Form 990
Department of the Treasdry Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

2017

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

Open to Public Inspection

A	For the	2017 cal	endar year, or	tax year beginning		, and e	nding		
			C Name of orga		for Health, Equity and			er identific	ation number
X/	ddress.	change	Doing busine						
\Box	la		Number and	street (or P.O. box if mail is r	ot delivered to street add	ress) Room/suite	81-132327	78	
	lame ch	ange	147 Prince S	treet			E Telepho	ne number	
Ш	nitlal retu	ım	City or town		State	ZIP code	(646) 335-	2264	
□ F	inal return	/terminated	Brooklyn		NY NY	11201		2204	
\equiv			Foreign cour	ntry name Foreig	n province/state/county	Foreign posta	l code		
□ ′	mended	i return					G Gross ro	ccipts \$	2,097,059
	oplication	on pending	F Name and ad	Idress of principal officer.		_	H(a) is this a group return	n for subordi	nutes? Yes X No
_			Lorenzo Jone	es / Gabriel Sayegh 14	7 Prince Street, Br	ooklyn NY_1120			
1 7	~~~~	pt status:	X 501(c)(3			7(a)(1) or)/527	If "No," attach a		
				/	(Insert 110.) 494	7(8)(1) 01/	4	•	•
			Icenter.org				H(c) Group exemption		
KF	orm of a	rganization:	X Corporal	ion Trust Assoc	lation Other >	LYe	ar of formation: 2015	M St	ate of legal domicile. NY
Р	art l	Sui	mmary						
	1	Briefly d	escribe the o	rganization's mission o	or most significant a	ctivities: To e	nd mass criminali	zation, n	nass
2	1	incarcer	ation and the	war on drugs. Advance	e evidence-based s				
Activities & Governance	1			ip and organizing cap					
Ver	2			If the organization di				% of its	net assets
હ	3	Number	' of voting mei	mhers of the governing	nody (Part VI line		- 1001	131	5
વ્હ	4	Number	of independe	ent voting members of	the governing body	(Part VI line 1b)	1210 191	4	5
jes	5	Total nu	mber of Indiv	iduals employed in cal	endar vear 2017 (P	linesai Val	13010 . 1501	5	16
Ξ	6			nteers (estimate if nec		121		6	
Ā	7a			ess revenue from Part		912	EN, UT	7a	0
-	b			ss taxable income fron		al OGU	214, 0,	7b	0
	1	1101 01111	J. G. 10 G. 10 G. 11 G.	oo taxabio intointo inoi	TOTAL COOK TO MILE C	-	Prior Year	1.5	Current Year
_	8	Contribu	itions and ora	ints (Part VIII, line 1h)				6,618	2,081,050
ž	9			nue (Part VIII, line 2g)				70,000	1,500
Revenue	10			Part VIII, column (A), li			ļ 	0	0
ď	11			/ill, column (A), lines !				5,420	14,509
	12			es 8 through 11 (must eq			74	12,038	2,097,059
	13			nounts paid (Part IX, c			 	0	0
	14			members (Part IX, co				ol	0
v)	15			sation, employee benefit			42	20,661	890,453
Expenses	16a			ing fees (Part IX, colu			ļ	0	0
be	Ь			enses (Part IX, column		49.423			
ă	17			t IX, column (A), lines				14,946	446,611
	18			lines 13-17 (must equ				35,607	1,337,064
	19			ses. Subtract line 18 fr				06,431	759,995
8		. 10 10 110			-,		Beginning of Curre		End of Year
Assets Beland	20	Total as	sets (Part X.	line 16)			14	12,151	924,450
Assets 1 Betan	21		bilities (Part)	•				35,720	58,024
3 5	22			lances. Subtract line 2	21 from line 20			06,431	866,426
Pa	rt II		nature Blo				· · · · · · · · · · · · · · · · · · ·		
				have examined this return, i	ncluding accompanying s	chedules and statem	ents, and to the best of	my knowle	edge
and t	oelief, it	is true, com	ect, and complete	Declaration of preparer (of	ner than officer) is based	on all information of v	vhich preparer has any	knowledge)
Sig	n			ulsan/	7				
_			Signatule of office	Cef. () V			Date		
He	9	1 1	adm	al someth	cs-president	·		الالا	118
			Type or grint nar						
		Prin	t/Type preparer's		Preparer's signature		Date	о. Г	PTIN
Pai	d		Doul Cooks	n CDA	Part Sac	Grusan	9/19/18	Check [self-emple	
Pre	pare	r	Paul Soobrya		 	· · · · · · · · · · · · · · · · · · ·		- 04	
Us	e Only	y Fun	n's name	Paul Soobryan, CPA,			Firm's EIN		3286647
			n's address 🕨	PO Box 389, New Yo	ork, NY 10116		Phone no.	646-5	522-6071
Ma	the If	RS discus	ss this return	with the preparer show	vn above? (see inst	ructions)			X Yes No
					والمتالي				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

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	96 (±017) Katal Center for Health, Equity and Justice, Inc	81-1323278	Page 2
Pa	rt III Statement of Program Service Accomplishments		F1
	Check if Schedule O contains a response or note to any line in this Part III	<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 organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · Tes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servi	ces, as measured	by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the total expenses, and revenue, if any, for each program service reported		•
	, ,		
4a	(Code:) (Expenses \$ 1,140,350 including grants of \$) (Reven	ue \$	
•••	The Organization works to strengthen the people, policies, institutions and movements that advance		
	to the second of		
	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 \$) (Reven	ue \$)
	•••••••••••••••••••••••••••••••••••••••		

4c	(Code.) (Expenses \$ Including grants of \$) (Reven	ue\$)
	•••••••••••••••••••••••••••••••••••••••		

	***************************************		. <i>.</i>
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4.0	Total program service expenses ► 1 140 350		

OBACDF

Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Х Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2017)
Part IV Katal Center for Health, Equity and Justice, Inc Checklist of Required Schedules (continued)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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	22		
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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			! !
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		 ^
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? <i>If "Yes," complete Schedule L, Part IV </i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,		 	1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	<u> </u>	T
	III, or IV, and Part V, line 1	34	↓	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	1	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pan			Г	\neg
	Check if Schedule O contains a response or note to any line in this Part V	· ·	· L	No
1a	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not applicable		Yes	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1		İ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	- 1	- 1	1
·	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16	1	Ì]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial]		
	account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country: ▶	1	- 1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	
_	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		^
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year?	<u> </u>		-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		\
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			Ì
а	Gross income from members or shareholders	1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	ł		
	against amounts due or received from them.)	ļ		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12a	 	—
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_	├—	—
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		+
b	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	1		1
D	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	I^-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 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. b 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following. The governing body? Each committee with authority to act on behalf of the governing body? . . . d8 Х 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 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13.......... Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . . 13 Did the organization have a written document retention and destruction policy? . . . 14 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? The organization's CEO, Executive Director, or top management official 15a Х 15b 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 with a taxable entity during the year? 16a Х 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 List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. Katal Center for Health, Equity and Justice, Inc. (646) 801-9435 147 Prince Street, Brooklyn, NY 11201

Form 990 (2017) Katal Center for Health, Equity ar	nd Justice, Inc								81-13232	78 Page 7
Part VII Compensation of Officers, Dire	ctors, Trustee	s, K	ey l	Em	plo	yees	s, H	ighest Comp	ensated	
Employees, and Independent (_			
Check it Schedule O contains a f				_					· · · · · · · · · · · · · · · · · · · 	<u> </u>
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required to b organization's tax year.	e listed. Report c	ompe	ensa	atior	1 for	the o	cale	ndar year endin	g with or within t	ine
 List all of the organization's current officers, of compensation. Enter -0- in columns (D), (E), and List all of the organization's current key emp List the organization's five current highest of who received reportable compensation (Box 5 of Foorganization and any related organizations. List all of the organization's former officers, \$100,000 of reportable compensation from the organization from the organization. 	I (F) if no comper ployees, if any. So compensated emp corm W-2 and/or f key employees, a	nsations in the second	on w structes (c of f	as petion other orr	oaid ns fo er th n 10 com	or det an ar 099-N pens	finiti n off NISC	on of "key emplo ficer, director, tru C) of more than	oyee." ustee, or key em \$100,000 from tl	ployee) he
 List all of the organization's former directors 										of the
organization, more than \$10,000 of reportable com										
List persons in the following order: individual truste compensated employees; and former such persons		rstitut	iona	al tri	uste	es; o	ffice	ers, key employe	ees; highest	
		4:_						· austant afficar		
Check this box if neither the organization nor a	Iny related organ	izatio	n cc			ated	any	current officer,	director, or trust	ee
(A) Name and Title	(B) Average hours per	(C) Position (do not check mot box, unless perso officer and a direct				is both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	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)	other compensation from the organization and related organizations
(1) Lorenzo Jones Co-President	40.00	Х		х				85,000		
(2) Gabriel Sayegh	40 00			^			<u> </u>	00,000		
Co-President		<u>x</u>		X				85,000		5,542
(3) Mariana Ruiz Firmat Chair Person	1.00	X						-		
(4) Kimberly Jones	1.00		\vdash	-			_			
Board member		X				<u> </u>		<u> </u>		
(5) Chiedza Rodriguez	1 00	1					1			
Treasurer CO. Large Buttle	4.00	X	 		 		 	<u> </u>		
(6) James Butler Board member	1.00	×	l			[
(7) Emery Wright	1.00		╁	┝	_		-			
Board member		X	<u> </u>							
(8)	-	-								
(9)			-		-	-				
	.		_	_	ļ.,		L			
(10)	-	1	}							
(11)				Γ						
(12)	 						T			
(13)	†	-	-							
		+	+-	+	-	-	-	+		

Page 8

P	Art VII Section A. Officers, Directors, Tr , , (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than box, unless person is do officer and a director/ficer (do not check more than box). Unless person is do officer and a director (do not check more than box). Unless person is do officer (do not check more than box). Unless person is do officer (do not check) and officer (do not check)					one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	α α	(F) Estima amoun othe ompen from organiz and re	ated int of er sation the zation lated
				ee			sated						
(15)													
(16)	,									-			
(17)						r					 		
(18)													
(19)					-								
(20)					\vdash	-							
(21)						L					+		
					H	┝	-	-			+		
(23)						<u> </u>		-					
(24)			_			┢			<u> </u>		+		
(25)				-		 	<u> </u>	_			\dashv		
1b	Sub-total		<u> </u>	<u> </u>		L_	<u> </u>		170,000		0		5,542
C	Total from continuation sheets to Part VII,	Section A						. ▶	0		0	_	0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to those	listed	ab	ove) wl	по гес			·	0		5,542
	reportable compensation from the organization	<u> </u>			0				···			77	es No
3	Did the organization list any former officer, di	rector, or truste	e, key	y en	nplo	yee	e, or h	ngh	est compensate	d			5 110
	employee on line 1a? If "Yes," complete Sche										3	+	X
4	For any individual listed on line 1a, is the sum	•							•				ŀ
	the organization and related organizations gre individual							ere		sucri 	4	_ -	X
5	Did any person listed on line 1a receive or acc	crue compensat	ion fr	om	any	/ un	relate						
Sec	for services rendered to the organization? If " tion B. Independent Contractors	res, complete	Scne	aui	9 J 1	tor :	sucn	per	son		5	<u></u>	X_
1	Complete this table for your five highest comp compensation from the organization Report of year	•										ax	
	(A) Name and business add	dress							(B) Description of se	rvices	Com	(C) pensa	tion
No	ne												0
							-	\vdash					0
				_				\vdash					
												_	
2	Total number of independent contractors (includes than \$100,000 of compensation from the	-	nited ►		hos	e lis	sted a		ve) who receive	d			

Par	, V	Check if Schedule O contains a response or r	note to any line i	n this Part VIII			\square
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
s, G	С	Fundraising events 1c	0		ł		
ia g	d	Related organizations 1d	0				
Sim.	e	Government grants (contributions) 1e	0		,		
utio	f	All other contributions, gifts, grants, and					
활형	_	similar amounts not included above If	2,081,050		Į		
S E	g	Noncash contributions included in lines 1a-1f: \$	0				
-	n_	Total. Add lines 1a-1f	Business Code	2,081,050			
Program Service Revenue	22	Service fee	900099	1,500	1,500		·
Seve	b	ocivice ice	300033	0	1,300		
e e	c			0			
Ž	ď			0			
E	е			0			
ogra	f	All other program service revenue		0			
_ <u>&</u>	g	Total. Add lines 2a-2f	•	1,500			
	3	Investment income (including dividends, interest,	, and	-			
		other similar amounts)		0			<u> </u>
	4	Income from investment of tax-exempt bond produced	ceeds▶	0			
	5	Royalties	(ii) Personal	0			
	C-	<u> </u>	(ii) Personal				
	6a	Gross rents					1
	b	Less: rental expenses					
	d	Net rental income or (loss)	<u>_</u>	0			-
	_	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory . 0	0				
	b	Less: cost or other basis					
		and sales expenses0	0				
	С	Gain or (loss) 0	0	<u> </u>			
	d	Net gain or (loss)	<u> ▶</u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c)					
Jer		See Part IV, line 18	0				
= =		Less direct expenses	<u> </u>	0			
		Gross income from gaming activities. See Part IV, line 19	0				
	h	Less direct expenses b	0				
		Net income or (loss) from gaming activities		0			-
		Gross sales of inventory, less	· · · · · · · · · · · · · · · · · · ·	<u>`</u>			† · · · · · · · · · · · · · · · · · · ·
		returns and allowances a	o]
	b	Less: cost of goods sold b	0	'	<u>'</u>		1
		Net income or (loss) from sales of inventory	<u> </u>	0			
		Miscellaneous Revenue	Business Code				
	11a	Others	900099	14,509	14,509		<u> </u>
	b			0			
	С			0			
	d	All other revenue	L	0		<u> </u>	
	е	Total. Add lines 11a–11d		14,509		 _	
	12	Total revenue. See instructions	<u></u> ▶	2,097,059	16,009	\	0 (

Part IX **Statement of Functional Expenses**

following SOP 98-2 (ASC 958-720)

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 . lх (D) Fundraising (B) Program service (C) Do not include amounts reported on lines 6b, 7b, Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses 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. 5 Compensation of current officers, directors. trustees, and key employees 170,000 127,500 8.500 34.000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 595,723 531,399 55,824 8,500 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 64,918 55,861 5,454 3,603 10 Payroll taxes 5,024 59,812 51,468 3,320 Fees for services (non-employees) 11 Management а b 24,131 24,131 23.000 Accounting С 23,000 d Lobbying . 25,361 25,361 . . . Professional fundraising services. See Part IV, line 17. . . е ol Investment management fees 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 Office expenses 13 7,754 6,203 1,551 Information technology 14 0 15 ol 16 Occupancy . . . 63,000 50,400 12,600 17 Travel 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 ol Payments to affiliates 21 ol 22 Depreciation, depletion, and amortization ol 0 23 4,479 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.) a Printing and advertising 7,185 7,185 Training and development 8,805 8,805 Communication and online service С 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 25 Total functional expenses. Add lines 1 through 24e. 1,337,064 1,140,350 147.291 49,423 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

81-1323278

Katal Center for Health, Equity and Justice, Inc.

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 End of year Beginning of year 120.154 1 587,219 2 ol 2 0 3 0 3 326.500 21,997 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 0 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 0 6 ol 7 7 ol 8 8 9 Prepaid expenses and deferred charges . . . ol 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 0 Less: accumulated depreciation . . . 10b 0 10c ol 0 11 11 Investments—publicly traded securities 0 ol 12 12 Investments—other securities. See Part IV, line 11 0 ol 13 13 Investments—program-related. See Part IV, line 11 0 ol 14 14 10.731 15 ol 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 142.151 16 924,450 17 35,720 17 58.024 Accounts payable and accrued expenses 18 ol 18 ol 19 19 Deferred revenue 20 ol 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and ol 22 0 23 ol 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 26 58.024 Total liabilities. Add lines 17 through 25 35.720 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. Unrestricted net assets 27 236,643 27 106,431 0 28 629,783 28 29 ol 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds O 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 0 32 32 Retained earnings, endowment, accumulated income, or other funds. 106,431 866,426 33 33

924,450

142,151

34

form 9	990 (2017) Katal Center for Health, Equity and Justice, Inc	<u>8</u>	1- <u>1323278</u>	Pag	<u>e 12</u>
Part	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	<u>,995</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>106</u>	<u>,431</u>
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	<u>,426</u>
<u>Part</u>				r	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>	
				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			Ì	}
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			1 1
	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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

<u>ା</u> ୬

20**17**

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

Inspection Inspection Employer identification number

(ata	ıl Ce	nter for Health, Equity and Justi	ice, Inc				81-132	3278		
	rt I									
	orga	inization is not a private foundat	•			-	•	\bigcap		
1	H	A church, convention of church	· ·					j /		
2	님	A school described in section	, ,, ,, ,, ,	•			1			
3	\vdash	A hospital or a cooperative hos				• • • • • •	•	/.		
4		A medical research organizatio hospital's name, city, and state	:							
5	Ш	An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	or opera	ted by a g	jovernmental unit de	scribed in		
6		A federal, state, or local govern	nment or governme	ntal unit described in	section 1	70(b)(1)(A)(v).			
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Par	rt II)					
9		An agricultural research organi or university or a non-land-grar university:								
10		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain ted business taxable i	n exception	ns, and (2) no more than 33 1 n 511 tax) from busir	1/3% of its		
11		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section !	509(a)(4).			
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 5	09(a)(1) c	r section	509(a)(2). See sec	tion 509(a)(3).		
а	ı [Type I. A supporting organization(organization. You must col	s) the power to regi	ularly appoint or elect	l by its su a majority	oported o	rganization(s), typica rectors or trustees of	ally by giving f the supporting		
k	,	Type II. A supporting organic control or management of the organization(s). You must organization(s).	ne supporting organ complete Part IV, S	nization vested in the s Sections A and C.	same pers	ons that	control or manage th	e supported		
C	•	Type III functionally integrated its supported organization(s						tegrated with,		
c	i	Type III non-functionally integrated is not functionally integrated requirement (see instruction	ntegrated. A supportated. The organiza	orting organization operation generally must sa	erated in catisfy a dis	onnection tribution	n with its supported or requirement and an			
e	•	Check this box if the organization						ype III		
		functionally integrated, or Ty	• •							
f		Enter the number of supported	•					0		
		Provide the following information Name of supported organization	on about the suppor	ted organization(s). (iii) Type of organization	(iv) is the d	rganization	(v) Amount of monetary	(vi) Amount of		
	.,		(., -	(described on lines 1–10 above (see instructions))	listed in you	ir governing ment?	1 ' '	other support (see instructions)		
					Yes	No				
A)		-								
B)										
C)		<u> </u>								
D)										
E)										
T - 4	-1		- Acres & Black Street at in the land	在1980年1月1日 1月2日 1月1日 1日日 1日日 1日日 1日日日 1日日日 1日日	19 10 10 A 15 14	had to be seen		l		

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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
	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						2,753,088
_	tion B. Total Support					A	2,100,000
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, s		h, or fifth tax year a	as a section 501(c)	(3)	▶X
	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 6, or Public support percentage from 2016 Sched 33 1/3% support test—2017. If the organization of the companion of the	ule A, Part II, line				14 15	0.00%
	and stop here. The organization qualifies as 33 1/3% support test—2016. If the organization qualifies as box and stop here. The organization qualifies	s a publicly support ation did not check	ted organization a box on line 13 o	r 16a, and line 15		•	▶□
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization mee Part VI how the organization meets the "fact organization.	ts the "facts-and-ci	rcumstances" test	check this box an	d stop here. Expla	ain in	▶ □
b	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 t	oox and stop here	•	· •
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, checl	this box and see		▶[

20

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

	tion A. Public Support	() 00:0			<u> </u>	() 00/-	
	ndar 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						
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise						<u> </u>
-	sold or services performed, or facilities					, '	
	furnished in any activity that is related to the					,	_
_	organization's tax-exempt purpose.						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						•
_	its behalf				· · · · · ·		0
5	The value of services or facilities				,		
	furnished by a governmental unit to the						•
_	organization without charge				<u></u>		0
	Total. Add lines 1 through 5	0	0		0	0	0
/a	Amounts included on lines 1, 2, and 3			, ,			0
	received from disqualified persons .						0
D	Amounts included on lines 2 and 3			<i>y'</i>			
	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
	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6)		1				o
202	tion B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(a) 2013 0	/ 0	0	0	0	(i) rotal
	Gross income from interest, dividends,		<i>,</i>	<u>_</u>			
ıva	payments received on securities loans, rents,	_/					
	royalties, and income from similar sources	,		i			r
h	Unrelated business taxable income (less	/					
D	section 511 taxes) from businesses	/			i		
	acquired after June 30, 1975						ď
c	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business			Ü	J		
• •	activities not included in line 10b, whether	"		ľ			
	or not the business is regularly carried on						1 (
12	Other income Do not include gain or //						
_	loss from the sale of capital assets //						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					·	
	and 12) . #	l o	0	o	0	o	
14	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						. ▶_
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support pergentage for 2017 (line 8, o	column (f) divided b	y line 13, column	(f))		15	0.00%
16	Public support percentage from 2016 Sched		•		. •	16	0.00%
Sec	tion D. Computation of Investmer						
17	Investment/income percentage for 2017 (line			column (f))		17	0.00%
18	Investment income percentage from 2016 S					18	0.00%
19a	33 1/3% support tests—2017. If the organi	zation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and						▶∟
b	33 1/3% support tests—2016. If the organi						
	line 18 is not more than 33 1/3%, check this	box and stop here	 The organization 	n nualifies as a nub	alicly supported are	anization	▶ i

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)

<u>Sect</u>	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
Ja	(b) and (c) below.	3a		
L	,	Ja		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		-	
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			ļJ
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			L
	"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			1
	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		<u> </u>
C	Did the organization support any foreign supported organization that does not have an IRS determination	1		1
	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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		ļ	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			1
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	ĺ	1	1
	was accomplished (such as by amendment to the organizing document).	5a		1
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	1		
	designated in the organization's organizing document?	5b	l	
_	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	100	-	<u> </u>
J	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, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	1	1	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	<u> </u>	-
7		├ °	├	╁
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	l	1	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If</i> "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		┧──
	·	-	├	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		ļ	
	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		ļ	-
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	↓_	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			-
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	↓	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			-
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	[
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

	le A (Form 990 or 990-EZ) 2017 Katal Center for Health, Equity and Justice, Inc	81-1323278		_Pa	ge 5
Part	Supporting Organizations (continued)				
44		_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	_,	- 1	- 1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (d below, the governing body of a supported organization?		1a		
b	A family member of a person described in (a) above?	-	1b	+	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in	_	1c		
	on B. Type I Supporting Organizations	1 41. 11.	.01		
	on or type reappoining organizations		T	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	the)	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervis	1		l	
	controlled the organization's activities. If the organization had more than one supported organization,	ł	- 1	- 1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supp	oorted]		
	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			1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	in Part		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ			
	supervised, or controlled the supporting organization		2		
<u>Secti</u>	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 dire			1	}
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or		l	l	Ì
	or management of the supporting organization was vested in the same persons that controlled or mana	igea	1		
Conti	the supported organization(s).		1	1	
Secu	on D. All Type III Supporting Organizations		\neg	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of	the [-	163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the	1	l	ł	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies		- 1	- 1	.
	organization's governing documents in effect on the date of notification, to the extent not previously pro		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in F		ı		
	the organization maintained a close and continuous working relationship with the supported organization		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ſ		,	
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	on's			
	supported organizations played in this regard.		3		
Sect	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	year (see inst	ruci	tions) .
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 entity.	mment entity (se	e in	struci	tions).
	-				No
2	Activities Test. Answer (a) and (b) below.	ses of F		res	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpo the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide				
	these supported organizations and explain how these activities directly furthered their exempt purp			ł	
	how the organization was responsive to those supported organizations, and how the organization dete				
	that these activities constituted substantially all of its activities	(-	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one of				
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Pai				
	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.	Ī			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	. [
	trustees of each of the supported organizations? Provide details in Part VI.		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	s regard.	3b	<u> </u>	<u></u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 ' Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting orga	<u>niza</u>	tions must complete Sections	
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)
1 Aggregate fair market value of all non-exempt-use assets (see	Ī		
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			
factors (explain in detail in Part VI):	<u> </u>	,	
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,	\sqcap	· · · · · ·	
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		
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		<u> </u>
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	ally ir	ntegrated Type III supporti	ng organization (see
instructions)			_

0

0

0

0

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2013b Excess from 2014

c Excess from 2015.

d Excess from 2016.

e Excess from 2017.

and 4c.

Excess distributions carryover to 2018. Add lines 31

Schedule A (F	form 990 or 990-EZ) 2017 Katal Center for Health, Equity and Justice, Inc	81-1323278	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part	II, line 17a or 17b; Part	
•	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and		
ч	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, S		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and		
	lines 2, 5, and 6. Also complete this part for any additional information (See instruction		
Part II Sec	tion B Line 10 Other income was service fees and reimbursements 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

OMB No 1545-0047 **201**

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

		ganizations: Complete Part III				
	e of organization				Employer	Identification number
	l Center for Health, Equity			<u>_</u> _		81-1323278
Pa		he organization is exempt unde				
1	•	he organization's direct and indirect	political campaign	activities in Part	IV. (see II	nstructions for
_	definition of "political carr					
2		y expenditures (see instructions)				
3	Volunteer hours for politic	cal campaign activities (see instruction	ons)	······································		
		he organization is exempt unde				
1		excise tax incurred by the organization				
2		excise tax incurred by organization n	_			. Tyes No
3	•	ed a section 4955 tax, did it file Form	•			
4a						Yes No
	If "Yes," describe in Part		on postice FO4/	-\ ava==4 = -4	-n F044	-)/2)
		he organization is exempt und			Proc noi	c)(s)
1	•	expended by the filing organization		•	▶ •	
2		iling organization's funds contributed			· 🏲 Þ	
2		iling organization's funds contributed vities			▶ ¢	
3		penditures. Add lines 1 and 2. Enter			🕶 Ф	
J		penditures. Add lines 1 and 2. Enter			. • \$	0
4		n file Form 1120-POL for this year?				<u></u>
5		ses and employer identification num				
•		ents For each organization listed, e				
	the amount of political co	intributions received that were promp	ptly and directly de	elivered to a sepa	rate politi	cal organization, such
		d fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
	, .	` '	, ,	filing organiza	tion's	contributions received and
				funds if none, e	nter -U-	promptly and directly delivered to a separate
						political organization if
						none, enter -0-
(1)						
				ļ		
(2)					1	
		 		 		
(3)						
	 -		 -	 		
(4)			1	i		
						
(5)						
(6)						
(0))	,	J		j

Katal Center for Health,	Equity	and	Justice,	Inc
chedule C (Form 000 or 000 E7)				

81-1323278

Sch	edule C (Form 9 90 or 990-EZ) 2017					Page 2
P	art II-A Complete if the organization	is exempt	under section 50)1(c)(3) and filed	Form 5768 (elect	
_	under section 501(h)).		(61)			
A	Check ▶ if the filing organization bel	-				o member s
В	name, address, EIN, exper	•			•	
<u> </u>				ioi provisions app		
	Limits on Lobby			,	(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" me				organization's totals	
1a	Total lobbying expenditures to influence put			ľ	10.000	0
þ	Total lobbying expenditures to influence a le	•		,	12,680	0
C	Total lobbying expenditures (add lines 1a ar				12,680	0
d	Other exempt purpose expenditures			· · · · · · · · · · · · · · · · · · ·	1,324,384	0
e	Total exempt purpose expenditures (add line	•			1,337,064	
f	Lobbying nontaxable amount. Enter the amount columns.	ount from the	following table in b	Olli	208,706	0
ı	If the amount on line 1e, column (a) or (b) is:	The lebbyin	ig nontaxable amou	nt is:	200,700	<u>_</u>
	Not over \$500,000		mount on line 1e	111.13.	1	
]	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000)	
- 1	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
Į	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of		Ì	
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of	of line 1f)			52,177	0
h	Subtract line 1g from line 1a. If zero or less,	enter -0			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 eith	er line 1h or l	ine 1ı, dıd the orga	nızation file Form 47	'20 reporting	·
	section 4911 tax for this year?	<u> </u>	· <u>·</u> ·	<u> </u>	<u> </u>	Yes X No
			g Period Under se			
	(Some organizations that made a sec				of the five columns	below.
	See the	separate ins	tructions for lines	2a through 2f.)		
	1-11					
_	Lobbying	Expenditure	es During 4-Year /	Averaging Period		
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)		1	1		
			ļ			
2a	Lobbying nontaxable amount		1	0.500	05 500	00.000
	Labburg saling amount			2,500	25,539	28,039
U	Lobbying ceiling amount (150% of line 2a, column(e))					42,059
						72,000
	Total lobbying expenditures					0
d	Grassroots nontaxable amount			0	o	0
е						
	(150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				[•
_			<u> </u>	0	0	0

Schedule C (Form 990 or 990-EZ) 2017

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed I	Form	5/68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	cription of the lobbying activity.	es	No	A	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	T				
	legislation, including any attempt to influence public opinion on a legislative matter or	1	1			
_	referendum, through the use of:	-				
a	Volunteers?	+				
b	Media advertisements?	\dashv	-			
d	Mailings to members, legislators, or the public?	十	-			
e	Publications, or published or broadcast statements?	十				
f	Grants to other organizations for lobbying purposes?	+	1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	T				
h						
i	Other activities?	\Box				
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)?	4				
b	If "Yes," enter the amount of any tax incurred under section 4912		- 1			
C	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?			-4!		
Fair	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)501(c)(6)	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		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	٠.		3		
Par	till-B 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," OR answered "Yes."	5),	or se	ction	line :	3, is
Par 1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members	5),	or se	ction	line :	3, is
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	5),	or se Part	ction	line :	3, is
1 2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	5),	or se Part	ction	line	3, is
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members	5),	or se Part	ction	line	3, is
1 2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year.	5),	Part 1 2a 2b	ction	line	
1 2 a b	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members	5),	or se Part	ction	line :	
1 2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members	5),	Part 1 2a 2b 2c	ction	line	3, is
1 2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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	5),	Part 1 2a 2b 2c	ction	line :	
1 2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members	5),	Part 1 2a 2b 2c 3	ction	line	
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions).	5),	1 2a 2b 2c 3	ction	line :	
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions).	5), (b)	2a 2b 2c 3 4 5	ction III-A,		0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	5), (b)	2a 2b 2c 3 4 5	ction III-A,		0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions).	5), (b)	2a 2b 2c 3 4 5	ction III-A,		0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	5), (b)	2a 2b 2c 3 4 5	ction III-A,	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). **IV** Supplemental Information** ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group te instructions); and Part II-B, line 1. Also, complete this part for any additional information.	(b)	1 2a 2b 2c 3	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group termstructions); and Part II-B, line 1. Also, complete this part for any additional information.	(b)	1 2a 2b 2c 3	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5), (b)	Paris	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). **IV** Supplemental Information** ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group te instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5), (b)	Paris	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5), (b)	Paris	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group the instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5), (b)	Paris	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group the instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5), (b)	Paris	III-A, II	nes 1	0
1 2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group the instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5), (b)	Paris	III-A, II	nes 1	0

SCHEDULE D (Form 990)

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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Employer Identification number

	Center for Health, Equity and Justice, Inc		81-1323278
Part		Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .	-	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	
	funds are the organization's property, subject	to the organization's exclusive legal cont	rol? Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grai	nt funds can be
	used only for charitable purposes and not for		
	purpose conferring impermissible private ben	efit? <u></u>	Yes No
Part	Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held t		•
	Preservation of land for public use (e g.,	recreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	ion neid a quaimed conservation continud	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easi		
C	Number of conservation easements on a cert		
ď	Number of conservation easements included		
	historic structure listed in the National Regist		
3	Number of conservation easements modified		
	the tax year ▶	· · · · · ·	
4	Number of states where property subject to o	conservation easement is located	
5	Does the organization have a written policy re	egarding the periodic monitoring, inspecti	on, handling of
	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and enforcing	conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing con	servation easements during the year
_	\$		
8	Does each conservation easement reported	the state of the s	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		nnancial statements that describes
Dan	the organization's accounting for conservation Organizations Maintaining Collect		r Other Similar Assets
rail		ed "Yes" on Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under		
	works of art, historical treasures, or other sin	• • • • • • • • • • • • • • • • • • • •	
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other sin	· · · · · · · · · · · · · · · · · · ·	
	of public service, provide the following amou	•	
	(i) Revenue included on Form 990, Part VIII.		> \$
	(ii) Assets included in Form 990, Part X .		> \$
2	If the organization received or held works of		
	following amounts required to be reported ur		_ ·
а	Revenue included on Form 990, Part VIII, lin		
h	Assets included in Form 990, Part X		b \$

Sched	ule D (Form 990) 2017 Katal Center for He	ealth, Equity and J	ustice, Inc			81-132	3278	Page 2
Part	III Organizations Maintaining C	collections of A	rt, Histori	cal Trea	asures, or O	ther Similar Asset	s (continued	1)
3	Using the organization's acquisition, a							
	collection items (check all that apply):				•			
а	Public exhibition		d 🗌	Loan	or exchange p	rograms		
b	Scholarly research		e 🗍	Other				
С	Preservation for future generation	ons						
4	Provide a description of the organizati XIII.		nd explain I	now they	further the org	panization's exempt p	urpose in Par	t
5	During the year, did the organization sassets to be sold to raise funds rather						☐ Yes ☐	□ No
Part	IV Escrow and Custodial Arran							
	Complete if the organization a 990, Part X, line 21.		on Form 9	90, Part	IV, line 9, or	reported an amoun	t on Form	
1a	Is the organization an agent, trustee, o	custodian or other	intermedia	ry for cor	ntributions or c	other assets not		
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part 1991.						Yes [] No
	, , , , , , , , , , , , , , , , , , , ,	,					Amount	
C	Beginning balance					1c		0
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		0
2a	Did the organization include an amount	nt on Form 990, P	art X, line 2	21, for es	crow or custoo	fial account liability?	Yes	X No
b	If "Yes," explain the arrangement in Pa	art XIII Check her	re if the exp	olanation	has been prov	rided on Part XIII .	[
Part	V Endowment Funds.							
	Complete if the organization a	nswered "Yes" o	on Form 9	90. Part	IV. line 10.			
		(a) Current year	(b) Prio		(c) Two years b	oack (d) Three years bac	ck (e) Four ye	ars back
1a	Beginning of year balance		o					
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships		 					
е	Other expenditures for facilities		}				}	
_	and programs		 		 			
Ť	Administrative expenses							
g	End of year balance		<u> </u>	0		<u>ol</u>	0	0
2	Provide the estimated percentage of t			(line 1g,	column (a)) he	eld as		
a	Board designated or quasi-endowmer		<u>-</u> %					
b	Permanent endowment Temporarily restricted endowment	%.	,					
С	•	20 should equal 1	-					
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the			ion that a	ero hold and a	Iministered for the		
Ja	organization by:	possession or the	organizat	ion mai a	ire neid and at	irillistered for the	Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	$\overline{}$
ь	If "Yes" on line 3a(II), are the related of						3b	\top
4	Describe in Part XIII the intended use	_	•				1 32 1	
Part	VI Land, Buildings, and Equip							
	Complete if the organization a		on Form 9	90. Part	IV line 11a	See Form 990, Pa	rt X. line 10	
	Description of property	(a) Cost or (invest	other basis	(b) C	ost or other sis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1a	Land		0		0			
b	Buildings		0		0	0		0
C	Leasehold improvements		0		0	0		0
d	Equipment		0		0	0		0
e	Other		0		0	0		0
Tota	I. Add lines 1a through 1e (Column (d)) must equal Form	1 990, Part	X, colum	n (B), line 10c	.) . -		0
			<u> </u>		- 	s	chedule D (Forn	n 990) 2017

Part VII	' Investments—Other Securities.		<u> </u>	
	Complete if the organization answ	<u>vered "Yes" on Form 990</u>), Part IV, line 11b. See Form	990, Part X, line 12.
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial		0		
	neld equity interests	0		
				
(B)				
_	•••••			

(H)	•			
	(b) must equal Form 990, Part X, col. (B) line 12)	• 0		
Part VIII	Investments—Program Related			
	Complete if the organization answ	vered "Yes" on Form 990), Part IV, line 11c. See Form	990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(6)				
				
(8)				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13,	<u>▶</u>		
Part IX	Other Assets.	<u> </u>	(
Tareix	Complete if the organization answ	vered "Yes" on Form 990	D Part IV line 11d See Form	990 Part X line 15.
·		Description	<u> </u>	(b) Book value
(1)				
(2)				
(3)				
(4)			· <u>···</u>	
(5)				<u> </u>
(6)		·		
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B)	line 15)	. •	
Part X	Other Liabilities.		<u> </u>	<u> </u>
Turex	Complete if the organization answ	wered "Yes" on Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1	line 25 (a) Description of liability	(b) Book value	T	
<u>1.</u> (1)	(a) Description of national	(b) BOOK VAIDE	1	
(2)			4	
(3)		 	7	
(4)			7	
(5)			7	
(6)]	
(7)			_	
(8)			4	
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25		<u> </u>	
	r uncertain tax positions. In Part XIII, provide s liability for uncertain tax positions under FI			

	Reconciliation of Revenue per Audited Financial Statement			Return.	
	Complete if the organization answered "Yes" on Form 990, Part	: IV, lir	<u>ie 12a.</u>		
1	Total revenue, gains, and other support per audited financial statements			1	2,097,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1 1	
а	Net unrealized gains (losses) on investments	2a] [
b	Donated services and use of facilities	2b]	
С	Recoveries of pnor year grants	2c]	
d	Other (Describe in Part XIII.)	2d			
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	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIII.)	4b		1 1	
С	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		5	2,097,059
Par	Reconciliation of Expenses per Audited Financial Statemen			r Returr	
	Complete if the organization answered "Yes" on Form 990, Part	IV lir	ne 12a		••
1	Total expenses and losses per audited financial statements			11	1,337,064
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• • •			1,007,004
а	Donated services and use of facilities	2a	l	1	
b	Prior year adjustments	2b		1	
c	Other losses	2c		1 ∣	
ď	Other (Describe in Part XIII)	2d		- I	
e	Add lines 2a through 2d				0
3	Subtract line 2e from line 4		• • • •	2e 3	1,337,064
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١	1	1	1,337,004
a	Investment expenses not included on Form 990, Part VIII, line 7b	40			
b	Other (Describe in Part XIII.)	4a 4b		1	
c	Add lines 4a and 4b		l	1	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			4c 5	
	Supplemental Information.	<u>,</u>] 3]	1,337,064
LION				5	
2. Do	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b;	Part V, lı	ne 4; Part X, line
2; Pa		Part I\	/, lines 1b and 2b; any additional info	Part V, lo	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part I\	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part I\	/, lines 1b and 2b; any additional info	Part V, lo	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part I\	/, lines 1b and 2b; any additional info	Part V, lo	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part I\	/, lines 1b and 2b; any additional info	Part V, lo	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part I\	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV	/, lines 1b and 2b; any additional info	Part V, li	ne 4; Part X, line

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

lame of the organization Katal Center for Health, Equi	ity and luctice I	no			Employer identification number 81-1323278
	nation on Acti	vities Outside	e the United States. Compl	ete if the organization	
1 For grantmakers. Doc assistance, the grantee	es the organizat es' eligibility for	tion maintain rec	cords to substantiate the amou sistance, and the selection cri	_	her Yes No
2 For grantmakers. Desc assistance outside the U		ne organization's	s procedures for monitoring th	e use of its grants and	other
3 Activities per Region. (T	he following Pa	rt I, line 3 table	can be duplicated if additional	space is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in the region	expenditures for and investments
Europe (Including			Program service		
(1) Iceland and		1			41,897
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)				<u></u>	
(16)					
(17)					
3a Sub-total .		1			41,897
b Total from continuation sheets to Part I	,				
c Totals (add lines 3a and 3b)	<u> </u>	1			41 897

81-1323278

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 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	(4)		(2)	(4)	6	6	(6)	6	(6)	(44)	(42)	(15)	(61)	(14)	(61)	(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 entities

Schedule F (Form 990) 2017

81-1323278 Page 3

Katal Center for Health, Equity and Justice, Inc.

Schedule F (Form 990) 2017

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 (8) 14 (15) (16) (17) (18) 4 (2) 9 8 6 (11) (12) (13) E 2 (3) 흰

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 Corporation (see Instructions for Form 926) 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 Yes a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . 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 X No Yes Certain Foreign Corporations. (see Instructions for Form 5471) 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 Yes 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 IXI Νο Yes 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 Yes Instructions for Form 5713, don't file with Form 990).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 201 Open to Public

Inspection Internal Revenue Service Name of the organization 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 990. Form 990, Part VI, Section B, Line 12c: The policy is reviewed frequently by all board members 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 other relevant information Form 990, Part VI, Section C, Line 19: All governing documents, conflict of interest policy and financial statements are available upon reguest Form 990, Part IX, Line 11g: Program consultants \$129,299, PEO/HR fee \$20,925 and various contractors \$7,214.