Form 990
(Rev. January 2020)

Department of the Treasury Internal Revenue Service

*** PUBLIC DISCLOSURE COPY ***

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

_	► Go to www.irs.gov/Form990 for instructions and the latest information	
	Do not enter social security numbers on this form as it may be made public to the social security numbers on this form as it may be made public to the social security numbers on this form as it may be made public.	IIC

A F	A For the 2019 calendar year, or tax year beginning and ending						
B Ch ap	plicable	NATIONAL CENTER FOR FAMILY		D Employer identific	cation number		
	Addres	PHILANTHROPY, INC.					
Name change		Doing business as NCFP		52-20550	16		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	 Composition and States Constitution of States States States and States and			
	Final return/	1667 K STREET, NW	550	202-293-3424			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,991,316.		
	Amenc return	WASHINGION, DC 20000		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: NICHOLAS A. IEDESC	:0	for subordinates	? Yes 🔀 No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
-		empt status: 🔀 501(c)(3) 📃 501(c) ()◀ (insert no.) 🧾 4947(a)(1) or 📃 52	7 If "No," attach a	list. (see instructions)		
		e: NCFP.ORG		H(c) Group exemption			
		organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Yea	r of formation: 1997	State of legal domicile: DC		
Pa	STRATE DO	Summary					
		Briefly describe the organization's mission or most significant activities: \underline{THE}					
Governance		PHILANTHROPY PROVIDES THE RESOURCES, EXP					
rna	2	Check this box \blacktriangleright if the organization discontinued its operations or dispe	osed of mor	e than 25% of its net ass			
Se					13		
		Number of independent voting members of the governing body (Part VI, line 1b)			13		
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			15		
vitie		Total number of volunteers (estimate if necessary)			12		
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
4	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.		
				Prior Year	Current Year		
a	8	Contributions and grants (Part VIII, line 1h)		1,997,002.	2,729,870.		
Revenue	9	Program service revenue (Part VIII, line 2g)		642,432.	1,254,403.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		724.	1,557.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	∟	7,055.	-506.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,647,213.	3,985,324.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,393,937.	1,589,963.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xpe		Total fundraising expenses (Part IX, column (D), line 25) 🕨 252, 6					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,252,418.	1,511,715.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,646,355.	3,101,678.		
	19	Revenue less expenses. Subtract line 18 from line 12		858.	883,646.		
Assets or d Balances			E	Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		2,102,516.	3,007,788.		
t As ud B		Total liabilities (Part X, line 26)		523,563.	545,189.		
		Net assets or fund balances. Subtract line 21 from line 20		1,578,953.	2,462,599.		
2.00 G (1990)	Children of the state	Signature Block					
	· · · ·	Ities of perjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and belief, it is		
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of y	which prepare	er has any knowledge			

Sign	Signature of officer		11/09/20 Date				
Here		RESIDENT AND CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	NANCY JOHNSON	Many Johnson	11/9/2020 self-employed P01593478				
Preparer	Firm's name UHY ADVISORS MID	-ATLANTIC MD, INC.	Firm's EIN ▶ 26-0794367				
Use Only	Firm's address 🕨 8601 ROBERT FULT	ON DRIVE, SUITE 210					
	COLUMBIA, MD 210	46	Phone no. (410) 720-5220				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	B32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	NATIONAL CENTER FOR FAMILY
	990 (2019) PHILANTHROPY, INC. 52-2055016 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL CENTER FOR FAMILY PHILANTHROPY PROVIDES THE RESOURCES,
	EXPERTISE, AND SUPPORT FAMILIES NEED TO TRANSFORM THEIR VALUES INTO
	EFFECTIVE GIVING THAT MAKES A LASTING IMPACT ON THE COMMUNITIES THEY
	SERVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
-	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?
	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 \$ 972,317. including grants of \$) (Revenue \$ 1,002,640.)
	EDUCATION AND EVENTS - NCFP PROVIDES RESEARCH, EXPERTISE, AND LEARNING
	OPPORTUNITIES TO INSPIRE ITS NATIONAL NETWORK OF GIVING FAMILIES AT
	EVERY STEP OF THE WAY ON THEIR PHILANTHROPIC JOURNEY. FAMILIES LEARN
	HOW TO TRANSFORM THEIR VALUES INTO EFFECTIVE GIVING TO ACHIEVE A
	POSITIVE AND ENDURING IMPACT ON THE COMMUNITIES THEY SERVE. NCFP CONDUCTS RESEARCH AND EDUCATION ON TRENDS AND ISSUES AFFECTING THE
	FIELD OF FAMILY PHILANTHROPY AND PROVIDES GUIDANCE TO PHILANTHROPIC ORGANIZATIONS ON ISSUES RELATED TO DEVELOPING AND SUSTAINING CHARITABLE
	WORKS. IN OCTOBER 2019, NCFP HOSTED ITS FLAGSHIP CONFERENCE, THE
	NATIONAL FORUM ON FAMILY PHILANTHROPY WHICH BROUGHT NEARLY 500 LEADERS
	TO CHICAGO FOR A THREE DAY EVENT.
	10 CHICAGO FOR A THREE DAT EVENT:
4b	(Code:) (Expenses \$ 552,351 including grants of \$) (Revenue \$)
чы	MARKETING, NETWORK, AND OUTREACH - NCFP HOSTS SEMINARS, WEBINARS,
	WORKSHOPS, AND CONFERENCES WHICH PROVIDE A FORUM FOR ORGANIZATIONS TO
	MEET AND DISCUSS ISSUES COMMON TO DIFFERENT PHILANTHROPIC
	ORGANIZATIONS. NCFP ALSO ENGAGES IN A BROAD RANGE OF MARKETING
	ACTIVITIES, INCLUDING OUTREACH ON SOCIAL MEDIA.
4c	(Code:) (Expenses \$ 884,625. including grants of \$) (Revenue \$ 251,257.)
	PROGRAM DELIVERY AND SUPPORT NCFP PUBLISHES BOOKS, PAPERS, AND OTHER
	MATERIALS ABOUT A BROAD RANGE OF PHILANTHROPIC ISSUES. FAMILY
	FOUNDATIONS, REGIONAL ASSOCIATIONS OF GRANT MAKERS, COMMUNITY
	FOUNDATIONS, PHILANTHROPIC ADVISORS, AND OTHERS CAN SUBSCRIBE TO NCFP'S
	RESOURCES THROUGH ITS ONLINE KNOWLEDGE CENTER. NCFP CELEBRATED 20 YEARS
	OF PROMOTING AND SUPPORTING ETHICAL AND EFFECTIVE FAMILY PHILANTHROPY.
	THE FEATURED EVENT WAS THE 20TH ANNIVERSARY NATIONAL FORUM ON FAMILY
	PHILANTHROPY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,409,293.
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Form	990 (2019) PHILANTHROPY, INC. 52-2055	016	Р	age 3
Pa	TIV Checklist of Required Schedules			<u>u</u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		X

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Form	990 (2019) PHILANTHROPY, INC. 52-205	5016	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		24u		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
a	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			v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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	35b		
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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	<u> </u>
. 01	Chaoly if Cahadyla O containe a reanance ar note to any line in this Dart V			
	Check in Schedule O contains a response of hote to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	103	
-	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
C	(gambling) winnings to prize winners?	1c	х	
	(gamoing) withings to prize withors:		47	L

Form 990 (2019) PHILANTHROPY, INC. 52-2055016 Page						
Par	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 15		x			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	b If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
b						
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?			X		
	If "Yes," see instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

PHILANTHROPY, INC.

Form 990 (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
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?	45.0	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	- 12	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA , NY , CT , WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	SALLY JONES - 202-293-3424			
	1667 K STREET, NW, SUITE 550, WASHINGTON, DC 20006			

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Part VII	Compensation of Officers, Directed	ors, Trustees	, Key Employees,	Highest Compensated
	⁻ Employees, and Independent Cor	tractors		

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.

Form 990 (2019)

F

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

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TREASURER X X X X 0. 0. 0. (13) JAMIE ALLISON 1.00 1.00 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) ELIZABETH CARLOCK PHILLIPS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) VIRGINIA ESPOSITO (THRU 12/19) 40.00 X 198,846. 0. 29,744. (16) NEIL SUMILAS 40.00 X 139,165. 0. 17,509. VICE PRESIDENT OF PLANNING 32.00 40.00 40.00 40.00 40.00 40.00	VICE CHAIR		Х		Х				0.	0.	0.
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DIRECTOR X 0. 0. 0. 0. (14) ELIZABETH CARLOCK PHILLIPS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) VIRGINIA ESPOSITO (THRU 12/19) 40.00 X 198,846. 0. 29,744. (16) NEIL SUMILAS 40.00 X 139,165. 0. 17,509. VICE PRESIDENT OF PLANNING 32.00 40.00 40.00 139,165. 0.	TREASURER		Х		Х				0.	0.	0.
(14) ELIZABETH CARLOCK PHILLIPS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td>(13) JAMIE ALLISON</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(13) JAMIE ALLISON	1.00									
DIRECTOR X 0. 0. 0. (15) VIRGINIA ESPOSITO (THRU 12/19) 40.00 X 198,846. 0. 29,744. (16) NEIL SUMILAS 40.00 X 139,165. 0. 17,509. VICE PRESIDENT OF PLANNING 32.00 40.00 40.00 139,165. 17,509.			Х						0.	0.	0.
(15) VIRGINIA ESPOSITO (THRU 12/19) 40.00 X 198,846. 0. 29,744. (16) NEIL SUMILAS 40.00 X 139,165. 0. 17,509. VICE PRESIDENT OF PLANNING 32.00 0 0 0	(14) ELIZABETH CARLOCK PHILLIPS	1.00									
PRESIDENT X 198,846. 0. 29,744. (16) NEIL SUMILAS 40.00 X 139,165. 0. 17,509. VICE PRESIDENT OF PLANNING 32.00 I I I I I	DIRECTOR		Х						0.	0.	0.
(16) NEIL SUMILAS 40.00 X 139,165. 0. 17,509. VICE PRESIDENT OF PLANNING 32.00 32.00 139,165. 0. 17,509.	(15) VIRGINIA ESPOSITO (THRU 12/19)	40.00									
VICE PRESIDENT OF PLANNING X 139,165. 0. 17,509. (17) JASON BORN 32.00 17,509.					Х				198,846.	0.	29,744.
(17) JASON BORN 32.00		40.00									
					Х				139,165.	0.	17,509.
VICE PRESIDENT OF PROGRAM $ 114.692. 0. 6.600.$		32.00								_	
Eorm 990 (2019)	VICE PRESIDENT OF PROGRAM				Х				114,692.	0.	6,600.

NATIONAL		-		FA	MI	LY				/		
Form 990 (2019) PHILANTHE									52-20)55()16	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(do		Pos			ne	Reportable	Reportable		Est	imated
	hours per week (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	compensation	compensatio	n	amo	ount of	
	week	offi	cer ar	nd a d	irecto	or/trust	tee)	from	from related		с	other
	(list any	ctor						the	organizations	s	comp	ensation
	hours for	r dire				ed		organization	(W-2/1099-MIS	;C)	fro	om the
	related	ndividual trustee or director	In stitutional trustee			Highest compensated employee		(W-2/1099-MISC)			orga	nization
	organizations	trus	nal tr		key employee	duo					and	related
	below	/idua	tutio	ъ.	h	est c loyee	ner				orgar	nizations
	line)	Indiv	Insti	Officer	Key e	High emp	Former					
(18) RICK SCHNEIDER	32.00											
SENIOR VICE PRESIDENT				x				141,955.		0.	40	,931.
(19) NICK A. TEDESCO	40.00							,				1
PRESIDENT & CEO (START 12/19)	10.00			x				17,730.		0.		660.
					-			17,750.		<u> </u>		000.
										\rightarrow		
1b Subtotal						-		612,388.		0.	95	,444.
								012,500.		0.		0.
c Total from continuation sheets to Part VI	, Section A			•••••								
								612,388.		0.	95	,444.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	ł		
compensation from the organization												4
												Yes No
3 Did the organization list any former officer,	director. trust	ee. k	kev e	empl	ove	e. or	hia	hest compensated empl	ovee on	Γ		
line 1a? If "Yes," complete Schedule J for si	-			•	•					- 1	3	X
										···· -		
4 For any individual listed on line 1a, is the su												v
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch į	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	ion fror	n
the organization. Report compensation for t												
(A)				0				(B)			(C)	
Name and business	address	N	ONE	2				Description of s	ervices	C	ompen	
		111	5111	_			-					
							_					
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ration 🕨				0)						

			2019) PHILANTHROPY,	INC.			52-2055	016 Page 9
Pa	rt V	111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e 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
ស្ត	1	а	Federated campaigns 1a					
s, Grants Mounts			Membership dues 1b					
n Gr			Fundraising events 1c					
, Gifts, ilar An			Related organizations 1d					
i, G nila			Government grants (contributions)					
Sir			All other contributions, gifts, grants, and		1			
utio		•		729,870.				
Contributions, (and Other Simi		a	Noncash contributions included in lines 1a-1f	,	1			
no' Du		-	Total. Add lines 1a-1f		2,729,870.			
0.0				Business Code				
•	0	2	CONFERENCES, EDUCATION		1,003,146.	1 003 146.		
Program Service Revenue	2		KNOWLEDGE CENTER SUBSC	519130	251,257.			
ser, ue				515150	251,257.	251,257.		
m S ven		C C						
grai Re		d						
, LO		e						
			All other program service revenue		1,254,403.			
		g	Total. Add lines 2a-2f		1,231,103.			
	3		Investment income (including dividends, intere-		1,557.			1,557.
			other similar amounts)		1,557.			1,557.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	•			(II) Feisonai	-			
			Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss)	L				
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a		-			
•		b	Less: cost or other basis					
svenue			and sales expenses		-			
			Gain or (loss)	L				
r R			Net gain or (loss)	<u></u>				
Other Re	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		4			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
		_	Part IV, line 19 9a		-			
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	····· •				
	10	а	Gross sales of inventory, less returns	5 496				
		_	and allowances 10		-			
			Less: cost of goods sold 10		EDC	EOC		
		С	Net income or (loss) from sales of inventory		-506.	-506.		
s				Business Code				
eor	11							
Miscellaneous Revenue		b						
Scel		C.						
Mis			All other revenue					
			Total. Add lines 11a-11d		3,985,324.	1 252 007	0.	1,557.
	12		Total revenue. See instructions		13,303,324.	ц,400,09/.	I U.	

Part I)	0 (2019) PHILANTHROPY X Statement of Functional Expense			52-20	55016 Page
Section 5	501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				<u>∑</u>
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21				
2 Gra	ants and other assistance to domestic				
	dividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	ompensation of current officers, directors,		407 000	100 001	
	stees, and key employees	707,832.	497,980.	123,771.	86,081
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	CC1 10C		21 050	
	her salaries and wages	661,196.	542,668.	31,850.	86,678
	nsion plan accruals and contributions (include	10 202	16 702		
	ction 401(k) and 403(b) employer contributions)	19,373.	16,793.	C 205	2,580
	her employee benefits	108,755.	94,193.	6,325.	8,23
	yroll taxes	92,807.	71,389.	10,038.	11,380
	es for services (nonemployees):				
	anagement	1 400		1 400	
	gal	1,400.		1,400.	
	counting	68,542.		68,542.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	her. (If line 11g amount exceeds 10% of line 25,	373,484.	260 205	104 190	
	umn (A) amount, list line 11g expenses on Sch O.)	15,566.	269,295.	104,189.	
	lvertising and promotion		15,566.	14 500	10 00
	fice expenses	117,048.	90,259.	14,500.	12,289
	ormation technology	118,556.	91,194.	12,824.	14,000
	yalties	159,451.	100 650	17,248.	10 55
		75,451.	<u>122,652.</u> 63,846.	11,605.	19,553
		75,451.	05,040.	11,005.	
-	syments of travel or entertainment expenses				
	any federal, state, or local public officials	437,208.	422,714.	14,494.	
	onferences, conventions, and meetings	948.	422,714.	948.	
	erest	940•		940•	
	yments to affiliates	86,182.	66,293.	9,322.	10,56
-	preciation, depletion, and amortization	6,447.	4,960.	697.	79
	surance her expenses. Itemize expenses not covered	0,44/•	4,900.	097.	, 90
abo line	by e (List miscellaneous expenses no covered 2 24e amount exceeds 10% of line 25, column (A) oount, list line 24e expenses on Schedule 0.)				
	OST OF PUBLICATIONS/ O	38,378.	38,378.		
	JES AND SUBSCRIPTIONS	13,054.	1,113.	11,941.	
с <u>рс</u>			<u> </u>	<u> </u>	
d					
	other expenses				
	tal functional expenses. Add lines 1 through 24e	3,101,678.	2,409,293.	439,694.	252,693
	int costs. Complete this line only if the organization	, ,	,,	,	
	ported in column (B) joint costs from a combined				
-	ucational campaign and fundraising solicitation.				
	eck here Fifthere if following SOP 98-2 (ASC 958-720)				

932011 01-20-20

NATIONAL	CENTER	FOR	FAMILY
DITTT 3 3100111		10	

		Check if Schedule O contains a response or not	te to an	v line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			128,051.	1	1,654,654.
	2	Savings and temporary cash investments		706,650.	2	112,601.	
	3	Pledges and grants receivable, net			520,000.	3	652,500.
	4	Accounts receivable, net			70,500.	4	69,500.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied pe	ons rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			128,035.	8	89,657.
As	9			[60,893.	9	24,904.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	653,841.			
	b	Less: accumulated depreciation			470,918.	10c	386,092.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		17,469.	15	17,880.	
	16	Total assets. Add lines 1 through 15 (must equ			2,102,516.	16	3,007,788.
	17	Accounts payable and accrued expenses	68,724.	17	86,988.		
	18	Grants payable		18			
	19	Deferred revenue			132,083.	19	158,675.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela			17,453.	23	13,818.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			0.05 500
		of Schedule D			305,303.		285,708.
	26				523,563.	26	545,189.
ß		Organizations that follow FASB ASC 958, che	eck her				
ice.		and complete lines 27, 28, 32, and 33.			776 140		1 260 000
alar	27				776,143.	27	1,260,099. 1,202,500.
Ä	28	Net assets with donor restrictions			802,810.	28	1,202,500.
ŭ		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
τÄ	31	Retained earnings, endowment, accumulated in		E Contraction of the second seco	1 570 052	31	
Ne	32	Total net assets or fund balances			1,578,953.	32	2,462,599.
	33	Total liabilities and net assets/fund balances			2,102,516.	33	3,007,788.

Form **990** (2019)

PHILANTHROPY, INC.

Form 990 (2019)
Part X Balance Sheet

	NATIONAL CENTER FOR FAMILY				
	990 (2019) PHILANTHROPY, INC.	52-20	55016	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,985		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,101		
3	Revenue less expenses. Subtract line 2 from line 1	3			46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,578	3,9!	53.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,462	2,59	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2019)

(For	r m 99 ment of	DULE A 0 or 990-EZ) f the Treasury nue Service	C	omplete if the orgar 49 ►	rity Status an hization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F	l(c)(3) orga ritable tru Form 990-l	anization (st. EZ.	or a section		OMB No. 1545-0047 2019 Open to Public
		he organizati			v/Form990 for instruction	ons and th	ie latest ir	nformation.	Employor	Inspection identification number
Main	eori	ne organizati		ANTHROPY,	R FOR FAMILY					2-2055016
Pa	rt I	Reason			All organizations must co	omplete thi	is part.) Se	e instructions		
The o	organi	ization is not a	private found	lation because it is: (For lines 1 through 12, c	heck only o	one box.)			
1		A church, cor	vention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2					Attach Schedule E (Forn					
3		•	•		anization described in so			•	VIII) Enter	
4		city, and state		cation operated in co	njunction with a hospital	described	III Sectio	A)(1)(d)U11 n	(III). Enter	the hospital's hame,
5		•		or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
-				Complete Part II.)	о́,	·	, ,			
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organizati	on that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
-		-		Complete Part II.)						
8 9		-			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(od in coniu	unction with a	land grant	collogo
9		-		-	ulture (see instructions).		-		-	-
		university:		grant conege of agrie			lame, eny	, and state of	the conege	
10		An organizati	on that norma	ally receives: (1) more	than 33 1/3% of its sup	oort from c	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related	ed to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
					(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
11				mplete Part III.)	ively to tost for public co	fatu Saa	nantian E(O(a)(4)		
12		-	•	-	ively to test for public sa ively for the benefit of, to	•			rry out the	purposes of one or
		-	•	-	ed in section 509(a)(1) of	-			•	
		lines 12a thro	ugh 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
b				complete Part IV, Se	ections A and B. I or controlled in connect	ion with it	e supporte	d organizatio	n(c) by bo	ling
D					anization vested in the sa		• •	•		•
			0	st complete Part IV,		I			5	
с		Type III fur	ctionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
			•	. , .). You must complete I			-		
d					porting organization oper					
			-		zation generally must sat	•			an attentiv	/eness
е		7			mplete Part IV, Sections written determination fro				II Type III	
•			•		nally integrated supporti			.) po ., .) po	, . , p e	
f	Ente	er the number of								
g				n about the supporte		(iv) is the oroa	anization listed	() A maximation	((ui) Amount of other
	(i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		•			above (see instructions))	Yes	No			
Tota										

Schedule A (Form 990 or 990 EZ) 2019 PHILANTHROPY, INC.

52-2055016 Page 2

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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1078825.	2557805.	1715734.	1997002.	2729870.	10079236.		
2	Tax revenues levied for the organ-								
	ization'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	1078825.	2557805.	1715734.	1997002.	2729870.	10079236.		
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)						2183288.		
6	Public support. Subtract line 5 from line 4.						7895948.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	1078825.	2557805.	1715734.	1997002.		10079236.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	506.	414.	2,068.	724.	1,557.	5,269.		
9	Net income from unrelated business						· · ·		
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						10084505.		
	Gross receipts from related activities,	etc. (see instructio	uns)				,994,953.		
	First five years. If the Form 990 is for						<u> </u>		
	organization, check this box and stop	-			•				
Sec	ction C. Computation of Publi								
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	78.30 %		
	Public support percentage from 2018					15	82.08 %		
	33 1/3% support test - 2019. If the c					ore, check this bo			
	stop here. The organization qualifies								
b	33 1/3% support test - 2018. If the c		-						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac	-							
	meets the "facts-and-circumstances"			-	-				
h	10% -facts-and-circumstances test	-							
		-							
	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								
18	Private foundation. If the organizatio								
10	i mate roundation. Il the organizatio			a, 100, 17a, 01 170	, oncon this DUX al		· 🚩 🛄		

Schedule A (Form 990 or 990-EZ) 2019

Part II

Schedule A (Form 990 or 990-EZ) 2019 PHILANTHROPY, INC.

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

Sec	LION A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)	L					
14	First five years. If the Form 990 is for	the organization'	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_							
Sec	ction C. Computation of Publi	c Support Per	rcentage			, <u>,</u>	
15	Public support percentage for 2019 (li	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2019. If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	tructions	

Schedule A (Form 990 or 990 EZ) 2019 PHILANTHROPY, INC.

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

10b

	dule A (Form 990 or 990-EZ) 2019 PHILANTHROPY , INC .	52-20550	<u>16 р</u>	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1		structions)		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instant in the organization satisfied the Activities Test. Complete line 2 below.	su detions).		
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.	itu laan inntruntinr		
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		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 PHILANTHROPY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 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 Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

Par	dule A (Form 990 or 990-EZ) 2019 PHILANTHROPY , t V │ Type III Non-Functionally Integrated 509(2-2055016 Page 7
	on D - Distributions		inizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		Guirent rea
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Earm 990 or 990 EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

	NATIONAL CENTER FOR FAMILY		
Schodulo A	(Form 990 or 990-EZ) 2019 PHILANTHROPY , INC .	52-2055016 Pag	8 or
Dort V/			ye o
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; Part III, line 12;	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1	and 2: Part IV. Section C.	
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	/ Section B line 1e: Part V	
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	al information	
	Section D, lines 3, 6, and 6, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	la momation.	
	(See instructions.)		

Schedule B

(Form 990, 990-EZ, r 990-PF

Department of the Treasury	
Internal Revenue Service	

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

<u>2019</u>

Employer identification number

52-2055016

Name of the organization						
	NATIONAL	CENTER	FOR	FAMILY		
	PHILANTHE	ROPY TN	JC.			

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

PHILA	ILANTHROPY, INC. 52-2055016					
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$120,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$285,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>3</u>		\$65,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>4</u>		\$450,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_		\$60,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

Name of organization

NATIONAL CENTER FOR FAMILY

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

PHILA	NTHROPY, INC.	52	2-2055016
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NATIONAL CENTER FOR FAMILY PHILANTHROPY. TNC

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

923452 11-06-19

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

	CENTER FOR FAMILY OPY, INC.				52-2055016
Part III Exclu from comple	Isively religious, charitable, etc., contributio any one contributor. Complete columns (a) eting Part III, enter the total of exclusively religious, ch duplicate copies of Part III if additional s	through (e) and the followir naritable, etc., contributions of \$	na line entry. For o	rganizations	at total more than \$1,000 for the y
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held
		(e) Transf			
	Transferee's name, address, and			elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held
	Transferee's name, address, and	(e) Transf d ZIP + 4		elationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
	Transferee's name, address, and	(e) Transf d ZIP + 4		elationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held
	Transferee's name, address, and	(e) Transf d ZIP + 4	-	elationship of tran	sferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 4

Employer identification number

SC	SCHEDULE D Supplemental Financial Statements							
	(Form 990) ► 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.					2019		
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990.).		Open to Public		
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest informa	ation.		Inspection		
Nam	e of the organization		R FAMILY			identification number		
De		PHILANTHROPY, INC.	d Funds or Other Similar Funds o			2-2055016		
Par		-		Dr Acco	ounts.	Complete if the		
	organization	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b)	Funds an	d other accounts		
4	Total number at an	ad of yoor		(6)	i unus an			
1		nd of year						
2 3		f contributions to (during year)						
	 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 							
5								
U	are the organization's property, subject to the organization's exclusive legal control?							
6			dvisors in writing that grant funds can be u					
	•	c	r donor advisor, or for any other purpose c					
	impermissible priva	ate benefit?				Yes No		
Par	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, lin	ne 7.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).					
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	a historic	ally impo	tant land area		
	Protection o	f natural habitat	Preservation of a	a certifie	d historic	structure		
		of open space						
2	•	0 0 1	ied conservation contribution in the form o	f a conse				
	day of the tax year					at the End of the Tax Year		
a					2a			
b					2b			
			ucture included in (a)		2c			
d			after 7/25/06, and not on a historic structur					
•					2d			
3	year	vation easements modified, transferred, re-	eased, extinguished, or terminated by the o	organizai	lion dunnę	j the tax		
4		 where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
-		orcement of the conservation easements it				Yes No		
6			handling of violations, and enforcing conse					
	▶							
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easer	nents dur	ng the year		
	▶\$							
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)	(4)(B)(ii)?				Yes No		
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense s	statemen	t and			
			ote to the organization's financial statement	nts that c	describes	the		
Da	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
Fai		the organization answered "Yes" on Form				5013.		
10			8, not to report in its revenue statement an	dhalana				
Id	•					UIKS		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	-		exhibition, education, or research in furthe					
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1							
					► \$			
2	.,		asures, or other similar assets for financial					
-		ints required to be reported under FASB A		J, p. J				
а	-				▶ \$			
					► \$			
		eduction Act Notice, see the Instructions				dule D (Form 990) 2019		

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

Schedule D (Form 990) 2019

932051 10-02-19

		L CENTER FO		AMILY							
	Bit Chedule D (Form 990) 2019 PHILANTHROPY, INC. 52-2055016 Page Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) (continued)					_{je} 2					
Par	t III Organizations Maintaining C	ollections of Art	t, Histe	orical Tre	easures, o	r Other S	imilar As	sets _{(co}	ntinue	ed)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	t make signi	ficant use o	f its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	on's exempt	purpose in	Part XIII.			
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orgar	nization's co	llection?			Ye	5		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered '	"Yes" on Fo	rm 990, Par	t IV, line 9	, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for o	contribution	s or other as	sets not incl	uded				
	on Form 990, Part X?							Ye	5		No
b	If "Yes," explain the arrangement in Part XIII										
			-					Amo	ount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe							Ye	5		No
	If "Yes," explain the arrangement in Part XIII.					-				\square	
Par											
		(a) Current year		rior year	(c) Two yea		Three years	back (e)	our ye	ears ba	ack
1a	Beginning of year balance				(-,						
	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	line 1	n column (a)) held as:						
a	Board designated or quasi-endowment		%	y, column (a	<i>//</i> 11010 d3.						
h	Permanent endowment	%									
С		%									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse		tion tha	t are held ar	nd administer	ed for the c	ragnization				
oa	by:	ssion of the organiza					gamzation		V	es I	No
	-							3a			10
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona listad as require		obodulo D0				<u>3a</u>			
	Describe in Part XIII the intended uses of the							3	5		
4 Par	t VI Land, Buildings, and Equipm		wither it i	unus.							
I UI	Complete if the organization answere		Dort IV	/ line 11e C	Soo Form 000	Dort V lin	. 10				
								(-1) [
	Description of property	(a) Cost or of basis (investm			t or other (other)	.,	umulated	(a) E	Book v	alue	
	Land		ienų	Dasis		uepre	ciation				
	Land										
	Buildings			2.7	0 0 2 4	1 -	1 715	1	02	21	0
	Leasehold improvements				8,034.		$\frac{4,715}{2,024}$.83,		
	Equipment			51	5,807.	11	3,034.	4	202,	, 1 1	<u>.</u>
	Other							+ -		0.0	
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>X, colun</u>	nn (B), line 1	0c.)		🕨		886,	,09	۷.

Schedule D (Form 990) 2019

NATIONAL CENTER FOR FAMILY PHILANTHROPY, INC.

Schedule D (Form 990) 2019 PHILANTHR Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part		
	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)	DEFERRED RENT	285,708.
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

►

285,708.

X

(8) (9)

	NATIONAL CENTER FOR FAMILY					
Sche	dule D (Form 990) 2019 PHILANTHROPY , INC .				2055016 Page	e 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	its With R	evenue per Re	turn.		
	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	3,991,316	5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	5,992.			
е	Add lines 2a through 2d			2e	5,992	
3	Subtract line 2e from line 1			3	3,985,324	<u>1.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	3,985,324	1.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per F	Returi	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·		
1	Total expenses and losses per audited financial statements			1	3,107,670).
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	5,992.			
е	Add lines 2a through 2d			2e	5,992	2.
3	Subtract line 2e from line 1			3	3,101,678	3.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	3,101,678	3.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INCOME TAX POSITIONS TAKEN BY NCFP FOR ANY YEARS OPEN UNDER THE
VARIOUS STATUTES OF LIMITATIONS ARE THAT NCFP CONTINUES TO BE EXEMPT FROM
INCOME TAXES AND THAT THEY HAVE PROPERLY REPORTED UNRELATED BUSINESS
INCOME THAT IS SUBJECT TO INCOME TAXES. NCFP BELIEVES THAT THERE ARE NO
TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY
INCREASE UNRECOGNIZED TAX LIABILITIES WITHIN 12 MONTHS OF THE REPORTING
DATE. NONE OF NCFP'S FEDERAL OR STATE INCOME TAX RETURNS ARE CURRENTLY
UNDER EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD

5,992.

NATIONAL CENTER FO)R FAMILY
Schedule D (Form 990) 2019 PHILANTHROPY , INC - Part XIII Supplemental Information (continued)	52-2055016 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	F 000
COST OF GOOD SOLD	5,992.

1a Check the appropriate box(se) 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. 2) XI First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Discretionary spending account Heattor social club dues or initiation fees 2) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2) If due organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, total while method used by a related organization to establish compensation or consultant Image: Compensation committee 2) X Compensation committee Written employment contract 2) Independent compensation consultant Image: Compensation committee Image: 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: Approval by the board or compensation commignent on the revenues of: A 4) Participat	SCHE	DULE J	Compensation Information	OME	3 No. 154	15-004	7
Complete if the organization answered "Yee" on Form 990, Part IV, Ine 23. Compared to Form 990. Constructions and the latest information. Compared to Form 990. Constructions and the latest information. Compared to Form 990. Constructions and the latest information. Constructions Regarding Compensation Constructions and the latest information. Constructions Regarding Compensation Constructions and the latest information. Constructions Regarding Compensation Constructions Regarding Compensation Constructions Constructions Constructions Constructions Construction Construc	(Form	990)		2		10	
Attach to Form 990. Attach to Gramwell and the latest information. Inspection Attach to Gramwell and the organization number Solution 2. Attach to Form 990. Attach to Form 990. Attach to Form 990. Attach to Form 990. Attach to Gramwell and the organization number Solution 2. Attach to Grammell and the organization number Solution 2. Attach to Form 990. Attach to Grammell and the organization number Solution 2. Attach to Solution 2. Attach to Solution 2. Attach to Form 990. Attach to Form 990. Attach to Form 990. Attach to Form 990. Attach to Solution 2. Attach				_	.U	IJ	'
benef even and the latest information benef even and the latest even and the latest information benef even and the latest even and the latest even and the latest even and the latest benef even and the latest even and thatest even and that latest even and the latest even and the latest	Departmer	nt of the Treasury					с
PHILANTIROPY, INC. 52-2055016 Part I Questions Regarding Compensation Yes Nr 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990. Yes Nr 1a Check the appropriate box(es) if the organization provide any relevant information regarding these terms. Yes Nr 1a Check the appropriate box(es) if the organization require event information regarding these terms. Yes Nr 1a Indemnification and gross-up payments Health or social club dues or initiation fees Payments for business use of personal residence 1a Indicate which, if any, of the following the organization tollow a written policy regarding payment or reimbursment or provision of all of the expense described aboxed of If No ¹ , complete Part III to explain. Ib 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? Ib X 3 Indicate which, if any, of the following the organization used to establish the compensation somulte Write memployment contract Ib X A During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to	Internal Re	evenue Service					
Part I Questions Regarding Compensation Yes Nr 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. Yes Nr 24 First-class or charter travel Particular is indemnification and gross-up payments Personal services (such as much cost opersonal used indexence for personal used indexence for personal used indexence) 1b X b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expanses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract 1b X Compensation committee Written employment contract Written employment contract 4a X During the year, did any person listed on Form 9900, Part VII, Section A, line 1a, with respect to the filing organization? 4b X 4 Participate in, or receive payment from, an equity-based compensation any organization? 4a X 5 For persons listed on Form 9900, Part VII,	Name o	of the organization				nun	nber
In 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 terms. Yes Net 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 terms. Yes Net 1b Trave if or companion Payments for business use of personal residence Payments for business use of personal residence 1c Indicate which, if any, of the following the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described aboved Pit I'No, "complete Part III to explain". 1b X 2 X Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the organization of the CEO/Executive Director, the xip base for methods used by a related organization to establish compensation committee Witten employment contract 1b X 2 X Compensation committee Witten employment contract 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation committee Witten employment contract 2 X 4 <td< th=""><th>Dout</th><th></th><th></th><th>52-2055</th><th>016</th><th></th><th></th></td<>	Dout			52-2055	016		
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. 2) XF First class or charter travel Housing allowance or releadence for personal use Partention and gross-up payments Housing allowance or releadence for personal use Payments for business use of personal residence 3) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2) Did the organization require substantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3) Indicate which, if any, of the following the organization used to establish the compensation of the Organization to establish compensation committee Written employment contract 2 X 4) Compensation committee Written employment contract 4a X 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: 4a X 4) During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil	Part		s Regarding Compensation		-		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the companion of all of the expanse described above? If 'No,' complete Part III to explain 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 of the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CPC/Executive Director, regarding the items checked on line 1a? 1b X 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CPC/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation or an event all many probabos for methods used by a related organization to establish compensation consultant Imcompensation committee 4 X 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: 4 X 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 4 Participate in, or receive payment from, a explorment plane or residence for mensition contingent on the revenues of: 5a					Y	/es	No
X Instructass or charter travel Inclusing allowance or residence for personal use Travel for companions Paymants for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expresses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b X 3 Indicate which, if any, of the following the organization used to establish the compensation of the OEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation structure. 2 X 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: 3a X a Receive as everance payment from, a supplemental nonqualified retirement plan? 4a X b Participate in, or receive payment from, a equitybased compensation prevent approximation committee X b Approval by the board or compensation or the requestion or organization or a related organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retinement plan? 4b X				,990,			
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b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•			5a		х
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							x
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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							
contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			•	, I			
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		-					
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					6a		х
If "Yes" on line 6a or 6b, describe in Part III. 7 7 8 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							Х
 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							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			,				
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 					7		х
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		-			8		х
Regulations section 53.4958-6(c)? 9					-		
					9		
						990)	2019

NATIONAL CENTER FOR FAMILY PHILANTHROPY, INC.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) VIRGINIA ESPOSITO (THRU 12/19)	(i)	198,846.	0.	0.	11,850.	17,894.	228,590.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) NEIL SUMILAS	(i)	139,165.	0.	0.	8,150.	9,359.	156,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICK SCHNEIDER	(i)	141,955.	0.	0.	8,250.	32,681.	182,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

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52-2055016

PHILANTHROPY, INC.

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION FOR THE PRESIDENT, OFFICERS, DIRECTORS AND KEY EMPLOYEES IS

EVALUATED ON AN ANNUAL BASIS BY THE OFFICERS COMMITTEE OF THE BOARD OF

DIRECTORS. COMPENSATION IS BASED UPON THE LEVEL OF SKILL REQUIRED FOR THE

POSITION, AN EVALUATION OF THE INDIVIDUAL'S ACHIEVEMENT AND A COMPARISON OF

COMPENSATION TO SIMILAR POSITIONS IN THE NON-PROFIT INDUSTRY. THE

DETERMINATION OF THE COMPENSATION IS DOCUMENTED BY THE OFFICERS' COMMITTEE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



52-2055016

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

INC.

NATIONAL CENTER FOR FAMILY

NEED TO TRANSFORM THEIR VALUES INTO EFFECTIVE GIVING THAT MAKES A

LASTING IMPACT ON THE COMMUNITIES THEY SERVE.

PHILANTHROPY,

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

THE ORGANIZATION DISTRIBUTES A COPY OF THE FORM 990 FOR THE CURRENT YEAR TO

ALL BOARD MEMBERS BEFORE IT IS FILED.

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

THE ORGANIZATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY. ALL

OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT EACH YEAR

THAT THEY HAVE COMPLIED WITH THE POLICY AND HAVE IDENTIFIED ANY POTENTIAL

CONFLICTS OF INTEREST.

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

COMPENSATION FOR THE PRESIDENT, OFFICERS, DIRECTORS AND KEY EMPLOYEES IS EVALUATED ON AN ANNUAL BASIS BY THE OFFICERS COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION IS BASED UPON THE LEVEL OF SKILL REQUIRED FOR THE POSITION, AN EVALUATION OF THE INDIVIDUAL'S ACHIEVEMENT AND A COMPARISON OF COMPENSATION TO SIMILAR POSITIONS IN THE NON-PROFIT INDUSTRY. THE DETERMINATION OF THE COMPENSATION IS DOCUMENTED BY THE OFFICERS' COMMITTEE.

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

THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST

FEDERAL FORM 990

Name of the organization NATIONAL CENTER FOR FAMILY PHILANTHROPY, INC.	Employer identification number 52-2055016
	52-2055010
- CONFLICT OF INTEREST POLICY	
- FINANCIAL STATEMENTS	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	269,295.
MANAGEMENT AND GENERAL EXPENSES	104,189.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	373,484.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	373,484.
	-
THE TAX YEAR.	