



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

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

C Name of organization: **CENTER FOR DISASTER PHILANTHROPY, INC.**
 Doing business as
 Number and street (or P O box if mail is not delivered to street address) Room/suite: **1201 CONNECTICUT AVE NW 300**
 City or town state or province, country and ZIP or foreign postal code: **WASHINGTON, DC 20036**

D Employer identification number: **45-5257937**

E Telephone number: **202-595-1026**

F Name and address of principal officer: **ROBERT G. OTTENHOFF SAME AS C ABOVE**

G Gross receipts: **21,531,080.**

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

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

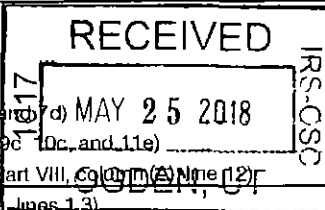
J Website: **WWW.DISASTERPHILANTHROPY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2012**

M State of legal domicile: **DC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INCREASE THE EFFECTIVENESS OF DISASTER PHILANTHROPY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990 T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,219,632.	21,254,221.
	9 Program service revenue (Part VIII, line 2g)	173,583.	250,773.
	10 Investment income (Part VIII, column (A) lines 3, 4, and 7d)	5,201.	26,086.
	11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue (add lines 8 through 11 (must equal Part VIII, column (A) line 12))	4,398,416.	21,531,080.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,238,888.	1,200,955.
	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)	705,019.	949,698.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25)	126,071.	
	17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e)	672,375.	471,888.
	18 Total expenses (Add lines 13-17 (must equal Part IX, column (A) line 25))	2,616,282.	2,622,541.
	19 Revenue less expenses (Subtract line 18 from line 12)	1,782,134.	18,908,539.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 5,091,969.	End of Year: 24,011,479.
	21 Total liabilities (Part X, line 26)	257,106.	268,077.
	22 Net assets or fund balances (Subtract line 21 from line 20)	4,834,863.	23,743,402.



SCANNED AUG 13 2018

Part II Signature Block

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

Sign Here: Signature of officer: *Robert G. Ottenhoff* Date: *May 10, 2018*
ROBERT G. OTTENHOFF, PRESIDENT & CEO
 Type or print name and title

Paid: Print/Type preparer's name: **SVETLANA CHEBAKINA** Preparer's signature: *S Chubakina* Date: **05/10/18** Check self-employed PTIN: **P01399152**

Preparer Use Only: Firm's name: **HALT, BUZAS & POWELL, LTD.** Firm's EIN: **26-0004395**
 Firm's address: **1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314** Phone no: **(703) 836-1350**

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

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

CDP'S MISSION IS TO TRANSFORM DISASTER GIVING BY PROVIDING TIMELY AND THOUGHTFUL STRATEGIES TO INCREASE DONORS' IMPACT DURING DOMESTIC AND INTERNATIONAL DISASTERS WITH AN EMPHASIS ON RECOVERY AND DISASTER RISK REDUCTION. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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 X

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 224,159. including grants of \$) (Revenue \$)

LEARNING CENTER. THROUGH OUR WEBSITE, ONLINE COMMUNITY, WEBINARS AND TRAININGS, DONORS CAN FIND INFORMATION, ANALYSIS AND EDUCATIONAL RESOURCES ABOUT DISASTERS. USERS HAVE THE ABILITY TO ACCESS INFORMATION BASED ON THEIR INTERESTS AS WELL AS ENGAGE IN DIALOGUES WITH OTHER DONORS. THIS INFORMATION IS ALSO SHARED WITH OUR PARTNERS, MEMBERSHIP ORGANIZATIONS AND THE MEDIA.

CDP PROVIDED INFORMATION ON DISASTERS AND DISASTER PHILANTHROPY VIA ITS WEBSITE, BLOG, WEBINARS AND SOCIAL MEDIA TOOLS INCLUDING FACEBOOK AND TWITTER. IN ADDITION TO PROVIDING INFORMATION ON DISASTERS, CDP FOCUSED ON INCLUDING RELEVANT GRANTMAKER AND FIELD PRACTITIONER CONTENT AND RELEVANT NGO DISASTER RELIEF AND RECOVERY STAKEHOLDER INPUTS. CDP'S

4b (Code) (Expenses \$ 84,522. including grants of \$) (Revenue \$ 250,773.)

CUSTOM APPROACHES. FOR DONORS WHO PREFER TO HAVE A MORE TAILORED STRATEGY, WE WORK ONE-ON-ONE TO HELP THEM FIT THEIR DISASTER GIVING INTO LARGER PHILANTHROPIC GOALS. PARTNERS INCLUDE PRIVATE INDIVIDUALS, CONSORTIUMS OF DONORS ENGAGED IN COLLECTIVE WORK AND COMMUNITY FOUNDATIONS INVOLVED WITH INDIVIDUAL DONORS.

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

4c (Code) (Expenses \$ 1,944,804. including grants of \$ 1,200,955.) (Revenue \$)

DONOR COLLABORATION. OUR TEAM OF PROGRAM EXPERTS WITH DEEP KNOWLEDGE IN DOMESTIC AND INTERNATIONAL DISASTER PHILANTHROPY WILL ALLOCATE OR MANAGE FUNDS ACROSS A RANGE OF NEEDS BEFORE, DURING, AND AFTER A DISASTER, DIRECTING RESOURCES STRATEGICALLY AND EFFICIENTLY TO HELP COMMUNITIES RECOVER MORE QUICKLY AND BECOME MORE RESILIENT.

CDP LAUNCHED THE REFUGEE CRISIS FUND IN 2015 WITH DONATIONS OF APPROXIMATELY \$288,000 FROM TEN DONORS. CDP AWARDED ONE GRANT IN 2015 TO PROVIDE INITIAL TRANSITIONAL SUPPORT TO REFUGEES ARRIVING ON THE GREEK ISLAND OF LESBOS AND TWO GRANTS IN 2016 TO PROVIDE SUPPORT AND ASSISTANCE TO WOMEN AND ADOLESCENTS DISPLACED IN SYRIA. AFTER RECEIVING DONATIONS TOTALING OVER \$250,000 IN 2017, CDP AWARDED THREE

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 2,253,485.

ABCDEFGHIJLOR

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 with 'X' marks in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; b Other officers or key employees of the organization; 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?; 16b 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?

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 (or 1024 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. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 202-595-1026 1201 CONNECTICUT AVE NW, NO. 300, WASHINGTON, DC 20036

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY ANTHONY BOARD MEMBER	1.00	X						0.	0.	0.
(2) HENRY BERMAN BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(3) LORI BERTMAN BOARD CHAIR	10.00	X		X				0.	0.	0.
(4) KATHLEEN LOEHR BOARD MEMBER	1.00	X						0.	0.	0.
(5) JOE RUIZ BOARD MEMBER	1.00	X						0.	0.	0.
(6) KENNETH JONES II SECRETARY & TREASURER	1.00	X		X				0.	0.	0.
(7) SAM WORTHINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT G. OTTENHOFF PRESIDENT & CEO	40.00			X				250,555.	0.	32,128.
(9) REGINE WEBSTER VICE PRESIDENT	33.00			X				208,418.	0.	0.
(10) JENNIFER COMMANDER CHIEF FINANCIAL OFFICER	22.00			X				90,424.	0.	0.
(11) NANCY BEERS DIRECTOR, MIDWEST EARLY RECOVERY FUN	40.00					X		115,232.	0.	7,328.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							664,629.	0.	39,456.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							664,629.	0.	39,456.	

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		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
NONE		

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 **0**

Part VIII Statement of Revenue

Check 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					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	21,254,221.				
	g	Noncash contributions included in lines 1a-1f \$	15,303.				
	h	Total. Add lines 1a-1f	21,254,221.				
Program Service Revenue	Business Code						
	2 a	ADVISORY SERVICE FEES	900099	250,773.	250,773.		
	b						
	c						
	d						
	e						
	g	Total. Add lines 2a-2f		250,773.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,086.		26,086.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities See Part IV, line 19						
	Less direct expenses						
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
	Less cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			21,531,080.	250,773.	0.	
						26,086.	

Part IX Statement of Functional Expenses

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,200,955.	1,200,955.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	581,525.	348,530.	132,440.	100,555.
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	284,464.	258,249.	25,234.	981.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,854.	6,287.	543.	24.
9 Other employee benefits	41,720.	37,423.	4,247.	50.
10 Payroll taxes	35,135.	27,953.	4,093.	3,089.
11 Fees for services (non-employees)				
a Management				
b Legal	7,543.	5,187.	1,720.	636.
c Accounting	15,799.	11,591.	2,786.	1,422.
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.)	294,725.	236,897.	48,938.	8,890.
12 Advertising and promotion	36,910.	29,528.	7,382.	
13 Office expenses	17,288.	12,683.	3,049.	1,556.
14 Information technology	7,592.	5,570.	1,339.	683.
15 Royalties				
16 Occupancy	15,534.	11,396.	2,740.	1,398.
17 Travel	56,722.	46,868.	4,832.	5,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,530.	3,323.	799.	408.
20 Interest	34.	25.	6.	3.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,475.	5,484.	1,318.	673.
23 Insurance	2,188.	1,605.	386.	197.
24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LICENSES, FEES, AND REG	5,548.	3,931.	1,133.	484.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	2,622,541.	2,253,485.	242,985.	126,071.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	1,319,053.	2 9,509,877.
	3	Pledges and grants receivable, net	3,749,274.	3 2,461,649.
	4	Accounts receivable, net	3,387.	4 24,936.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 23,493.	
	b	Less accumulated depreciation	10b 9,548.	10c 20,255. 13,945.
	11	Investments - publicly traded securities		11
	12	Investments - other securities See Part IV, line 11		12 12,001,072.
	13	Investments - program-related See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,091,969.	16 24,011,479.	
Liabilities	17	Accounts payable and accrued expenses	254,814.	17 195,417.
	18	Grants payable		18 47,660.
	19	Deferred revenue	2,292.	19 25,000.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	257,106.	26 268,077.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	815,758.	27 2,415,638.
	28	Temporarily restricted net assets	4,019,105.	28 21,327,764.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	4,834,863.	33 23,743,402.	
34	Total liabilities and net assets/fund balances	5,091,969.	34 24,011,479.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,531,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,622,541.
3	Revenue less expenses Subtract line 2 from line 1	3	18,908,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,834,863.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,743,402.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1712809.	3352301.	2937070.	4219632.	21254221.	33476033.
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	1712809.	3352301.	2937070.	4219632.	21254221.	33476033.
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)						8006694.
6 Public support. Subtract line 5 from line 4						25469339.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1712809.	3352301.	2937070.	4219632.	21254221.	33476033.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,272.	2,435.	5,087.	5,201.	26,086.	40,081.
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)	1,148.	300.				1,448.
11 Total support. Add lines 7 through 10						33517562.
12 Gross receipts from related activities, etc. (see instructions)					12	520,053.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 type="checkbox"/>		
b 33 1/3% support test - 2016. 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 - 2017. 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 - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35	6	
7	Recoveries of prior year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2017

Open to Public Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Question, Answer. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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?, 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)?, 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

Table with 2 columns: Question, Answer. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		2,693.	881.	1,812.
e Other		20,800.	8,667.	12,133.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				13,945.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	12,001,072.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	12,001,072.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	21,531,080.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	21,531,080.
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	21,531,080.

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	2,622,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,622,541.
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	2,622,541.

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:

CDP IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. THIS CODE SECTION ENABLES CDP TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR. CDP IS SUBJECT TO INCOME TAXES ON TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, CDP DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME.

LDRA IS WHOLLY OWNED BY THE CENTER AND ITS OPERATING RESULTS FLOW THROUGH TO THE CENTER FOR TAX REPORTING PURPOSES. FOR THE YEARS ENDED DECEMBER 31,

Part XIII Supplemental Information (continued)

2017 AND 2016, LDRA DID NOT HAVE ANY ACTIVITY CONSIDERED TO BE UNRELATED BUSINESS ACTIVITY, AND AS A RESULT, NO TAX PROVISION WAS RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

CDP IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN IS FILED. IF THERE ARE MATERIAL OMISSIONS OF INCOME, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS CDP'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2017 AND 2016, CDP HAD NO UNCERTAIN TAX POSITIONS WHICH SHOULD BE RECOGNIZED AS A LIABILITY.

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)
		TURKEY	PROVIDE SUPPORT AND ASSISTANCE FOR WOMEN AND ADOLESCENTS AND DISPLACED IN SYRIA.	37,691.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

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

**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

2017

Open to Public
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number
45-5257937

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

Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY, MIDLAND DIVISION - 1130 HAMPTON AVENUE - ST. LOUIS, MO 63139	36-2167910	501(C)(3)	75,269.	0.			RECOVERY CONSTRUCTION MANAGEMENT, VOLUNTEER AND COMMUNITY COORDINATION
CATHOLIC CHARITIES OF ST. LOUIS 4445 LINDELL BOULEVARD. ST. LOUIS, MO 63108	43-0653270	501(C)(3)	22,420.	0.			DISASTER CASE MANAGEMENT, DISASTER CASE MANAGEMENT SUPERVISION
THE OKLAHOMA CONFERENCE OF THE UNITED METHODIST CHURCH - DISASTER RESPONSE - 1501 NW 24TH STREET - OKLAHOMA CITY, OK 73106	73-0617470	501(C)(3)	100,000.	0.			DISASTER PROJECT MANAGEMENT, DISASTER CASE MANAGEMENT, VOLUNTEER MANAGEMENT, DISASTER
UNITED METHODISTS OF ARKANSAS - ARKANSAS CONFERENCE - PO BOX 3611, 800 DAISY BATES DRIVE - LITTLE ROCK, AR 72203	71-0554172	501(C)(3)	10,000.	0.			VOLUNTEER COORDINATION, MANAGEMENT AND SUPPORT
ALL HANDS VOLUNTEERS, INC. 6 COUNTRY ROAD, SUITE 6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	15,000.	0.			VOLUNTEER COORDINATION
CATHOLIC CHARITIES OF CENTRAL AND NORTHERN MISSOURI - PO BOX 104626 - JEFFERSON CITY, MO 65110-4626	45-2395310	501(C)(3)	20,625.	0.			DISASTER CASE MANAGEMENT

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

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

28.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF MINNESOTA (LSSMN) - 2485 COMO AVENUE - ST. PAUL, MN 55108	41-0872993	501(C)(3)	35,000.	0.			DISASTER CASE MANAGEMENT, RECONSTRUCTION MANAGEMENT, VOLUNTEER COORDINATION
CATHOLIC CHARITIES OF SOUTHWEST KANSAS - 906 CENTRAL AVENUE - DODGE CITY, KS 67801	48-0697602	501(C)(3)	31,220.	0.			NEEDS ASSESSMENT DEVELOPMENT AND IMPLEMENTATION
RE-MEMBER PO BOX 5054 PINE RIDGE, SD 57770	38-3553177	501(C)(3)	74,800.	0.			DISASTER CASE MANAGEMENT/DATA MANAGEMENT AND VOLUNTEER MANAGEMENT
OZARK VITALITY, INC. (FORMERLY DONIPHAN VITALITY) - 110 SOUTH GRAND AVENUE - DONIPHAN, MO 63935	47-5262934	501(C)(3)	47,770.	0.			CASE MANAGEMENT SERVICES, NEEDS ASSESSMENT DEVELOPMENT AND IMPLEMENTATION, EDUCATION
OK CONFERENCE OF CHURCHES 301 NW 36TH OKLAHOMA CITY, OK 73118	73-0710083	501(C)(3)	20,000.	0.			NEEDS ASSESSMENT DEVELOPMENT AND IMPLEMENTATION
COMMUNITY FOUNDATION OF THE OZARKS, INC. - PO BOX 8960 - SPRINGFIELD, MO 65801	23-7290968	501(C)(3)	49,938.	0.			COMMUNITY RECOVERY COORDINATOR(S)
LUTHERAN FAMILY AND CHILDREN'S SERVICES OF MISSOURI - 9666 OLIVE BOULEVARD, SUITE 400 - ST. LOUIS, MO 63132	43-0652650	501(C)(3)	8,000.	0.			NEEDS ASSESSMENT DEVELOPMENT AND IMPLEMENTATION, OUTREACH AND EDUCATION, OUTREACH
VAN BUREN YOUTH AND COMMUNITY CENTER - PO BOX 462 - VAN BUREN, MO 63965	43-1769903	501(C)(3)	23,775.	0.			COMMUNITY RECOVERY COORDINATOR(S)
LUTHERAN FAMILY AND CHILDREN'S SERVICES OF MISSOURI - 9666 OLIVE BOULEVARD, SUITE 400 - ST. LOUIS, MO 63132	43-0652650	501(C)(3)	110,777.	0.			COMMUNITY RECOVERY COORDINATOR(S), EDUCATION AND TRAININGS FOR LONG-TERM RECOVERY/POST

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA COMMUNITY FOUNDATION, INC. PO BOX 1145 HELENA, MT 59624	81-0450150	501(C)(3)	18,470.	0.			EDUCATION EVENTS TO PROMOTE AND SUPPORT COMMUNITY POST DISASTER RECOVERY
MAZASKA OWECASO OTIPI FINANCIAL, INC. - PO BOX 1996 - PINE RIDGE, SD 57770	76-0671743	501(C)(3)	60,132.	0.			DISASTER OUTREACH COORDINATION, OUTREACH AND EDUCATION, ADMINISTRATIVE SUPPORT
CONCERN WORLDWIDE US, INC. 355 LEXINGTON AVENUE, 19TH FLOOR NEW YORK, NY 10017	13-3712030	501(C)(3)	100,000.	0.			PROVIDE SUPPORT AND ASSISTANCE FOR WOMEN AND ADOLESCENTS DISPLACED IN SYRIA.
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	100,000.	0.			PROVIDE SUPPORT AND ASSISTANCE FOR WOMEN AND ADOLESCENTS DISPLACED IN SYRIA.
ONE STAR FOUNDATION, INC. 9011 MOUNTAIN RIDGE DRIVE, SUITE 10 AUSTIN, TX 78759	20-0166368	501(C)(3)	50,000.	0.			SUPPORT TEXAS ROAD AND LONG-TERM RECOVERY EFFORTS AFTER HURRICANE HARVEY
PLAN INTERNATIONAL USA, INC. 1255 23RD STREET NW, SUITE 300 WASHINGTON, DC 20037	13-5661832	501(C)(3)	7,115.	0.			SUPPORT FLOOD RESPONSE AND RECOVERY EFFORTS IN BANGLADESH
CATHOLIC SERVICES OF ACADIANA PO BOX 3177 LAFAYETTE, LA 70502	53-0196617	501(C)(3)	20,000.	0.			SUPPORT THE EXPANSION AND DEVELOPMENT OF A DISASTER DATA MANAGEMENT SYSTEM AFTER AUGUST 2016 FLOODS
CENTER FOR PLANNING EXCELLENCE 100 LAFAYETTE STREET BATON ROUGE, LA 70801	20-3827040	501(C)(3)	30,000.	0.			EXPAND COMMUNITY WORKSHOPS IN A LAFAYETTE-BASED PILOT THAT SHIFTS WATER
FAMILY TREE INFORMATION, EDUCATION & COUNSELING CENTER - PO BOX 62904 - LAFAYETTE, LA 70596	72-0879405	501(C)(3)	30,000.	0.			SUPPORT INDIVIDUAL, FAMILY AND GROUP SERVICES AFTER THE AUGUST 2016 FLOODS

CENTER FOR DISASTER PHILANTHROPY, INC.

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODBANK OF NORTHERN LOUISIANA 2307 TEXAS AVENUE, SHREVEPORT, LA 71103	72-1328890	501(C)(3)	30,000.	0.			SUPPORT A COMMUNITY FOOD HUB THAT PRIORITIZES A LONG-TERM DISASTER RECOVERY MODEL AFTER THE
MID-CITY REDEVELOPMENT ALLIANCE 419 N. 19TH STREET BATON ROUGE, LA 70802	72-1196990	501(C)(3)	22,500.	0.			SUPPORT CREATION OF A CITY-WIDE HOUSING PLAN TO ADDRESS UNMET HOUSING NEEDS OF EAST BATON ROUGE
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	20,000.	0.			SUPPORT JOURNEY OF HOPE PROGRAM TO MEET PSYCHOSOCIAL NEEDS OF CHILDREN IMPACTED BY
SOUTHEAST LOUISIANA LEGAL SERVICES 1010 COMMON STREET, SUITE 1400 NEW ORLEANS, LA 70112	72-0877422	501(C)(3)	22,500.	0.			SUPPORT EFFORTS TO CLEAR PROPERTY TITLES WHICH PREVENTS INDIVIDUALS FROM RECEIVING BENEFITS FROM

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

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE OKLAHOMA CONFERENCE OF THE UNITED METHODIST CHURCH - DISASTER RESPONSE

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

DISASTER CASE MANAGEMENT, VOLUNTEER MANAGEMENT, DISASTER ADMINISTRATIVE

STAFF

NAME OF ORGANIZATION OR GOVERNMENT: RE-MEMBER

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

MANAGEMENT AND VOLUNTEER MANAGEMENT, RECONSTRUCTION MANAGEMENT,

EDUCATION, TRAINING AND OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT:

OZARK VITATLITY, INC. (FORMERLY DONIPHAN VITALITY)

(H) PURPOSE OF GRANT OR ASSISTANCE: CASE MANAGEMENT SERVICES, NEEDS

ASSESSMENT DEVELOPMENT AND IMPLEMENTATION, EDUCATION AND TRAININGS,

EDUCATION EVENTS, COMMUNITY OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN FAMILY AND CHILDREN'S SERVICES OF MISSOURI

(H) PURPOSE OF GRANT OR ASSISTANCE: NEEDS ASSESSMENT DEVELOPMENT AND

IMPLEMENTATION, OUTREACH AND EDUCATION, OUTREACH AND SUPPORT FOR CURRENT

DISASTER CASE MANAGERS

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN FAMILY AND CHILDREN'S SERVICES OF MISSOURI

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY RECOVERY COORDINATOR(S),

Part IV Supplemental Information

EDUCATION AND TRAININGS FOR LONG-TERM RECOVERY/POST DISASTER COMMUNITY DEVELOPMENT, OUTREACH TO VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT: MAZASKA OWECASO OTIPI FINANCIAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DISASTER OUTREACH COORDINATION, OUTREACH AND EDUCATION, ADMINISTRATIVE SUPPORT FOR FUND DEVELOPMENT AND ALLOCATION

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR PLANNING EXCELLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND COMMUNITY WORKSHOPS IN A LAFAYETTE-BASED PILOT THAT SHIFTS WATER MANAGEMENT FROM A DRAINAGE FOCUS TO COMPREHENSIVE WATER MANAGEMENT APPROACH AFTER AUGUST 2016 FLOODS

NAME OF ORGANIZATION OR GOVERNMENT: FOODBANK OF NORTHERN LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT A COMMUNITY FOOD HUB THAT PRIORITIZES A LONG-TERM DISASTER RECOVERY MODEL AFTER THE AUGUST 2016 FLOODS

NAME OF ORGANIZATION OR GOVERNMENT: MID-CITY REDEVELOPMENT ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CREATION OF A CITY-WIDE HOUSING PLAN TO ADDRESS UNMET HOUSING NEEDS OF EAST BATON ROUGE PARISH AND BETTER PREPARE FOR FUTURE DISASTERS AFTER THE AUGUST 2016 FLOODS

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT JOURNEY OF HOPE PROGRAM TO MEET PSYCHOSOCIAL NEEDS OF CHILDREN IMPACTED BY DISASTERS

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHEAST LOUISIANA LEGAL SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EFFORTS TO CLEAR PROPERTY

TITLES WHICH PREVENTS INDIVIDUALS FROM RECEIVING BENEFITS FROM FEMA, CDBG

AND OTHER PROGRAMS AS WELL AS INSURANCE BENEFITS OR LOANS

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2017

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<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	X	
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?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<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?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2017

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ERIC KESSLER	FORMER DIRECTOR IS	15,534.	CDP LEASES		X
ERIC KESSLER	FORMER CDP DIRECTOR	14,000.	NVF PERFORM		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: ERIC KESSLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER DIRECTOR IS PRINCIPAL/SENIOR MANAGING DIRECTOR OF ARABELLA ADVISORS

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

ADVISORS ON A MONTH-TO-MONTH BASIS.

(A) NAME OF PERSON: ERIC KESSLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER CDP DIRECTOR IS CHAIRMAN OF THE BOARD OF NEW VENTURE FUND

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

FUNCTION FOR CDP.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

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

CDP AIMS TO:

- INCREASE THE EFFECTIVENESS OF THE CONTRIBUTIONS GIVEN TO DISASTERS;

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

PREPAREDNESS AND PLANNING, TO RELIEF, TO REBUILDING AND RECOVERY

EFFORTS;

- PROVIDE TIMELY AND RELEVANT ADVICE FROM EXPERTS WITH DEEP KNOWLEDGE

OF DISASTER PHILANTHROPY;

- CONDUCT DUE DILIGENCE SO DONORS CAN GIVE WITH CONFIDENCE;

- CREATE PLANS FOR INFORMED GIVING FOR INDIVIDUALS, CORPORATIONS AND

FOUNDATIONS.

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

UNIQUE WEBSITE VISITORS AVERAGED ABOUT 8,750 PER MONTH, WITH A

CONSIDERABLE SPIKE IN TRAFFIC DURING TIMES OF DISASTERS. CDP PROVIDED

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

INFORMATION VIA ITS ISSUE INSIGHTS AND SPOTLIGHTS. ADDITIONALLY, CDP

STAFF LEVERAGED ITS KNOWLEDGE THROUGH SPEAKING AND MEDIA APPEARANCES

AND A 24/7 DISASTER GIVING HOTLINE.

CDP, IN PARTNERSHIP WITH FOUNDATION CENTER, RELEASED THE STATE OF

DISASTER PHILANTHROPY, A COMPREHENSIVE DATA COLLECTION AND ANALYSIS

EFFORT ON DISASTER-FOCUSED CHARITABLE GIVING. THE PURPOSE OF THE

ANNUAL REPORT IS TO MORE ACCURATELY CAPTURE HOW PHILANTHROPY CURRENTLY

RESPONDS TO DISASTERS AND ENCOURAGE THE PHILANTHROPY COMMUNITY TO

SUPPORT THE FULL ARC OF A DISASTER, NOT JUST THE IMMEDIATE HUMANITARIAN

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

Employer identification number

45-5257937

NEEDS.

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

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

GRANTS TO FURTHER THE WORK BEGUN IN SYRIA IN 2016.

DURING 2017, CDP CONTINUED ITS WORK WITH ITS MIDWEST EARLY RECOVERY FUND. CDP RECEIVED A GRANT FOR THIS FUND OF \$2.1 MILLION IN 2014 AND WAS AWARDED A NEW THREE-YEAR GRANT OF \$3.1 MILLION IN 2016, WHICH WILL SUPPORT THE FUND THROUGH 2019. THE FUND RELIES ON A STREAMLINED GRANT MAKING PROCESS TO MAKE AWARDS TO ORGANIZATIONS IN TEN STATES. THE FUND'S PURPOSE IS TO GET MONEY QUICKLY AND EFFICIENTLY TO ORGANIZATIONS WORKING WITH THE MOST VULNERABLE POPULATIONS THAT ARE IMPACTED BY LOCAL "LOW-ATTENTION" DISASTERS.

CDP ALSO LAUNCHED FOUR DISASTER FUNDS, THE HURRICANE HARVEY RECOVERY FUND, THE HURRICANE IRMA RECOVERY FUND, THE 2017 ATLANTIC HURRICANE SEASON RECOVERY FUND AND THE MEXICO EARTHQUAKE RECOVERY FUND. THESE FUNDS RAISED OVER \$18.6 MILLION FOR MID TO LONG-TERM RECOVERY RELATED TO THE DISASTERS. THE MAJORITY OF GRANT MAKING WILL OCCUR IN 2018; HOWEVER SOME GRANTS FOR THE HURRICANE HARVEY RECOVERY FUND WILL BE

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

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AWARDED IN 2019.

CDP ALSO RAISED DONATIONS FOR THE NORTHERN CALIFORNIA WILDFIRES AND THE EARTHQUAKE THAT IMPACTED IRAN AND IRAQ. DONATIONS FOR THESE DISASTERS TOTALED OVER \$200,000. GRANTS FOR THESE DISASTERS WILL BE AWARDED IN 2018.

AS PART OF ITS MANAGEMENT OF THE LOUISIANA DISASTER RECOVERY ALLIANCE (LDRA), CDP, ON BEHALF OF LDRA'S BOARD OF DIRECTORS, AWARDED SEVEN GRANTS TOTALING \$175,000 TO SUPPORT ORGANIZATIONS INVOLVED IN LONG-TERM RECOVERY EFFORTS RELATED TO RECENT DISASTERS IN LOUISIANA.

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

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

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

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

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

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

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

ANNUAL COMPENSATION IS REVIEWED BY THE FULL BOARD OF DIRECTORS IN ORDER TO DETERMINE COMPARABLE COMPENSATION FOR ORGANIZATIONS OF A SIMILAR SCOPE AND

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

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SCALE TO CDP. ANNUAL COMPENSATION OF THE PRESIDENT AND CEO IS APPROVED BY THE FULL BOARD OF DIRECTORS. COMPENSATION OF ALL OTHER EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO WITH GENERAL GUIDANCE PROVIDED BY THE BOARD OF DIRECTORS.

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

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

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

CDP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

CDP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADVISORY SERVICES CONSULTANTS:

PROGRAM SERVICE EXPENSES	146,885.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,885.

CORE SERVICES CONSULTANTS:

PROGRAM SERVICE EXPENSES	40,640.
MANAGEMENT AND GENERAL EXPENSES	41,619.
FUNDRAISING EXPENSES	1,558.

Name of the organization

CENTER FOR DISASTER PHILANTHROPY, INC.

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TOTAL EXPENSES 83,817.

CONSULTING AND HR:

PROGRAM SERVICE EXPENSES 49,372.

MANAGEMENT AND GENERAL EXPENSES 7,319.

FUNDRAISING EXPENSES 7,332.

TOTAL EXPENSES 64,023.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 294,725.

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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)	LOUISIANA DISASTER RECOVERY ALLIANCE LLC	L	50,000	DETERMINED BY LDRA'S BOD
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

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

PART I

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