Department of the Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For	the 2017 cal	endar year, or tax year	peginning		, and	ending			
	k if applicable	C Name of organization	Katal Center for	or Health, Equity and	Justice, Inc		D Employe	r identificati	on number
X Addre	ess change	Doing business as							
Name	change	Number and street (or P.	box if mail is not	delivered to street add	ress) Room/suite		<u>81-132327</u>		
=	-	147 Prince Street					E Telephon	e number	
Initiai	return	City or town		State	ZIP code		(646) 335-2	2264	
Final re	elum/leminated	Brooklyn		NY NY	11201		(0.07000.		······································
_		Foreign country name	Foreign p	province/state/county	Foreign pos	tal code			2 2 2 2
Amen	ided return						G Gross rec	eipis \$	2,097,0
Applic	cation pending	F Name and address of pri	-				s a group relurn		
		Lorenzo Jones / Gabr	el Sayegh 147	Prince Street, Bro	ooklyn, NY 412	20 H(b) Are	ali subordinat	es included?	Yes
I Tax-ex	kempt status:	X 501(c)(3) 501(c			(a)(1) or 52	_1	No," attach a li		
	site: ► kata			· · · · · · · · · · · · · · · · · · ·	(S)				
			<u> </u>				up exemption		
	of organization	X Corporation T	rust Associat	tion Other ►		ear of forma	tion: 2015	M State	of legal domicile: N
Part	Sui	mmary			<u></u>				
_	Briefly d	escribe the organization	n's mission or	most significant a	ctivities. To	end mas	s criminaliz	ation, mas	SS .
Activities & Governance	incarcer	ation and the war on d	rugs. Advance	evidence-based s	olution to prom	ote healt	h and		
ᅙ	safety. E	Build leadership and or	ganizing capac	ity of organizers a	nd community	organiza	ions.		
ğ 2		his box ▶ 🔲 if the o					(-	6 of its net	assets.
6 3						- "	- 191	3	doods.
25 4	l Number	of voting members of of independent voting omber of individuals em	members of th	e governing body	(Part VI line 1	h)	, 161.	4	
S S	Total nu	mber of individuals em	nloved in cale	ndar voar 2017 (D	Testanii 1821	K 3 .Sai	g ./&/	5	
ء <u>ا جَ</u>			p ,	, , , , ,	181,		الطالسنس	6	
[편 전		mber of volunteers (es			1991:		1		
. 1 .		related business rever			il' ngi	EN.	<u> </u>	7a	
	b Net unre	elated business taxable	income irom i	-orm 990-1, line 3	41		Prior Year	7Ь	Current Year
	Conteb	there and exects (Doct	\/!!! line 4b\					0.640	
9 8		itions and grants (Part				<u> </u>		6,618	2,081,0
ੂ ਭੂ 9 ਰ	_	service revenue (Par				<u> </u>		0,000	1,5
Revenue		ent income (Part VIII, o				-		0	
111		venue (Part VIII, colun				ļ		5,420	14,5
12		enue—add lines 8 throug					743	2,038	2,097,0
13		and similar amounts pa				·		0	
14		paid to or for member						0	
ຊູ 15	-	other compensation, em				·	420	0,661	890,4
Expenses 15		onal fundraising fees (0	
ğ		ndraising expenses (Pa			49,42	3			
₩ 17		kpenses (Part IX, colur				L		4,946	446,6
18	Total ex	penses. Add lines 13-	17 (must equal	Part IX, column (A), line 25) . .		63	5,607	1,337,0
19	Revenue	e less expenses. Subtr	act line 18 from	n line 12	<u> </u>	<u> </u>	100	6,431	759,9
583						Beginn	ing of Curren	t Year	End of Year
중토 20	Total as	sets (Part X, line 16).					143	2,151	924,4
₹ 21	Total lia	bilities (Part X, line 26)					3	5,720	58,0
Fund Balan 15 75 75 75 75 75 75 75 75 75 75 75 75 75	Net ass	ets or fund balances. S	ubtract line 21	from line 20			10	6,431	866,4
Part II		nature Block							
		y, I declare that I have exami	ned this return, inc	luding accompanying s	hedules and state	ments, and t	o the best of m	ny knowledge	
and belief	, it is true, corre	ect, and complete. Declaration	of preparer (other	than officer) is based	n all information of	which prep	erer has eny k	nowledge.	
Sign		- Shuelse	~						
_		Signature of officer	0	1 2			Date		_
Here		_ admid son	reem u	5-president				9/2011	<u>છ</u>
	7	Type or grint name and title	10						
	Prin	Type preparer's name	<u></u>	Pregarer's signature		Date		F	PTIN
Paid		3-10 t 05:		Paul Sas	6-40-	al	19/18	Chack X	
Prepar	rer F	Paul Soobryan, CPA					/ , 3	self-employed	
Use O		's name Paul Soc	bryan, CPA, P	LLC			Firm's EIN	81-328	6647
	v								 _
0000		's address ► PO Box	389, New York	;, NY 10116			Phone no.	646-522	-6071

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	990 (±017) Katal Center for Health, Equity and Justice, Inc	81-1323278	Page 2
Pa	rt III Statement of Program Service Accomplishments		
		<u> </u>	<u>. L</u>
1	Briefly describe the organization's mission:		
	To end mass criminalization, mass incarceration and the war on drugs. Advance		
	evidence-based solution to promote health and safety. Build leadership and organizing		
	capacity of organizers and community organizations.		·
2	Did the arrange is a did to the second of th		
2	Did the organization undertake any significant program services during the year which were not listed of the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	· · · L Yes	V NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ū	services?	Tyes	X No
	If "Yes," describe these changes on Schedule O.	169	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured	bv
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants ar		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,140,350 including grants of \$) (Reve	nue \$)
	The Organization works to strengthen the people, policies, institutions and movements that advance	· · · · · · · · · · · · · · · · · · ·	
	health, equity and justice for everyone. The goals are to end mass criminalization and mass		
	incarceration, and the war on drugs, advancing evidence-based solutions to promote health and		
	safety, eliminate unwarranted disaparities, and secure equitable access and outcomes; building	· · · · · · · · · · · · · · · · · · ·	
	leadership and organizing capacity of organizers, advocates and community organizations to drive	· · · · · · · · · · · · · · · · · · ·	
	and shape changes in systems, policies and practices.		
	•••••••••••••••••••••••••••••••••••••••		
4b	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
	•••••		
	••••••		

4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
	•		
	•		
		,	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 1 140 350		

Katal Center for Health, Equity and Justice, Inc. **Checklist of Required Schedules** Part IV Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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		<u> </u>
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	х	
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,		1	
	Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		İ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ı	
	"Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt		İ	
	negotiation services? If "Yes," complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
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		<u>X</u>
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		<u>X</u>
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		
	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,"			.,
4.0	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	ł		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	¥	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	 2		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Γ'''
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	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?			1
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2017)

			Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		_ <u>X_</u>
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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		X
ч	to defease any tax-exempt bonds?	24c 24d		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		~
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			}
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	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	20	İ	_v
31	conservation contributions? If "Yes," complete Schedule M	30		X
•	Part I	31	ļ	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	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	<u>X</u>
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	l	<u>x</u>
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	<u> </u>		
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	ł
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		_
20	VI	37	+-	 ×
38	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2017)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . . Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? С 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 10 Section 501(c)(7) organizations. Enter: а Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against 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 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. 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. Enter the amount of reserves the organization is required to maintain by the states in which Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) Katal Center for Health, Equity and Justice, Inc. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х 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 Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?.... 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12C 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ► CT, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Own website X Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

147 Prince Street, Brooklyn, NY 11201

Katal Center for Health, Equity and Justice, Inc. (646) 801-9435

20

•											
Form 990 (2017) Katal Center for Health, Equity and	d Justice, Inc								81-13232	.78 Page 7	
Part VII Compensation of Officers, Dire	ctors, Trustee	s, K	ey I	Em	plo	yees	s, H	ighest Comp	ensated		
Employees, and independent C	ontractors									_	
Check if Schedule O contains a re	esponse or not	e to	any	line	e in	this	Pa	rt VII		📙	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1a Complete this table for all persons required to be									g with or within	the	
organization's tax year.											
List all of the organization's current officers, of compensation. Enter -0- in columns (D), (E), and List all of the approximation of the current less and the compensation of the current less and the current less are all of the current less are	(F) If no comper	rsatio	n w	as p	oaid	l.			-	mount	
 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 Fo organization and any related organizations											
• -	ev employees	and h	iahe	set c	'nm	nene	ata	d employees wh	o received more	than	
 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 											
										of the	
organization, more than \$10,000 of reportable comp		-					•	•			
List persons in the following order: individual trustee compensated employees; and former such persons.		ISTITUT	iona	ai tri	uste	es, o	ΠIC	ers; key employe	ees; nignest		
Check this box if neither the organization nor ar	ny related organi	izatıo	n co	mp	ens	ated	any	current officer,	director, or trust	ee.	
				(0	>)						
				Pos							
(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per			•		or/trust	ee)	compensation	compensation	amount of	
	week (list any hours for	Indi or o	Ins	Officer	ĕ e)	Hıgl em	Forme	from the	from related organizations	other compensation	
	related	Individual trustee or director	tt	Ē	Key employee	hest ploy	mer	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	ot all	iona		plo	ee O		(W-2/1099-MISC)		organization and related	
	line)	rust	힐		yee	npe				organizations	
	·	ee	Institutional trustee			Highest compensated employee					
			"			ted					
(1) Lorenzo Jones	40 00										
Co-President		Χ		Х				85,000			
(2) Gabriel Sayegh	40 00										
Co-President		Х		Х				85,000		5,542	
(3) Mariana Ruiz Firmat	1.00										
Chair Person		Χ									
(4) Kımberly Jones	1.00										
Board member		Х									
(5) Chiedza Rodriguez	1 00										
Treasurer		Χ									
(6) James Butler	1.00						l				
Board member		Χ					<u> </u>			_	
(7) Emery Wright	1.00					'				1	
Board member		Χ					_				
(8)					:			1			
(9)			\dashv	\vdash			-				
(9)											
(10)											
(11)			$\vdash \vdash$		_		_				
33.7											
(12)											
			\vdash		_		<u> </u>	<u> </u>	ļ		
(13)											
(4.4)			⊢┤	_	\vdash	├	 	 	 		

	(A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is bot officer and a director/tus					h an tee)	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount o	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	org an	other other	e on ed
(15)												·—	
(16)													
(17)													
(18)													
(19)													
(20)												_	
(21)											-		
(22)													
(23)												-	
(24)													
(25)													
С	Sub-total Total from continuation sheets to Part VII,	Section A						. ▶	170,000 0	0			5,542 0
2	Total (add lines 1b and 1c)	imited to those		abo	ove)				170,000 ed more than \$1				5,542
	reportable compensation from the organization		. 1		0							Yes	No
	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche	dule J for such i	indıvi	dua	<i>i</i> .						3		X
	For any individual listed on line 1a, is the sum the organization and related organizations gre												
	<i>individual</i>		ion fr	om :	 any	unr	 elate	ed o	rganization or in	dividual	4		X
	for services rendered to the organization? If " ion B. Independent Contractors										5		Х
1	Complete this table for your five highest comp compensation from the organization. Report coyear										n's ta	· · ·	
	(A) Name and business add	Iress							(B) Description of ser	vices	(Compe) nsation	1
Non	e												0
													0
					_			┢					<u>0</u> 0
	Total number of independent contractors (inclumers than \$100,000 of compensation from the		nited	to th	nose	e list			re) who received				
	more than \$100,000 of compensation from the	organization					0				Form	990	(2017)

		Check if Schedule O contains	a response or	note to any line i	in this Part VIII			
	- •				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns		0 0 0 0				
Contribution and Other S	f g h	All other contributions, gifts, grant similar amounts not included abor Noncash contributions included in lin Total . Add lines 1a–1f	ve <u>1f</u> es 1a-1f: \$	2,081,050 0	2,081,050			
venue	2a	Service fee		Business Code 900099	1,500	1,500		
ervice Re	b c d				0			
Program Service Revenue	e f	All other program service revenue	•		0			
<u> </u>	<u>g</u> 3	Total. Add lines 2a–2f			1,500			
	4 5	other similar amounts) . Income from investment of tax-ex Royalties	empt bond pro	· ·	0 0 0			
	6a b c	Gross rents . Less. rental expenses Rental income or (loss)	(i) Real					
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0			
	С	Less cost or other basis and sales expenses		0	0			
Other Revenue		Or Contributions reported on line 1	<u>0</u> c).					
Other	С	See Part IV, line 18	b		0			
		Gross income from gaming activities See Part IV, line 19	а	0				
	10a	Net income or (loss) from gaming Gross sales of inventory, less returns and allowances	a	0	0			
		Less cost of goods sold Net income or (loss) from sales o Miscellaneous Revenue		0 ▶ Business Code	0			
	11a b c	Others		900099	14,509 0 0			
	d e	All other revenue . Total. Add lines 11a–11d . Total revenue. See instructions		•	14,509		-	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (D) Do not include amounts reported on lines 6b, 7b, Fundraising Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . Benefits paid to or for members. 5 Compensation of current officers, directors, 34,000 trustees, and key employees 170.000 127,500 8.500 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,824 8,500 7 Other salaries and wages 595,723 531,399 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 55,861 5,454 3,603 9 Other employee benefits . . . 64,918 5,024 3,320 10 Payroll taxes 59,812 51,468 11 Fees for services (non-employees): Management 24,131 24,131 c Accounting. 23,000 23,000 Lobbying 25,361 d 25,361 Professional fundraising services. See Part IV, line 17. 0 f Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 157,438 129,299 28,139 12 Advertising and promotion 0 13 Office expenses 7,754 6,203 1,551 14 Information technology 0 15 Royalties 0 50,400 16 63,000 12,600 17 97,369 97,369 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings 14,489 14,489 20 0 21 0 22 Depreciation, depletion, and amortization 0 4,479 23 4,479 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Printing and advertising 7.185 7,185 **b** Training and development 8,805 8,805 c Communication and online service 3,881 3,105 776 d Due, fees and subscriptions 4,280 3,424 856 e All other expenses 5,439 4,351 1,088 49,423 Total functional expenses. Add lines 1 through 24e 1,337,064 1,140,350 147,291 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720) .

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 587,219 120.154 Savings and temporary cash investments 2 ol 2 3 0 3 4 21,997 4 326,500 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L ol 6 ol 7 0 ol 8 ol 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b ol 0 10c 0 0 ol 11 11 Investments—publicly traded securities. 0 0 12 12 Investments—other securities See Part IV, line 11 0 13 0 13 Investments—program-related. See Part IV, line 11 . . . ol 14 0 14 10,731 15 ol 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 142,151 16 924,450 17 Accounts payable and accrued expenses . . . 35,720 17 58.024 ol 18 18 Grants payable. 19 Deferred revenue ol 19 20 Tax-exempt bond liabilities . . . ol 20 21 ol 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ol 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 Unsecured notes and loans payable to unrelated third parties. ol 24 0 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 Total liabilities. Add lines 17 through 25 35.720 58.024 26 Organizations that follow SFAS 117 (ASC 958), check here ► | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 236,643 27 106,431 28 28 629,783 0 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 ol 30 Paid-in or capital surplus, or land, building, or equipment fund 31 ol 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 0 32 33 106,431 866,426 33

924,450

142,151

34

form !	990 (2017) Katal Center for Health, Equity and Justice, Inc	81	- <u>1323278</u>	Pag	_{je} 12
Par	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	2	,097	,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,337	,064
3	Revenue less expenses. Subtract line 2 from line 1	3		759	,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		106	,431
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		866	,426
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:			i	
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	i
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		
	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)T			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
2-	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ĺ
_	the Single Audit Act and OMB Circular A-133?	•	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u>:</u>	. 3b	000	<u> </u>
			Form	330	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name of the organization					Employer identification	number			
Katal Center for Health, Equity and Just					<u>81-13</u>	23278			
				٠,,	` · · · · · /	" <i>j</i> /			
=		•		, ,	·				
	•				• • •	F-to-Abo			
hospital's name, city, and stat	e:	•							
5 An organization operated for to section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owner	d or opera	ted by a (governmental unit de	escribed in			
6 A federal, state, or local gover	rnment or governme	ental unit described in	section 1	70(b)(1)(A)(v).				
7 X An organization that normally described in section 170(b)(1	receives a substant I)(A)(vi). (Complete	tial part of its support f Part II.)	rom a gov	ernmenta	Il unit or from the ge	neral public			
8 A community trust described i	n section 170(b)(1))(A)(vi). (Complete Pa	ırt II.)						
or university or a non-land-gra	nization described in ant college of agricul	n section 170(b)(1)(A) Iture (see instructions)	(ix) opera Enter th	ted in cor e name, c	njunction with a land ity, and state of the	-grant college college or			
An organization that normally receipts from activities related support from gross investment	I to its exempt functi it income and unrela	ions—subject to certainted business taxable	n exception	ons, and (2) no more than 33 n 511 tax) from busi	1/3% of its			
11 An organization organized an									
of one or more publicly suppo	rted organizations d	lescribed in section 5	09(a)(1) d	or section	1 509(a)(2) . See sec	tion 50 9 (a)(3).			
of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
b Type II. A supporting organ control or management of	nization supervised the supporting organ	or controlled in connection							
c Type III functionally integ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A chord, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A chospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust describes related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from activities related to its exempt functions—subject to certain								
						organization(s)			
of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. c Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.									
e Check this box if the organ	ization received a w	ritten determination fr	om the IR	S that it is	s a Type I, Type II, T	ype III			
f Enter the number of supported	i ype iii rion-iunction I organizations	ially integrated suppor	ung organ	iizalion.		0			
(i) Name of supported organization	(ii) EIN	(described on lines 1–10	listed in you	ır governing	support (see	other support (see			
			Yes	No					
(A)						<u> </u>			
(B)									
(C)									
(D)									
(E)									
Total					0	0			

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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.").				672,038	2,081,050	2,753,088
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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)	0	0	0	672,038	2,081,050	2,753,088
6	Public support. Subtract line 5 from line 4	<u> </u>					2,753,088
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0	0	0	672,038	2,081,050	2,753,088
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				70,000	16,009	86,009
11	Total support. Add lines 7 through 10						2,839,097
12	Gross receipts from related activities, etc. (s	see instructions)	•			12	
	First five years. If the Form 990 is for the o organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)	(3)	►X
	ction C. Computation of Public Su						
	Public support percentage for 2017 (line 6,			(f)).		14	0.00%
	Public support percentage from 2016 Scheo	•				15	0.00%
16a	and stop here. The organization qualifies a			, and line 14 is 33 [·]	1/3% or more, che	sk this box	.
t	33 1/3% support test—2016. If the organiz box and stop here. The organization qualifi				s 33 1/3% or more	, check this	. •
17a	1 10%-facts-and-circumstances test—2017 is 10% or more, and if the organization mee Part VI how the organization meets the "factorganization"	ts the "facts-and-ci	rcumstances" test,	check this box and	d stop here. Expla	ıın ın	> [
t	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization Explain in Part VI how the organization mee supported organization	meets the "facts-a	nd-circumstances	test, check this b	ox and stop here.		· · •
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶

Schedule A (Form 990 or 990-EZ) 2017 Katal Center for Health, Equity and Justice, Inc. 81-1323278 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 (f) Total (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 0 0 7a Amounts included on lines 1, 2, and 3 0 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 . . . 0 0 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total (b) 2014 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 0 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, 0 royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 0 c Add lines 10a and 10b 0 Net income from unrelated business activities not included in line 10b, whether 0 or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 0 00% Public support pergentage for 2017 (line 8, column (f) divided by line 13, column (f)). 15 0.00% Public support percentage from 2016 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage 0.00% 17 Investment/income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

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

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

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations	<u> </u>		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	Г		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If histonc and continuing relationship, explain.	1		<u> </u>
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	ļ		
_	organization was described in section 509(a)(1) or (2).	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			لــــا
_	(b) and (c) below.	3a		
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	3b		ļ
•	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	JD		\vdash
С	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		 J
4 2	Was any supported organization not organized in the United States ("foreign supported organization")? If			
- a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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	4c	_	L.,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1 1		
	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	<u> </u>		اــــا
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
_	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-50		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	l.		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			1
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			ļ
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	_7_	L	
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).	_8_		
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 .	9a	 -	-
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Qh.	 	
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	 	+-
С	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.	9с	<u> </u> -	-
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	30	 	†
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	
	supporting organizations)? If "Yes," answer 10b below	10a	l	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1
_	determine whether the organization had excess business holdings.)	10b	1	1

Schedu Part		81-1323278	!	age 5
Lait	Gupporting 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	<u> </u>	
b	A family member of a person described in (a) above?	11b	-	
	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	ا	<u></u>
Sect	on B. Type I Supporting Organizations		Tv	
	Did the direction to the control of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	h	}	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during to tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised			
	controlled the organization's activities of the organization had more than one supported organization,	J, 01	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	orted	ļ	1
	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	ł	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
_	supervised, or controlled the supporting organization.	2		
Sect	on 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 direct		ŀ	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con	i i	[
	or management of the supporting organization was vested in the same persons that controlled or manag	ed	-	
	the supported organization(s).	1	<u> </u>	<u> </u>
Sect	on D. All Type III Supporting Organizations		1,,	T
4	Diddle annuitation and the solution of the sol		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provi		-	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppoint		+	1
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pal			
	the organization maintained a close and continuous working relationship with the supported organization]		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	``	1	
	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	1	l
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y	ear (see instru (ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	nent entity (see i	nstrud	ctions)
2	Activities Test Answer (a) and (b) below.			No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	e of	+:•	1110
•	the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI ident		İ	1
	those supported organizations and explain how these activities directly furthered their exempt purpo		1	
	how the organization was responsive to those supported organizations, and how the organization determ		1]
	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	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	<u> -</u>
	trustees of each of the supported organizations? Provide details in Part VI.	_3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this r	egard. 3b) I	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		
instructions. All other Type III non-functionally integrated supporting orga	anizati	ons must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0	0
e Discount claimed for blockage or other	T		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	_0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-function	ally int	egrated Type III supportir	ng organization (see
instructions)	-	· · · · · · · · · · · · · · · · · · ·	

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
	Line 8 amount divided by line 9 amount			0 000
			(ii)	(iii)
Se	ction E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			<u>O</u>
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
<u>b</u>	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e	0		
_ g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
_ i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			
	Section D, line 7:			
_ a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	•		
_	Part VI See instructions.		· · · · · · · · · · · · · · · · · · ·	0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	0		<u> </u>
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016)(
	Excess from 2017			

Schedule A (F	Form 990 or 990-EZ) 2017 Kat	al Center for Health, Eq	uity and Justice, Inc	81-1323278	Page 8
Part VI	Supplemental Information III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Sa, and 3b; Part V, line 1;	on. Provide the explana in A, lines 1, 2, 3b, 3c, 4 Section C, line 1; Part I\ Part V, Section B, line	tions required by Part II, line 10 b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 /, Section D, lines 2 and 3; Par	D; Part II, line 17a or 17b; Part Ib, and 11c; Part IV, Section t IV, Section E, lines 1c, 2a, 2b, b, and 8; and Part V, Section E,	
Part II Sec	tion B Line 10 Other income	was service fees and r	eimbursements by other		
organizatio	ons for shared costs.		•••••		
			••-•		
					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<u>• s</u>	<u>ection 501(c)(4), (5), or (6) or</u>	ganizations Complete Part III				
Nam	e of organization				Employer	identification number
Kata	l Center for Health, Equity	and Justice, Inc				81-1323278
Pa		he organization is exempt und				
1	Provide a description of the	he organization's direct and indirect	political campaign	activities in Part	IV. (see ir	nstructions for
	definition of "political cam					
		y expenditures (see instructions)				
		cal campaign activities (see instruction				
Pa		he organization is exempt und				
1	•	excise tax incurred by the organizati				
2	•	excise tax incurred by organization r	=			
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	r?		Yes No
4a	Was a correction made?					. Yes No
b	If "Yes," describe in Part	IV				
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(d	c), except sect	ion 501(e	c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 ex	cempt function		
	activities .				. ▶ \$	
2		iling organization's funds contributed				
	527 exempt function activ	vities			▶\$	
3	Total exempt function exp	penditures. Add lines 1 and 2 Enter	here and on Form	1120-POL,		
		·				
4		n file Form 1120-POL for this year?				
5	Enter the names, address	ses and employer identification num	ber (EIN) of all see	ction 527 political	organiza	tions to which the filing
	organization made paym	ents. For each organization listed, e	nter the amount pa	aid from the filing	organizat	tion's funds. Also enter
	the amount of political co	intributions received that were promp	otly and directly de	elivered to a sepa	rate politi	cal organization, such
	as a separate segregated	d fund or a political action committee	(PAC). If addition	iai space is need	ea, provia	e information in Fart IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organizat funds if none, er		contributions received and promptly and directly
				,		delivered to a separate
						political organization If none, enter -0-
						none, enter -o-
(1)					1	
(2)						
	··· ·					
(3)						
(4)	_					
/E\						
(5)						
(6)						
(0)		1	I	I		

Katal Center for Health,	Equity	and	Justice,	Inc
hadula C /Fa 000 000 EZV	0047			

81-1323278

	_
Page	2

_						r age Z
P	art II-A Complete if the organization under section 501(h)).	on is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	tion
A	Check ▶ if the filing organization to name, address, EIN, exp		• , ,		-	p member's
В	Check ▶ if the filing organization of	•			•	
	Limits on Lob (The term "expenditures" n	bying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p					0
b	Total lobbying expenditures to influence a				12,680	0
С	Total lobbying expenditures (add lines 1a	_	• • • • •		12,680	0
d	Other exempt purpose expenditures	•			1,324,384	0
е	Total exempt purpose expenditures (add				1,337,064	0
f	Lobbying nontaxable amount. Enter the a					
	columns.				208,706	0
	If the amount on line 1e, column (a) or (b) is:	The lobby	ing nontaxable amou	unt is:		
	Not over \$500,000	20% of the	amount on line 1e			
- {	Over \$500,000 but not over \$1,000,000	\$100,000 p	olus 15% of the excess	s over \$500,000	}	
l	Over \$1,000,000 but not over \$1,500,000		olus 10% of the excess			
-	Over \$1,500,000 but not over \$17,000,000		olus 5% of the excess	over \$1,500,000	Ì	
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%	•			52,177	0
h	Subtract line 1g from line 1a. If zero or les				0	0
i	Subtract line 1f from line 1c If zero or less				0	0
j	If there is an amount other than zero on e					- 1 (-7
	section 4911 tax for this year?				<u> L</u>	Yes X No
			ng Period Under se			
	(Some organizations that made a s				of the five columns	below.
	See th	e separate in	structions for lines	s 2a through 2f.)		
_	Lobbyi	ng Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount			2,500	25,539	28,039
b 	Lobbying ceiling amount (150% of line 2a, column(e))					42,059
с 	Total lobbying expenditures					0
_d	Grassroots nontaxable amount			0	0	0
е 	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				ا	0

Schedule C (Form 990 or 990-EZ) 2017

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	ı 5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or	- 1				
_	referendum, through the use of:					ļ
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					ئـــــــ
d	Mailings to members, legislators, or the public?	\dashv				
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	$\neg \neg$				
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					0
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912		, i			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye			3		L
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes.") Par		line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?	•	5			0
5 Pari	Taxable amount of lobbying and political expenditures (see instructions)					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	up liet	1. Par			and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	.,, r aı	. II-A, III	163 1	ana
- (50						
	•••••••••••••••••••••••••••••••••					
	••••••					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 201

Open to Public Inspection

Employer identification number

<u>Katal</u>	Center for Health, Equity and Justice, Inc	81-1323278
Pan		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal co	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gr	
	used only for charitable purposes and not for the benefit of the donor or donor advise	
	purpose conferring impermissible private benefit?	
Pari	II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held by the organization (check all that apply	
•	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	tion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	oution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a) .	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not or	na l
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located	•
5	Does the organization have a written policy regarding the periodic monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforci	ng conservation easements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	> \$	• •
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rev	
	balance sheet, and include, if applicable, the text of the footnote to the organization's	
	the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	of public service, provide, in Part XIII, the text of the footnote to its financial statement	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	of public service, provide the following amounts relating to these items:	ocation, or research in futurerance
	(i) Poyonus included on Form 200. Bort \(\frac{1}{2} \) for 4	▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · • • • • • • • • • • • • • •
•		
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to the	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. ▶ \$

Sched	ule D (Form 990) 2017 Katal Center for Healtl	າ, Equity and Jເ	ustice, Inc				81-132	3278	Page 2	
Par	111	Organizations Maintaining Coll	ections of A	t, Histori	cal Trea	sures, or C	Other S	imilar Assets	s (continue	ed)	_
3		ng the organization's acquisition, acce									
		ection items (check all that apply):		,		,, 0,		t are a organizati			
а		Public exhibition		4 [Loan	or exchange ¡	orogram	e			
	H			` H			program	3			
b	H	Scholarly research		e	Other						
C	ᆜ	Preservation for future generations								•	
4	XIII.	vide a description of the organization's	s collections an	d explain f	ow they	turther the or	ganizati	on's exempt pu	irpose in Pa	art	
5		ing the year, did the organization solic ets to be sold to raise funds rather tha							Yes	☐ No	
Part	W	Escrow and Custodial Arrange	ments						_=		•
		Complete if the organization answ		n Form 90	00 Part	IV line 9 or	r renorte	ed an amount	on Form		
		990, Part X, line 21.	vereu res o	11 1 01111 5	oo, r are	7 V, M/16 3, O	report	sa an amoun	. On r onn		
4 :											-
1a		ne organization an agent, trustee, cus				itributions or	other as	sets not	П.,	<u> П</u>	
		uded on Form 990, Part X?							Yes	No No	
b	If "Y	es," explain the arrangement in Part	XIII and comple	ete the follo	wing tab	le.		····			-
	_						-	 	Amount		-
С	-	inning balance					1c	 		0	<u>!</u>
d		itions during the year					1d				_
е	Dist	ributions during the year					1e	1			_
f	End	ing balance					1f			0)
2a	Did	the organization include an amount o	n Form 990 Pa	art X line 2	1 for es	crow or custo	dial acco	ount liability?	Yes	X No	
_								=		H	
b		es," explain the arrangement in Part	Kill. Check her	e it the exp	nanation	nas been pro	vided of	Part Alli		<u> </u>	-
Part	V	Endowment Funds.									
		Complete if the organization answ	<u>vered "Yes" o</u>	n Form 99	90, Part	IV, line 10.					_
			(a) Current year	(b) Prio	r year	(c) Two years	back (d) Three years back	(e) Four	years back	_
1a	Beg	inning of year balance	0								_
b	Con	itributions									_
С	Net	investment earnings, gains,							1		
		losses		,		i	ļ		ł		
d		nts or scholarships									_
e		er expenditures for facilities									_
·		· · · · · · · · · · · · · · · · · · ·		1			ł		}		
				 							-
-		ninistrative expenses		 							<u>-</u>
_ 9		of year balance	0		0		이		01	<u>`</u>	_
2		vide the estimated percentage of the	current year en		(line 1g,	column (a)) n	eid as:				
a		rd designated or quasi-endowment	P	<u>%</u>							
b		manent endowment	 %.								
С		nporarily restricted endowment	%	•							
	The	percentages on lines 2a, 2b, and 2c	should equal 1	00%.							
3a	Are	there endowment funds not in the po	ssession of the	organizati	on that a	re held and a	dmıniste	red for the			_
	orga	anızation by:								Yes No	_
	(i)	unrelated organizations							3a(i)		_
	(ii)								3a(ii)		_
b	٠,	es" on line 3a(ii), are the related orga							3b		
4		cribe in Part XIII the intended uses of		•				•	·		_
Dant	VI	Land, Buildings, and Equipmen		U OIIGOV	viic iuli						-
اليد		Complete if the organization answ		n Form O	00 Part	(V line 11a	See F	orm 000 Parl	X line 1	n	
											_
		Description of property	(a) Cost or o		, ,	st or other s (other)		ccumulated preciation	(d) B ₀₀	k value	
4-	1 -::		(investi								_
1a		d	·	0		0					<u>0</u>
b		dings	 	0		0		0			0
С		sehold improvements	· }	0		0		<u> </u>			ŏ
d	-	ipment		0		0		<u> </u>			õ
<u>e</u>	Oth		<u></u>	0		0		0			0
Tota	I. Add	d lines 1a through 1e. (Column (d) mi	ıst equal Form	990, Part 2	X, columi	n (B), line 10d	:.) <u></u>	<u> ▶ </u>			0

81-1323278

Part VII	Investments—Other Securities.			
	Complete if the organization answer	red "Yes" on Form 990		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
	derivatives	0		
(2) Closely-h	neld equity interests	0		
(3) Other				
(B)				
(C)				
/ E\				
(0)				
τ <u>Υ</u> ν				
	n (b) must equal Form 990, Part X, col (B) line 12) ▶	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11c. See Form	990, Part X, Iine 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	aluation
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)		<u> </u>		
(7)				
		<u> </u>		
(9)	n (b) must equal Form 990, Part X, col (B) line 13)▶	0		
Part IX	Other Assets. Complete if the organization answer (a) D	ered "Yes" on Form 990 escription	D, Part IV, line 11d See Form	n 990, Part X, l ine 15. (b) Book value
(1)				<u> </u>
(3)			-	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) lin	e 15) .	<u> </u>	
Part X	Other Liabilities. Complete if the organization answering 25.	ered "Yes" on Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	1	·
		1	5]	
(2)]	
(3)]	
(4)			1	
(5)			4	
(6)	<u> </u>		4	
(7)			4	
(8)			4	
(9)			4	
	n (b) must equal Form 990, Part X, col (B) line 25)▶		<u> </u>	
	r uncertain tax positions. In Part XIII, provide the slability for uncertain tax positions under FIN a			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1-1-	2,097,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,097,059
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	⊣	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,097,059
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,337,064
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities	_	
þ	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	<u>1,337,064</u>
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 4a	_	
b	Other (Describe in Part XIII.)	_	
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	1,337,064
	t XIII Supplemental Information.		
	nde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2		e 4; Part X, line
2, P	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	itormation.	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Internal Revenue Service	► Go to www	v.irs.gov/Form99	00 for instructions and the lates		Inspection mployer Identification number			
Name of the organization	ame of the organization							
Katal Center for Health					81-1323278			
	nformation on Acti orm 990, Part IV, line 1		e the United States. Comp	lete if the organization a	nswered			
1 For grantmake	rs. Does the organizat	ion maintain red	cords to substantiate the amou	unt of its grants and other				
		the grants or as	sistance, and the selection cr	iteria used to award				
the grants or as	sistance?				Yes No			
2 For grantmakers	s. Describe in Part V th	ne organization's	s procedures for monitoring th	ie use of its grants and d	other			
	e the United States.		,	3				
2 Astroites as Bo	uan (The falleurine De			l :				
(a) Region	(b) Number of	(c) Number of	can be duplicated if additiona (d) Activities conducted in the		(f) Total			
(a) Region	offices in the	employees,	region (by type) (such as,	(e) if activity listed in (d) is a program service,	expenditures for			
	region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specific type of service(s) in the region	and investments in the region			
		contractors in the region	located in the region)					
Europe (Including	,	in the region	Program service					
(1) Iceland and		1			41,897			
(0)								
(2)								
(3)								
(4)			 					
(5)								
					1			
	 	· · · · · · · · · · · · · · · · · · ·			- 			
(7)								
(8)								
(9)								
(10)								
(11)								
								
(12)								
(13)								
(14)								
(15)		_						
(16)								
(17)								
3a Sub-total	0	1			41,897			
b Total from continua sheets to Part I	ition O							
SHOOLS LOT ALL		, .	'I I		ı <u> </u>			

o

41,897

c Totals (add lines 3a and 3b)

Page 2

81-132327

Schedule F (Form 990) 2017 Katal Center for Health, Equity and Justice, Inc.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisaf, other)		,	•													
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant																
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

Enter total number of other organizations or entitles

က

Schedule F (Form 990) 2017

5000

81-1323278

.

Schedule F (Form 990) 2017 Katal Center for Health, Equity and Justice, Inc.

Schedule F (Form 990) 2017 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 (h) Method of valuation (book, FMV, appraisal; other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance Part III (18) Ξ 2 ପ 4 E 8 <u></u> (10) E (12) 3 ₹ 1 15 16 12 9 9

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

Schedule F (Form 990) 2017

X No

Yes

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Katal Center for Health, Equity and Justice, Inc	81-1323278
Form 990, Part VI, Section B, Line 11b: The governing board reviews and approves the Form 9	990
before it is filed.	
Form 990, Part VI, Section B, Line 12c. The policy is reviewed frequently by all board members	3
at board meetings	
Form 990, Part VI, Section B, Line 15a & b. The governing board reviews and approves the	
compensation of the Co-Directors and key employees using current salary guidelines and othe	<u></u>
relevant information	
Form 990, Part VI, Section C, Line 19. All governing documents, conflict of interest policy	
and financial statements are available upon request.	
Form 990, Part IX, Line 11g: Program consultants \$129,299; PEO/HR fee \$20,925 and various	
contractors \$7,214.	