESPONSE IN THE UNITED STATES TO EXPAND CAPACITY TO PROVIDE PRO BONO
LEGAL SERVICES TO THE INCREASED NUMBER OF UNACCOMPANIED MINORS WHO ARE
CROSSING THE SOUTHERN U.S. BORDER AND ASSIMILATING INTO COMMUNITIES
ACROSS THE NATION, PARTICULARLY IN SOUTHERN STATES.

NAME OF ORGANIZATION OR GOVERNMENT: ROGUE CLIMATE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE
RECOVERY IN OREGON TO ADDRESS THE NEEDS OF THOSE AFFECTED BY THE FIRES IN
OREGON THROUGH FOOD DISTRIBUTION AND TRANSITIONAL TO PERMANENT HOUSING
OPTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RESPONSE IN INDONESIA TO ADDRESS VACCINE HESITANCY AND INCREASE COVID-19

Part IV Supplemental Information

VACCINATION UPTAKE AMONG ADULTS AND ELIGIBLE CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR CYCLONE TAUKTAE RECOVERY IN MUMBAI, INDIA FOR IMMEDIATE RELIEF MATERIAL ESSENTIAL PACKAGE FOR SHELTER TO THE MOST DEPRIVED AND MARGINALIZED CHILDREN, THEIR FAMILIES, AND COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN KENYA TO ADDRESS VACCINE HESITANCY AND MISINFORMATION WITHIN LANGATA AND KIBRA FOCUSED ON YOUTHS.

NAME OF ORGANIZATION OR GOVERNMENT: SBP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND SALLY RECOVERY IN SOUTHWEST LOUISIANA FOR REBUILDING HOMES THAT WERE DAMAGED BY THE STORMS.

NAME OF ORGANIZATION OR GOVERNMENT: TEACH FOR AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO PROVIDE INSTRUCTION AND LEARNING SUPPORT FROM TRAINED COLLEGE STUDENTS FOR K-12 STUDENTS AFFECTED BY LEARNING LOSS DURING THE COVID PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

TEXAS CENTER FOR CHILD AND FAMILY STUDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR TEXAS WINTER STORM RECOVERY TO PROVIDE DIRECT CASH GRANTS TO QUALIFYING FOSTER

Part IV Supplemental Information

CARE FAMILIES WHO SERVE THESE CHILDREN TO HELP WITH HOME REPAIRS (CAUSED BY BROKEN PIPES), REPLENISH FOOD SUPPLIES, PROVIDE CLEAN DRINKING WATER AND HELP WITH OTHER NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS TRIBUNE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED TO PROVIDE IN DEPTH, INVESTIGATIVE JOURNALISM TO HOLD STATE LEADERS TO ACCOUNT FOR THE EFFECTS OF THE WINTER STORMS ON THE STATE OF TEXAS AND ITS CITIZENS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE NATIONAL DOMESTIC VIOLENCE HOTLINE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO HIRE AND TRAIN MORE PEOPLE AND INCREASE THE FLEX HOURS OF THOSE WORKING TO ANSWER CALLS, TEXTS AND CHATS FROM DOMESTIC VIOLENCE VICTIMS AND SURVIVORS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNDOCUBLACK NETWORK (FISCALLY SPONSORED BY THE PRAXIS PROJECT)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR THE IMMIGRATION CRISIS IN DEL RIO, TEXAS TO PROVIDE POLICY AND LEGAL SUPPORT FOR BLACK IMMIGRANTS AND REFUGEES SEEKING A LIFE IN THE UNITED STATES.

NAME OF ORGANIZATION OR GOVERNMENT: TRANSGENDER LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED TO PROVIDE LEGAL, HEALTHCARE, MENTAL HEALTH AND SOCIAL SERVICES SUPPORT TO LGBTQ+ MIGRANTS AT THE UNITED STATES' SOUTHERN BORDER AND WITHIN THE U.S. IN RESPONSE TO THE SPECIFIC AND OFTEN EXTREME MARGINALIZATION OF THIS COMMUNITY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN CALIFORNIA, COLORADO, OREGON AND WASHINGTON TO PROVIDE SERVICES TO ALL THE IMPACTED COMMUNITIES AND CONTINUE INNOVATING TO SERVE THOSE WHOVE RELOCATED OUTSIDE THEIR WILDFIRE-TORN COMMUNITY, PARENTS OF YOUNG CHILDREN AND ELDERLY OR DISABLED PEOPLE WHO HAVE A HARD TIME ATTENDING A LIVE WORKSHOP.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GRAYSON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR TEXAS WINTER STORM RECOVERY IN FANNIN COUNTY AND GRAYSON COUNTY IN NORTH TEXAS TO SUPPORT THE RECOVERY OF THEIR MOST VULNERABLE CITIZENS BY PROVIDING THEM WITH CASE MANAGMENT, HOME REPAIRS, BASIC NEEDS AND RENT AND UTILITIES PAYMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN NORTHERN CALIFORNIA FOR A HOUSING SUBSIDY PROGRAM PROVIDED TO PEOPLE DISPLACED BY THE 2020 NORTH COMPLEX, ZOGG AND SLATER FIRES IN BUTTE, SHASTA AND SISKIYOU COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN SANTA CRUZ COUNTY, CALIFORNIA TO PROVIDE BILINGUAL CASE MANAGEMENT (AND DISASTER CASE MANAGEMENT TRAINING), CASE MANAGEMENT SOFTWARE FOR USE BY THE ENTIRE COUNTY, MENTAL HEALTH SERVICES, AND FOOD CARDS FOR DISPLACED FAMILIES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SOUTHWEST LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE LAURA AND DELTA RECOVERY IN SOUTHWEST LOUISIANA TO HIRE AN EXECUTIVE DIRECTOR TO OVERSEE THE WORK OF THE LONG-TERM RECOVERY COMMITTEE FOR REPAIRS OF NON-INSURED AND UNDER-INSURED HOMES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE MIDLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID AND FLOOD RECOVERY COORDINATION AND BILINGUAL RESOURCES FOR THE GREATER OMAHA METROPOLITAN AREA AND NINE COUNTIES IN SOUTHWEST IOWA.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF WHITMAN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR WILDFIRE RECOVERY IN WHITMAN COUNTY, WASHINGTON TO SUPPORT A CONSTRUCTION MANAGER TO BUILD LOCAL CAPACITY FOR THE REBUILDING NEEDS OF THE COMMUNITY OF MALDEN AND TO SUPPORT THE REVITALIZATION AND REBUILDING OF THE MALDEN CITY PARK THAT WAS DESTROYED IN THE BABB ROAD FIRE.

NAME OF ORGANIZATION OR GOVERNMENT: VIBRANT EMOTIONAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19 RESPONSE IN THE UNITED STATES TO EXPAND AND SUSTAIN THEIR CRISIS EMOTIONAL CARE TEAM TO HELP ADDRESS THE INCREASING MENTAL HEALTH NEEDS OF THOSE DISPROPORTIONATELY AFFECTED BY THE ONGOING PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT:

VICTORIA COUNTY LONG TERM RECOVERY GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR TEXAS

Part IV Supplemental Information

WINTER STORM RECOVERY IN VICTORIA COUNTY, TEXAS TO PROVIDE SHORT TERM
IMMEDIATE PLUMBING SUPPLIES , PLUMBING REPAIR ASSISTANCE AND WATER
HEATERS TO HOMEOWNERS AND RENTERS IN VICTORIA AND SURROUNDING COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: VITAL STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RESPONSE IN AFRICA TO SUPPORT RAPID DEPLOYMENT OF OPERATIONAL COSTS FOR
VACCINE DISTRIBUTION, COMMUNICATION AND TRAINING.

NAME OF ORGANIZATION OR GOVERNMENT: VITAL STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RESPONSE FOR EQUITABLE DEPLOYMENT OF THE VACCINE IN HIGH-PRIORITY
COUNTRIES IN AFRICA AND ALSO ADDRESS BUILDING VACCINE CONFIDENCE THROUGH
SOCIAL MEDIA, RADIO AND NEWSPAPER.

NAME OF ORGANIZATION OR GOVERNMENT: WAMBLI SKA SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR COVID-19
RECOVERY IN RAPID CITY, SOUTH DAKOTA FOR NATIVE-LED COVID-19 RECOVERY TO
INCLUDE A NATIVE FOOD PANTRY, NEEDS ASSESSMENT, CASE MANAGEMENT AND
SPIRITUAL AND MENTORING SUPPORT TO NATIVE AMERICAN YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: WATER MISSION INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR HURRICANE
ETA AND IOTA RELIEF IN HONDURAS TO CREATE COMMUNITY-MANAGER,
SOLAR-POWERED WATER SUPPLY FOR ALL PEOPLE IN THE SERVICE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD VISION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WAS AWARDED FOR FLOOD

Part IV Supplemental Information

RECOVERY IN HENAN, CHINA TO PROVIDE HIGH-QUALITY TEMPORARY SHELTER FOR
350 VULNERABLE FLOOD AFFECTED FAMILIES (1400 INDIVIDUALS), WHO HAVE LOST
ACCESS TO THEIR HOMES DUE TO FLOOD DAMAGE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input 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

1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	273,744.	20,000.	0.	11,600.	992.	306,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REGINE WEBSTER VICE PRESIDENT	(i)	206,795.	9,725.	0.	5,088.	856.	222,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	(i)	157,421.	8,250.	0.	7,479.	692.	173,842.	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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
-----------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	53	8,446.	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 ▶ (SOFTWARE)	X	133	18,631.	
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

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2021

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

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 162,000 PER MONTH WITH AN
AVERAGE OF MORE THAN 123,000 MONTHLY USERS AND A CONSIDERABLE SPIKE IN
TRAFFIC DURING TIMES OF DISASTERS. CDP ALSO HAD AN ACTIVE SOCIAL MEDIA
PRESENCE ACROSS MULTIPLE PLATFORMS, WITH AN AVERAGE OF MORE THAN 23,000
FACEBOOK LIKES AND MORE THAN 113,000 MONTHLY IMPRESSIONS ON TWITTER.

CDP'S UNIQUE WEBSITE VISITORS AVERAGED ALMOST 121,000 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, 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) 2021

132211 11-11-21

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

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

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

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

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 2021.

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

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 2021 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:

RECOVERY FUND AND THE CA WILDFIRES RECOVERY FUND WILL BE EVERGREEN

FUNDS AND WILL RAISE DONATIONS ANNUALLY FOR HURRICANES AND WILDFIRES.

THESE TWO FUNDS ALONG WITH THE CO WILDFIRES RECOVERY FUND HAVE RAISED
OVER \$7.7 MILLION AND AWARDED GRANTS TOTALING \$3.5 MILLION THROUGH THE
END OF 2021. THE COVID-19 RESPONSE FUND WAS CDP'S FIRST DISASTER FUND
THAT AWARDED BOTH RESPONSE AND RECOVERY GRANTS. DURING 2020 AND 2021,
CDP RAISED OVER \$45 MILLION AND AWARDED GRANTS OF \$32.9 MILLION TO
SUPPORT NONPROFIT ORGANIZATIONS WORKING DIRECTLY TO RESPOND TO THE

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

PANDEMIC AMONG VULNERABLE POPULATIONS IN ORDER TO HELP BUILD THEIR
CAPACITY TO ADDRESS THE MOST PRESSING NEEDS.

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. SINCE 2019, CDP HAS RAISED OVER \$4
MILLION FOR VARIOUS DISASTERS AROUND THE GLOBE AND AWARDED GRANTS
TOTALING \$2.9 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 HAS RAISED \$3.6 MILLION
AND GRANTED \$2.7 MILLION TO SUPPORT RECOVERY EFFORTS OF VARIOUS
DOMESTIC DISASTERS.

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
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:

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

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.

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

FORM 990, PART VII

THE ORGANIZATION RECEIVED CONTRIBUTIONS FROM INDIVIDUAL BOARD MEMBERS

AND ORGANIZATIONS WITH WHICH BOARD MEMBERS ARE AFFILIATED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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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	44.	8,095.	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) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

[illegible]

Part VII Supplemental Information

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

PART I

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

EFFECTIVE MARCH 23, 2022, THE LOUISIANA DISASTER RECOVERY ALLIANCE LLC WAS FULLY DISSOLVED AND REMAINING ASSETS WERE TRANSFERRED TO A NEW UNRELATED ORGANIZATION.