Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY CATALYST INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
ONE FEDERAL STREET

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02110

D Employer identification number
04-3355127

E Telephone number
(617) 338-6035

G Gross receipts $ 40,238,755

F Name and address of principal officer:
EMILY STEWART
ONE FEDERAL STREET
BOSTON,MA 02110

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.COMMUNITYCATALYST.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO BUILD THE POWER OF PEOPLE TO CREATE A HEALTH SYSTEM ROOTED IN RACE EQUITY AND HEALTH JUSTICE AND A SOCIETY WHERE HEALTH IS A RIGHT FOR ALL.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	116
6	Total number of volunteers (estimate if necessary)	6	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	62,189,152	32,260,782
	9	Program service revenue (Part VIII, line 2g)	1,208,799	1,008,292
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,845	79,754
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,471	130,856
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,488,267	33,479,684
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,601,301	17,202,766
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,324,390	10,606,132
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶738,531		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,745,010	10,948,919
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	34,670,701	38,757,817
	19	Revenue less expenses. Subtract line 18 from line 12	28,817,566	-5,278,133
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	56,345,662	49,266,824
	21	Total liabilities (Part X, line 26)	4,643,360	5,177,215
	22	Net assets or fund balances. Subtract line 21 from line 20	51,702,302	44,089,609

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2023-08-15

▶ EMILY STEWART EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-08-15		P00030126

Firm's name ▶ JOHNSON O'CONNOR FERON & CARUCCI LLP — Firm's EIN ▶ 20-3985546

Firm's address ▶ 101 EDGEWATER DRIVE SUITE 210
WAKEFIELD, MA 01880 — Phone no. (781) 914-3400

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO BUILD THE POWER OF PEOPLE TO CREATE A HEALTH SYSTEM ROOTED IN RACE EQUITY AND HEALTH JUSTICE AND A SOCIETY WHERE HEALTH IS A RIGHT FOR ALL.

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

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

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

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

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

4a (Code:) (Expenses $ 32,697,110 including grants of $ 17,202,766) (Revenue $ 1,008,292)

VACCINE EQUITY & ACCESS PROGRAM (VEAP) WAS DEVELOPED WITH FUNDING FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TO ADDRESS VACCINE CONFIDENCE AND INCREASE INFLUENZA AND COVID]19 VACCINATION COVERAGE FOR ADULTS IN RACIAL AND/OR ETHNIC POPULATIONS EXPERIENCING DISPIRITING IN THE UNITED STATES. THE GOAL OF THE VACCINE EQUITY AND ACCESS PROGRAM (VEAP) IS TO INCREASE VACCINATION COVERAGE FOR ADULTS IN RACIAL AND/OR ETHNIC POPULATIONS EXPERIENCING DISPARITIES IN THE US.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

THE STATE CONSUMER HEALTH ADVOCACY PROGRAM ENCOMPASSES PROJECTS AIMED AT SUPPORTING AND EXPANDING THE CAPACITY OF CONSUMER ADVOCATES TO PARTICIPATE IN AND INFLUENCE PUBLIC POLICY ON A BROAD RANGE OF ISSUES SUCH AS HEALTH CARE ACCESS, AFFORDABILITY, AND EQUITY; ENROLLMENT IN HEALTH INSURANCE; PRIVATE INSURANCE REFORM; AND MEDICAID EXPANSION. IT ALSO ENCOMPASSES TOGETHER FOR MEDICAID, WHICH WORKS WITH ADVOCATES ACROSS THE COUNTRY TO SUPPORT STATE-BASED MEDICAID EXPANSION CAMPAIGNS. SOUTHERN HEALTH PARTNERS WORKS WITH ADVOCACY ORGANIZATIONS IN 12 STATES TO APPLY A REGIONAL APPROACH STATE HEALTH POLICY ISSUES IN THE REGION.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

TOGETHER FOR MEDICAID (TFM) IS A MULTI-ORGANIZATIONAL PROJECT THAT PROVIDES FUNDING, STRATEGIC GUIDANCE AND POLICY SUPPORT TO CAMPAIGNS TO EXPAND MEDICAID IN THE REMAINING NON-EXPANSION STATES. TOGETHER FOR MEDICAID'S WORK HAS LED TO 2.5 MILLION PEOPLE WITH LOW INCOMES GAINING HEALTH COVERAGE SINCE 2014. TFM WORKS WITH STATE AND LOCAL PARTNERS TO: EXPAND THE MEDICAID PROGRAM IN NON-EXPANSION STATES; DEFEND AND BUILD SUPPORT FOR THE MEDICAID PROGRAM; AND BUILD COMMUNITY POWER THROUGH GRASSROOTS ORGANIZING EFFORTS.

(Code:) (Expenses $ including grants of $) (Revenue $)

THE CENTER FOR CONSUMER ENGAGEMENT IN HEALTH INNOVATION WORKS DIRECTLY WITH ADVOCATES TO INCREASE THE SKILLS AND POWER THEY HAVE TO ESTABLISH A PERMANENT AND EFFECTIVE VOICE FOR CONSUMERS, PARTICULARLY THOSE WITH COMPLEX HEALTH AND SOCIAL NEEDS. COLLABORATING WITH HEALTH PLANS, HOSPITALS AND PROVIDERS, THE CENTER SEEKS TO INCORPORATE THE CONSUMER EXPERIENCE INTO THE DESIGN OF SYSTEMS OF CARE. THE CENTER WORKS WITH STATE AND FEDERAL POLICYMAKERS TO MAKE SYSTEMS MORE RESPONSIVE TO CONSUMERS BY ADVOCATING FOR POLICIES THAT REDUCE INEQUITIES AND IMPROVE HEALTH. THE CENTER ALSO OFFERS FEE-BASED CONSULTING SERVICES TO HELP PUBLIC PROGRAMS, HEALTH PLANS, HOSPITALS AND HEALTH SYSTEMS ENGAGE CONSUMERS IN MEANINGFUL WAYS TO ACHIEVE HEALTH SYSTEM TRANSFORMATION, DRIVING BETTER HEALTH OUTCOMES AND BETTER BUSINESS RESULTS.THE DENTAL ACCESS PROJECT FOCUSES ON EXPANDING ACCESS TO ORAL HEALTHCARE BY WORKING WITH STATE ADVOCATES TO PROMOTE COVERAGE AND INNOVATIVE WORKFORCE SOLUTIONS. THE PROJECT AIMS TO EXPAND THE SUCCESSFUL DEPLOYMENT OF DENTAL THERAPISTS TO PROVIDE CARE TO RURAL AND LOW-INCOME POPULATIONS WITHOUT ACCESS TO DENTAL CARE.THE WOMEN'S HEALTH PROGRAM WORKS TO DEFEND COVERAGE GAINS, AND TO IMPROVE ACCESS TO A WIDE RANGE OF HEALTH CARE SERVICES FOR WOMEN AND FAMILIES. THE PROJECT HAS A PARTICULAR FOCUS ON LIFTING UP THE VOICES OF WOMEN WHO ARE RARELY REPRESENTED IN HEALTH POLICY DISCUSSIONS, SUCH AS YOUNG WOMEN, WOMEN OF COLOR, IMMIGRANT WOMEN, OLDER WOMEN, LOW-INCOME WOMEN, TRANSGENDER PEOPLE, AND LESBIANS. THE SUBSTANCE USE DISORDERS AND JUSTICE-INVOLVED POPULATIONS PROGRAM WORKS TO BUILDS BROAD BASED ADVOCACY FOR NEW AND PROVEN STRATEGIES TO ADDRESS ADDICTION AND OTHER MISUSE OF DRUGS AND ALCOHOL. WE HELP PEOPLE LEAD HEALTHIER LIVES BY IMPROVING THE QUALITY OF AND ACCESS TO HEALTH SERVICES AND COMMUNITY SUPPORTS. THESE SERVICES RANGE FROM PREVENTION AND TREATMENT TO HOUSING AND TRANSPORTATION. THE CONSUMER SOLUTIONS FOR HEALTH EQUITY PROGRAM SEEKS TO MAKE LOCAL HEALTH CARE SYSTEMS MORE RESPONSIVE TO THE NEEDS OF THE COMMUNITY BY ELEVATING THE VOICES, STORIES, AND PRIORITIES OF PEOPLE WHO DESERVE A SEAT AT THE TABLE. WITH FUNDING SUPPORT FROM THE ROBERT WOOD JOHNSON FOUNDATION, CSHE PROVIDES GRASSROOTS ORGANIZATIONS WITH RESOURCES NEEDED TO INCREASE THEIR ABILITY TO ORGANIZE MEMBERS, BUILD PARTNERSHIPS WITH OTHER CONSTITUENCIES, AND DEVELOP EFFECTIVE COMMUNICATION-ALL OF WHICH ARE CRITICAL TO SHARED DECISION-MAKING.OPEN ENROLLMENT OUTREACH, AWARENESS AND EDUCATION INITIATIVE, CCI SERVES AS THE NATIONAL COORDINATING ORGANIZATION FOR AN EFFORT TO SPREAD AWARENESS ABOUT THE OPEN ENROLLMENT PERIOD AND SPECIAL ENROLLMENT PERIOD. THROUGH THIS PROJECT, THE ORGANIZATION CREATES PLAIN-LANGUAGE CONSUMER-FACING MATERIALS ADVERTISING THE OPEN ENROLLMENT PERIOD AND SPECIAL ENROLLMENT PERIOD. MATERIALS EMPHASIZE KEY MESSAGES AROUND FINANCIAL ASSISTANCE, IN-PERSON HELP AND THE SHORTENED OPEN ENROLLMENT PERIOD. MATERIALS ARE ALSO TAILORED TO TARGET KEY POPULATIONS WHO MAY BE ELIGIBLE FOR MARKETPLACE COVERAGE INCLUDING YOUNG ADULTS, IMMIGRANT COMMUNITIES, PERSONS OF COLOR AND PERSONS WHO IDENTIFY AS LGBTQ. MATERIALS ARE IN VARIOUS LANGUAGES INCLUDING ENGLISH, SPANISH, KOREAN, CHINESE, VIETNAMESE, TONGAN AND MARSHALLESE.THE RESTUCCIA HEALTH JUSTICE FELLOWSHIP IS DEDICATED TO SUPPORTING THE GROWTH AND REACH OF DIVERSE ADVOCACY ORGANIZATIONS AND THEIR LEADERSHIP TEAMS SITUATED AT THE INTERSECTION OF HEALTH EQUITY, RACIAL JUSTICE, AND ORGANIZATIONAL TRANSFORMATION. THE FELLOWSHIP'S PRIMARY OBJECTIVE IS TO EQUIP DIVERSE TEAMS WITHIN LOCAL, STATE, AND NATIONAL HEALTH ADVOCACY ORGANIZATIONS WITH THE TOOLS, RESOURCES, AND TEAMWORK THEY NEED TO TRANSFORM THEIR ORGANIZATIONS. FROM THIS, THESE ORGANIZATIONS WILL BE ABLE TO TAKE GREATER STRIDES TOWARDS HEALTH EQUITY AND RACIAL JUSTICE.VOICES FOR HEALTH JUSTICE PROJECT IS BUILDING THE POWER OF HEALTH CARE CONSUMER ADVOCATES WITH A FOCUS ON GRASSROOTS ORGANIZING, RACIAL JUSTICE AND ANTI-RACISM. THE PROJECT PROVIDES 25 PROJECT GRANTEES ACROSS 24 STATES FINANCIAL RESOURCES AND TECHNICAL ASSISTANCE BASED ON COMMUNITY CATALYST'S SYSTEM OF ADVOCACY. EACH OF THESE 25 PROJECTS EMPHASIZES BUILDING THE POWER OF PEOPLE AT THE GRASSROOTS LEVEL TO DEMAND AND WIN HEALTH SYSTEM POLICY CHANGE AT THE NATIONAL, STATE AND LOCAL LEVEL.

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

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

4e **Total program service expenses** ▶ 32,697,110

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	142		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

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** 116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
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**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶MAHESH BHATIA ONE FEDERAL STREET BOSTON,MA 02110 (617) 338-6035

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) EMILY STEWART EXECUTIVE DIRECTOR	40.00			X				271,159	0	15,644
(2) ALBERT YEE SENIOR PROJECT ADVISOR	30.00					X		219,316	0	11,805
(3) MAHESH BHATIA SENIOR DIR. OF FINANCE	40.00			X				198,241	0	35,398
(4) DANA CLARKE SR. DIR., OPERATIONS & MGMT	40.00			X				193,210	0	35,863
(5) TRAYMANESHA LAMY SR. DIR PROGRAMS & ADVOCACY	40.00					X		175,322	0	37,622
(6) RENEE MARKUS HODIN SR STRATEGIC ADV-FORMER	40.00						X	161,028	0	9,800
(7) STACEY WRIGHT SR. DIR. OF EQUITY & ENGMENT	40.00					X		159,318	0	37,622
(8) REBECCA THIBAULT DIRECTOR OF DEVELOPMENT	40.00					X		152,765	0	33,736
(9) KEITT SHEREE PR. DIR-VACCINE EQUITY & ACCESS PROG.	40.00					X		130,197	0	35,860
(10) ROBERT PHILLIPS MPA MPH CHAIR/DIRECTOR	2.00	X		X				0	0	0
(11) DIANE MACDONALD MPA TREAS/DIR-FORMER AS OF 12/22	2.00	X		X				0	0	0
(12) MARK SCHLESINGER PHD SECRETARY/DIRECTOR	2.00	X		X				0	0	0
(13) ANTHONY SO MD DIRECTOR	2.00	X						0	0	0
(14) ANTON J GUNN MWSCDM CSP DIRECTOR	2.00	X						0	0	0
(15) DAN MCGRATH DIRECTOR	2.00	X						0	0	0
(16) JOIA CREAR-PERRY MD DIRECTOR	2.00	X						0	0	0
(17) KAREN HICKS DIRECTOR	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) KATHERINE S VILLERS DIRECTOR	2.00	X						0	0	0
(19) KIMA JOY TAYLOR MD DIRECTOR	2.00	X						0	0	0
(20) WENDY WARRING JD DIRECTOR	2.00	X						0	0	0
(21) TSHOMBRE HUBBARD TREASURER/DIR. AS OF 12/22	2.00	X		X				0	0	0
(22) VANESSA GONZALEZ MPW MPA DIRECTOR	2.00	X						0	0	0
(23) YVONNE GUTIERREZ DIRECTOR	2.00	X						0	0	0
(24) LINA HOURANI-HARAJLI DIRECTOR	2.00	X						0	0	0
(25) OLIVER KIM DIRECTOR	2.00	X						0	0	0
(26) KIRAN SAVAGE-SANGWAN DIRECTOR	2.00	X						0	0	0

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	1,660,556	0	253,350

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
YOUNG INVINCIBLES 1201 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	PROGRAM CONSULTING	1,135,000
NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD 108-62 LOS ANGELES, CA 90010	PROGRAM CONSULTING	802,000
JONES PUBLIC AFFAIRS INC 1101 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20036	PROGRAM CONSULTING	500,000
LEADINGAGE INC 2519 CONNECTICUT AVE NW WASHINTON, DC 20008	PROGRAM CONSULTING	353,773
MANATT PHELPS & PHILLIPS LLP 2049 CENTURY PARK EAST SUITE 1700 LOS ANGELES, CA 90067	LEGAL AND PROGRAM CONSULTING	350,375

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1 6

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,260,782		
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶		32,260,782		

Program Service Revenue	Business Code				
2a SERVICE FEES	541900	1,008,292	1,008,292		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	1,008,292				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		463,685			463,685
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		
d Net rental income or (loss) . . . . . ▶			

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	6,375,140					
b Less: cost or other basis and sales expenses	7b	6,759,071					
c Gain or (loss)	7c	-383,931					
d Net gain or (loss) . . . . . ▶				-383,931			-383,931

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					

	Business Code				
11a RECOVERY OF UNCOLLECTIBLE PLEDGES	900099	126,166			126,166
b OTHER REVENUE	900099	4,690			4,690
OtherRevenueMiscAmt c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		130,856			
12 **Total revenue.** See instructions . . . . ▶		33,479,684	1,008,292	0	210,610

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,202,766	17,202,766		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	667,807	466,129	190,325	11,353
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	7,587,903	5,318,573	1,799,287	470,043
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,707,512	1,161,030	476,307	70,175
10 Payroll taxes	642,910	450,973	156,174	35,763
11 Fees for services (non-employees):				
a Management				
b Legal	109,920		109,920	
c Accounting	70,912		70,912	
d Lobbying	91,517		91,517	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,699,132	7,688,928	979,987	30,217
12 Advertising and promotion	2,023	364	1,554	105
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	411,242	24,636	386,606	
17 Travel	67,446	35,054	30,993	1,399
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	254,034	186,243	67,791	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,256		54,256	
23 Insurance	36,669		36,669	
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 COMMUNICATIONS	735,737	110,464	519,406	105,867
b DUES AND SUBSCRIPTIONS	205,608	35,199	164,033	6,376
c LICENSE AND OTHER FEES	119,518	38	118,582	898
d EQUIPMENT	44,188	9,339	32,302	2,547
e All other expenses	46,717	7,374	35,555	3,788
25 **Total functional expenses.** Add lines 1 through 24e	38,757,817	32,697,110	5,322,176	738,531
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		47,332,379	1	13,219,698
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		8,103,609	3	6,732,284
	4	Accounts receivable, net		320,204	4	423,103
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		104,554	9	70,091
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 499,815			
	b	Less: accumulated depreciation	10b 418,428	135,643	10c	81,387
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		186,882	12	27,147,661
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		162,391	15	1,592,600
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		56,345,662	16	49,266,824
Liabilities	17	Accounts payable and accrued expenses		1,219,904	17	1,548,693
	18	Grants payable		2,073,265	18	1,968,649
	19	Deferred revenue		1,094,185	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		256,006	25	1,659,873
	26	**Total liabilities.** Add lines 17 through 25		4,643,360	26	5,177,215
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		27,706,378	27	28,947,371
	28	Net assets with donor restrictions		23,995,924	28	15,142,238
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		51,702,302	32	44,089,609
	33	Total liabilities and net assets/fund balances		56,345,662	33	49,266,824

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,479,684
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,757,817
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,278,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,702,302
5	Net unrealized gains (losses) on investments	5	-2,334,560
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	44,089,609

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	18,088,379	12,260,661	28,021,606	62,189,152	31,630,247	152,190,045
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	18,088,379	12,260,661	28,021,606	62,189,152	31,630,247	152,190,045
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						60,719,886
6 **Public support.** Subtract line 5 from line 4.						91,470,159

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	18,088,379	12,260,661	28,021,606	62,189,152	31,630,247	152,190,045
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	113,501	86,197	74,884	55,845	463,685	794,112
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .			68,942	34,471	4,690	108,103
11 **Total support.** Add lines 7 through 10						153,092,260

12 Gross receipts from related activities, etc. (see instructions) **12** 6,013,874

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 59.750 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 61.250 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
COMMUNITY CATALYST INC	04-3355127

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**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.**

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	**Employer identification number**
COMMUNITY CATALYST INC	04-3355127

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,116	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	87,401	
c Total lobbying expenditures (add lines 1a and 1b)	91,517	
d Other exempt purpose expenditures	38,666,299	
e Total exempt purpose expenditures (add lines 1c and 1d)	38,757,816	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	85,847	75,634	80,613	91,517	333,611
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	6,795	14,069	10,188	4,116	35,168

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			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 expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ .....

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

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

	Yes	No
(i) Unrelated organizations	**3a(i)**	
(ii) Related organizations	**3a(ii)**	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		499,815	418,428	81,387
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				81,387

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATE OF DEPOSITS	27,147,661	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	27,147,661	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,659,873

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	31,145,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-2,334,560		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-2,334,560
3	Subtract line **2e** from line **1**			3	33,479,684
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	33,479,684

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	38,757,817
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	38,757,817
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	38,757,817

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS ORGANIZED AS A MASSACHUSETTS NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). THE ORGANIZATION IS ALSO EXEMPT FROM MASSACHUSETTS STATE TAXES. HOWEVER, THE ORGANIZATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. THE ORGANIZATION REGULARLY REVIEWS AND EVALUATES ITS TAX POSITIONS TAKEN IN ITS FILED RETURNS AND RECOGNIZES THE BENEFIT FROM A TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE POSITION WOULD BE SUSTAINED UPON AUDIT BASED SOLELY ON THE TECHNICAL MERITS OF THE TAX POSITION. THE ORGANIZATION FILES FEDERAL AND MASSACHUSETTS TAX RETURNS. THE STATUTE OF LIMITATIONS FOR THESE JURISDICTIONS IS GENERALLY THREE YEARS. THE ORGANIZATION HAS NO RETURNS UNDER EXAMINATION AS OF DECEMBER 31, 2022.
SCHEDULE D PART XI LINE 2D	UNCOLLECTIBLE PLEDGES $126,166

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: COMMUNITY CATALYST INC

Employer identification number: 04-3355127

Part I General Information on Grants and Assistance

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABOUNDING PROSPERITY INC 2311 MARTIN LUTHER KING JR BLVD DALLAS,TX 75215	20-3746990	501C3	95,500	0			SUPPORT HEALTH ISSUES
(2) ADAMS COMPASSIONATE HEALTHCARE NETWORK 4431 BROOKFIELD CORPORATE DR UNIT F CHANTILLY,VA 20151	46-1959130	501C3	52,500	0			SUPPORT HEALTH ISSUES
(3) AFRICAN CAREER EDUCATION & RESOURCES INC 6800 78TH AVENUE SUITE 101 MINNEAPOLIS,MN 55445	47-1207676	501C3	52,500	0			SUPPORT HEALTH ISSUES
(4) AFRICAN COMMUNITIES TOGETHER INC 127 WEST 127TH STREET SUITE 221 NEW YORK,NY 10027	46-1689772	501C3	270,000	0			SUPPORT HEALTH ISSUES
(5) AIDS TASKFORCE OF GREATER CLEVELAND 2829 EUCLID AVENUE CLEVELAND,OH 44115	34-1433612	501C3	57,500	0			SUPPORT HEALTH ISSUES
(6) ALABAMA ARISE PO BOX 1188 MONTGOMERY,AL 36101	63-1186365	501C3	284,500	0			SUPPORT HEALTH ISSUES
(7) AMERICAN ASSOCIATION ON HEALTH AND DISABILITY 110 N WASHINGTON STREET SUITE 407 ROCKVILLE,MD 20850	52-1864887	501C3	207,000	0			SUPPORT HEALTH ISSUES
(8) ARAB COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES (ACCESS) 2651 SAULINO COURT DEARBORN,MI 48120	23-7444497	501C3	202,500	0			SUPPORT HEALTH ISSUES
(9) AREA FIVE AGENCY ON AGING & COMMUNITY SERVICES INC 1801 SMITH STREET LOGANSPORT,IN 46947	23-7444508	501C3	31,250	0			SUPPORT HEALTH ISSUES
(10) ARIZONA CAREGIVER COALITION PO BOX 21623 PHOENIX,AZ 85036	46-5295415	501C3	7,000	0			SUPPORT HEALTH ISSUES
(11) ARKANSAS COALITION OF MARSHALLESE 614 EAST EMMA AVE SUITE 113 SPRINGDALE,AR 72764	35-2419968	501C3	57,500	0			SUPPORT HEALTH ISSUES
(12) ASIA PACIFIC CULTURAL CENTER 4851 SOUTH TACOMA WAY TACOMA,WA 98409	91-1854410	501C3	52,500	0			SUPPORT HEALTH ISSUES
(13) ASIAN & PACIFIC ISLANDER AMERICAN HEALT ONE KAISER PLAZA SUITE 850 OAKLAND,CA 94612	94-3030866	501C3	247,500	0			SUPPORT HEALTH ISSUES
(14) ASIAN AMERICAN COALITION FOR CHILDREN AND FAMILIES INC 50 BROAD STREET SUITE 1837 NEW YORK,NY 10004	13-3682471	501C3	20,000	0			SUPPORT HEALTH ISSUES
(15) ASIAN AMERICAN HEALTH COALITION OF THE GREATER HOUSTON AREA 7001 CORPORATE DR SUITE 120 HOUSTON,TX 77036	31-1756818	501C3	27,500	0			SUPPORT HEALTH ISSUES
(16) ASIAN COUNSELING AND REFERRAL SERVICE 3639 MARTIN LUTHER KING JR WAY S SEATTLE,WA 98144	91-0916176	501C3	27,000	0			SUPPORT HEALTH ISSUES
(17) BENEVOLENT SOCIETY 6100 14TH STREET DETROIT,MI 48208	85-2831854	501C3	57,500	0			SUPPORT HEALTH ISSUES
(18) BETTER FAMILY LIFE INC 5415 PAGE BLVD SAINT LOUIS,MO 63112	43-1346617	501C3	45,000	0			SUPPORT HEALTH ISSUES
(19) BLACK VOTERS MATTER CAPACITY BUILDING INSTITUTE 4751 BEST ROAD SUITE 490 ATLANTA,GA 30337	82-3835203	501C3	450,000	0			SUPPORT HEALTH ISSUES
(20) BLAQOUT INC 517 CAMPBELL STREET KANSAS CITY,MO 64106	82-1144166	501C3	57,500	0			SUPPORT HEALTH ISSUES
(21) BPSOS CENTER FOR COMMUNITY ADVANCEMENT INC 13950 MILTON AVE SUITE 301 WESTMINSTER,CA 92683	82-2413208	501C3	57,500	0			SUPPORT HEALTH ISSUES
(22) CASA INC (MARYLAND) 8151 15TH AVE HYATTSVILLE,MD 20783	52-1372972	501C3	100,500	0			SUPPORT HEALTH ISSUES
(23) CENTER FOR HEALTH PROGRESS PO BOX 18877 DENVER,CO 80218	43-2007393	501C3	117,500	0			SUPPORT HEALTH ISSUES
(24) CENTER FOR POPULAR DEMOCRACY INC 449 TROUTMAN STREET BROOKLYN,NY 11237	45-3813436	501C3	247,500	0			SUPPORT HEALTH ISSUES
(25) CENTERLINK INC PO BOX 24490 FORT LAUDERDALE,FL 333074490	52-2292725	501C3	180,000	0			SUPPORT HEALTH ISSUES
(26) CHILDREN'S ACTION ALLIANCE 3030 N 3RD ST SUITE 650 PHOENIX,AZ 85012	86-0594785	501C3	25,000	0			SUPPORT HEALTH ISSUES
(27) CHILDREN'S ALLIANCE 113 CHERRY ST SEATTLE,WA 981042205	91-0982879	501C3	25,000	0			SUPPORT HEALTH ISSUES
(28) CHILDREN'S DEFENSE FUND (NEW YORK) 840 FIRST STREET NE SUITE 300 WASHINGTON,DC 20002	52-0895622	501C3	20,000	0			SUPPORT HEALTH ISSUES
(29) CITIZEN ACTION OF WISCONSIN EDUCATION FUND 4716 W VLIET ST MILWAUKEE,WI 53208	39-1520619	501C3	232,500	0			SUPPORT HEALTH ISSUES
(30) COLORADO CENTER ON LAW AND POLICY 789 N SHERMAN STREET SUITE 300 DENVER,CO 80203	84-1264154	501C3	90,000	0			SUPPORT HEALTH ISSUES
(31) COLORADO CONSUMER HEALTH INITIATIVE 303 E 17TH AVE SUITE 400 DENVER,CO 80203	84-1145452	501C3	265,000	0			SUPPORT HEALTH ISSUES
(32) COMMUNITY CARE NETWORK OF KANSAS INC 700 SW JACKSON STREET TOPEKA,KS 66603	48-1110925	501C3	231,500	0			SUPPORT HEALTH ISSUES
(33) COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE 10TH FL NEW YORK,NY 10017	13-5562202	501C3	99,000	0			SUPPORT HEALTH ISSUES
(34) DETROIT RECOVERY PROJECT INC 1121 E MCNICHOLS HIGHLAND PARK,MI 48203	43-2078767	501C3	57,500	0			SUPPORT HEALTH ISSUES
(35) DISABILITY POLICY CONSORTIUM 25 KINGSTON STREET 4TH FLOOR BOSTON,MA 02111	04-3570281	501C3	45,000	0			SUPPORT HEALTH ISSUES
(36) DOLORES C HUERTA FOUNDATION PO BOX 2087 BAKERSFIELD,CA 93303	91-2145992	501C3	57,500	0			SUPPORT HEALTH ISSUES
(37) EL CENTRO INC 650 MINNESOTA AVENUE KANSAS CITY,KS 66101	36-2904073	501C3	228,000	0			SUPPORT HEALTH ISSUES
(38) EQUALITY STATE POLICY CENTER 419 S 5TH ST SUITE 1 LARAMIE,WY 82070	83-0305144	501C3	139,000	0			SUPPORT HEALTH ISSUES
(39) EVERTHRIVE ILLINOIS (IL MHC) ATTN KATHY WALIGORA CHICAGO,IL 60642	36-3651051	501C3	57,500	0			SUPPORT HEALTH ISSUES
(40) FARMWORKER JUSTICE FUND INC 1126 16TH ST NW SUITE LL-101 WASHINGTON,DC 20036	52-1196708	501C3	180,000	0			SUPPORT HEALTH ISSUES
(41) FLORIDA VOICES FOR HEALTH INC PO BOX 743094 BOYNTON BEACH,FL 33474	82-0921929	501C3	400,000	0			SUPPORT HEALTH ISSUES
(42) FRIENDS OF THE HIGHWOOD PUBLIC LIBRARY 102 HIGHWOOD AVE HIGHWOOD,IL 60040	83-4409594	501C3	57,500	0			SUPPORT HEALTH ISSUES
(43) FUND FOR SOUTHERN COMMUNITIES 4153-C FLAT SHOALS PARKWAY SUITE 314 DECATUR,GA 30034	58-1426028	501C3	57,500	0			SUPPORT HEALTH ISSUES
(44) FUSION PARTNERSHIPS INC 1601 GUILFORD AVE STE 2 SOUTH BALTIMORE,MD 21202	52-2148413	501C3	75,000	0			SUPPORT HEALTH ISSUES
(45) GEORGIA WATCH 55 MARIETTA ST NW ATLANTA,GA 30303	16-1639971	501C3	90,000	0			SUPPORT HEALTH ISSUES
(46) GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SE ATLANTA,GA 30303	26-3695851	501C3	609,500	0			SUPPORT HEALTH ISSUES
(47) HEALTH CARE FOR ALL INC ONE FEDERAL STREET BOSTON,MA 02110	04-3071598	501C3	185,500	0			SUPPORT HEALTH ISSUES
(48) HISPANIC COMMUNITY SERVICES INC 211 VANDYNE ST JONESBORO,AR 72401	68-0561016	501C3	26,250	0			SUPPORT HEALTH ISSUES
(49) HMONG AMERICAN CENTER INC 1109 NORTH 6TH STREET WAUSAU,WI 54403	39-1459824	501C3	100,500	0			SUPPORT HEALTH ISSUES
(50) HOOSIER ACTION RESOURCE CENTER INC 1461 W BLOOMFIELD RD BLOOMINGTON,IN 47403	83-4091031	501C3	100,000	0			SUPPORT HEALTH ISSUES
(51) ICNA RELIEF USA PROGRAMS INC 8791 144TH STREET JAMAICA,NY 11435	04-3810161	501C3	52,500	0			SUPPORT HEALTH ISSUES
(52) ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S WABASH AVE CHICAGO,IL 60604	36-3783551	501C3	84,250	0			SUPPORT HEALTH ISSUES
(53) JANNUS INC 1607 WJEFFERSON ST BOISE,ID 83702	81-6035382	501C3	34,412	0			SUPPORT HEALTH ISSUES
(54) KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM COURT LOUISVILLE,KY 40223	27-4557052	501C3	22,100	0			SUPPORT HEALTH ISSUES
(55) KOREAN RESOURCE CENTER INC KOREAN RESOURCE CENTER LOS ANGELES,CA 90019	95-3879699	501C3	57,500	0			SUPPORT HEALTH ISSUES
(56) LA CASITA CENTER INC 223 E MAGNOLIA AVE LOUISVILLE,KY 40208	74-3178408	501C3	100,500	0			SUPPORT HEALTH ISSUES
(57) LA CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND,CA 94623	94-1744108	501C3	57,500	0			SUPPORT HEALTH ISSUES
(58) LA UNION DEL PUEBLO ENTERO PO BOX 188 SAN JUAN,TX 78589	93-1029197	501C3	60,000	0			SUPPORT HEALTH ISSUES
(59) LESBIAN HEALTH INITIATIVE OF HOUSTON 401 BRANARD ST 2ND FLOOR HOUSTON,TX 77006	76-0438911	501C3	36,000	0			SUPPORT HEALTH ISSUES
(60) LGBT CENTER OF RALEIGH 19 W HARGETT ST SUITE 507 RALEIGH,NC 27601	26-2998186	501C3	100,500	0			SUPPORT HEALTH ISSUES
(61) LIVING INDEPENDENCE NETWORK CORPORATION INC 1878 WEST OVERLAND ROAD BOISE,ID 83705	82-0426465	501C3	7,000	0			SUPPORT HEALTH ISSUES
(62) MAINE PEOPLE'S RESOURCE CENTER 565 CONGRESS ST SUITE 200 PORTLAND,ME 04101	22-2586108	501C3	192,000	0			SUPPORT HEALTH ISSUES
(63) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN,NY 11237	11-3344389	501C3	72,500	0			SUPPORT HEALTH ISSUES
(64) MAKE THE ROAD STATES INC (CONNECTICUT) 850 STATE ST BRIDGEPORT,CT 06604	84-3988830	501C3	52,500	0			SUPPORT HEALTH ISSUES
(65) MAKE THE ROAD STATES INC (NEVADA) 301 GROVE STREET BROOKLYN,NY 11237	84-3988830	501C3	110,000	0			SUPPORT HEALTH ISSUES
(66) MARYLAND CITIZENS' HEALTH INITIATIVE EDUCATION FUND INC 2600 ST PAUL STREET BALTIMORE,MD 21218	52-2173223	501C3	100,000	0			SUPPORT HEALTH ISSUES
(67) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC 1035 14TH AVENUE NORTH NASHVILLE,TN 37208	62-1035426	501C3	57,500	0			SUPPORT HEALTH ISSUES
(68) MEDICARE RIGHTS CENTER INC 266 WEST 37TH STREET FL 3 NEW YORK,NY 10018	13-3505372	501C3	7,000	0			SUPPORT HEALTH ISSUES
(69) MEN STOPPING VIOLENCE INC 2785 LAWRENCEVILLE HIGHWAY SUITE 112 DECATUR,GA 30033	58-1618891	501C3	100,500	0			SUPPORT HEALTH ISSUES
(70) METRO NEW YORK HEALTH CARE FOR ALL 420 WEST 45TH STREET DC 1707 AFSCME NEW YORK,NY 10036	13-3870324	501C3	5,000	0			SUPPORT HEALTH ISSUES
(71) MIAMI WORKERS CENTER 745 NW 54 STREET MIAMI,FL 33127	65-0942224	501C3	57,500	0			SUPPORT HEALTH ISSUES
(72) MID-FLORIDA AREA AGENCY ON AGING 100 SW 75TH STREET GAINESVILLE,FL 32607	59-1777567	501C3	57,500	0			SUPPORT HEALTH ISSUES
(73) MISSISSIPPI BLACK WOMEN'S ROUNDTABLE 200 N CONGRESS ST JACKSON,MS 39289	83-1193631	501C3	72,500	0			SUPPORT HEALTH ISSUES
(74) MISSOURI RURAL CRISIS CENTER 1906 MONROE STREET COLUMBIA,MO 65201	43-1432033	501C3	60,000	0			SUPPORT HEALTH ISSUES
(75) MONTANA WOMEN VOTE 725 W ALDER ST SUITE 21 MISSOULA,MT 59802	81-0362732	501C3	49,500	0			SUPPORT HEALTH ISSUES
(76) NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE 1072 J R LYNCH ST STE 7 JACKSON,MS 392033352	64-6025998	501C4	75,000	0			SUPPORT HEALTH ISSUES
(77) NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS INC 215 W 125TH STREET SUITE 2 NEW YORK,NY 10027	13-3530740	501C3	57,500	0			SUPPORT HEALTH ISSUES
(78) NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM INC 13890 BRADDOCK ROAD SUITE 309 CENTREVILLE,VA 20121	11-3303986	501C3	57,500	0			SUPPORT HEALTH ISSUES
(79) NEW HORIZON MINISTRIES INC 3565 WHEATLEY STREET JACKSON,MS 39212	57-0899274	501C3	57,500	0			SUPPORT HEALTH ISSUES
(80) NEW JERSEY CITIZEN ACTION EDUCATION FUND 625 BROAD STREET SUITE 270 NEWARK,NJ 07102	22-2493628	501C3	225,000	0			SUPPORT HEALTH ISSUES
(81) NEW LIFE CONNECTION 4208 SIX FORKS ROAD SUITE 1047 RALEIGH,NC 27609	56-2043482	501C3	100,500	0			SUPPORT HEALTH ISSUES
(82) NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SW ALBUQUERQUE,NM 87102	85-0437960	501C3	184,250	0			SUPPORT HEALTH ISSUES
(83) NORTH CAROLINA AIDS ACTION NETWORK PO BOX 25044 RALEIGH,NC 27611	32-0323779	501C3	60,000	0			SUPPORT HEALTH ISSUES
(84) NORTH CAROLINA ALLIANCE FOR HEALTH CARE4CAROLINA DURHAM,NC 27703	81-4271401	501C3	30,000	0			SUPPORT HEALTH ISSUES
(85) NORTH CAROLINA JUSTICE CENTER 224 SOUTH DAWSON STREET RALEIGH,NC 27601	56-1348186	501C3	517,000	0			SUPPORT HEALTH ISSUES
(86) NORTH COLORADO HEALTH ALLIANCE 2930 11TH AVE EVANS,CO 80620	65-1189617	501C3	52,500	0			SUPPORT HEALTH ISSUES
(87) NORTHEAST OHIO BLACK HEALTH COALITION 18115 HARVARD AVENUE CLEVELAND,OH 44128	45-4643139	501C3	95,500	0			SUPPORT HEALTH ISSUES
(88) NORTHWEST HEALTH LAW ADVOCATES - C3 101 YESLER WAY SUITE 300 SEATTLE,WA 981042552	91-1961032	501C3	181,000	0			SUPPORT HEALTH ISSUES
(89) NUEVA ESPERANZA INC 4261 NORTH 5TH STREET PHILADELPHIA,PA 19140	23-2552707	501C3	57,500	0			SUPPORT HEALTH ISSUES
(90) OKLAHOMA POLICY INC 907 S DETROIT AVE SUITE 1005 TULSA,OK 74120	33-1178624	501C3	167,500	0			SUPPORT HEALTH ISSUES
(91) ONE VOICE INC 1072 J R LYNCH ST SUITE 7 JACKSON,MS 39203	02-0787550	501C3	202,500	0			SUPPORT HEALTH ISSUES
(92) PACIFIC ISLANDER HEALTH PARTNERSHIP 12912 BROOKHURST STREET 410 GARDEN GROVE,CA 92840	14-1911866	501C3	52,500	0			SUPPORT HEALTH ISSUES
(93) PALMETTO PROJECT INC 6296 RIVERS AVENUE SUITE 100 NORTH CHARLESTON,SC 29406	57-0807801	501C3	163,000	0			SUPPORT HEALTH ISSUES
(94) PARAQUAD INC 5240 OAKLAND AVENUE ST LOUIS,MO 63110	23-7112449	501C3	60,000	0			SUPPORT HEALTH ISSUES
(95) PARENT VOICES OAKLAND 5232 CLAREMONT AVE OAKLAND,CA 94618	45-3171972	501C3	100,000	0			SUPPORT HEALTH ISSUES
(96) PATIENTS R WAITING 3074 WEAVER ROAD LITITZ,PA 17543	84-4433433	501C3	52,500	0			SUPPORT HEALTH ISSUES
(97) PEER NETWORK OF NEW YORK CO VOCAL-NY 300 DOUGLASS STREET BROOKLYN,NY 11217	13-4094385	501C3	20,000	0			SUPPORT HEALTH ISSUES
(98) PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY ST PHILADELPHIA,PA 19102	47-4876589	501C3	212,000	0			SUPPORT HEALTH ISSUES
(99) PEOPLE'S ACTION INSTITUTE 1130 N MILWAUKEE AVENUE CHICAGO,IL 60642	36-2755109	501C3	270,000	0			SUPPORT HEALTH ISSUES
(100) PLANNED PARENTHOOD OF NORTHERN CENTRAL AND SOUTHERN NEW JERSEY INC 196 SPEEDWELL AVENUE MORRISTOWN,NJ 07960	22-1643997	501C3	57,500	0			SUPPORT HEALTH ISSUES
(101) RANDOLPH COUNTY CARING COMMUNITY INC 101 WEST COATES STREET SUITE 201 MOBERLY,MO 65270	52-2199775	501C3	52,500	0			SUPPORT HEALTH ISSUES
(102) RIVA REFUGEE & IMMIGRANT VOICES IN ACTION 2309 EUCLID AVENUE DES MOINES,IA 50310	46-1017191	501C3	100,500	0			SUPPORT HEALTH ISSUES
(103) RURAL WOMEN'S HEALTH PROJECT INC 1108 SW2ND AVE GAINESVILLE,FL 32604	59-3429511	501C3	100,500	0			SUPPORT HEALTH ISSUES
(104) SALVATION AND SOCIAL JUSTICE 32 COURTLAND STREET WOODBURY,NJ 08096	83-1019858	501C3	138,000	0			SUPPORT HEALTH ISSUES
(105) SGA YOUTH & FAMILY SERVICES 11 E ADAMS STREET SUITE 1500 CHICAGO,IL 60603	36-2167916	501C3	100,500	0			SUPPORT HEALTH ISSUES
(106) SHRIVER CENTER ON POVERTY LAW SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW CHICAGO,IL 60603	36-3151279	501C3	100,000	0			SUPPORT HEALTH ISSUES
(107) SOCIAL CAPITAL INC 165M NEW BOSTON ST SUITE 233 WOBURN,MA 01801	76-0703107	501C3	100,500	0			SUPPORT HEALTH ISSUES
(108) SOMALI COMMUNITY RESETTLEMENT SERVICES OF OLMSTED COUNTY 201 S LYNDALE AVE FARIBAULT,MN 55021	31-1668255	501C3	57,500	0			SUPPORT HEALTH ISSUES
(109) SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER SUE BERKOWITZ COLUMBIA,SC 29201	57-1035023	501C3	231,500	0			SUPPORT HEALTH ISSUES
(110) SOUTH CAROLINA ASSOCIATION OF COMMUNITY ACTION PARTNERSHIPS INC 2700 MIDDLEBURG DRIVE SUITE 213 COLUMBIA,SC 29204	55-0861643	501C3	163,000	0			SUPPORT HEALTH ISSUES
(111) SOUTH DAKOTA VOICES FOR PEACE (SDVFP) PO BOX 600 SIOUX FALLS,SD 57101	82-3171574	501C3	67,379	0			SUPPORT HEALTH ISSUES
(112) SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER 103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501C3	67,500	0			SUPPORT HEALTH ISSUES
(113) SOWEGA RISING INC 2407 CHERRY LAUREL LANE ALBANY,GA 31705	83-2761941	501C3	59,500	0			SUPPORT HEALTH ISSUES
(114) SPECIAL SERVICE FOR GROUPS INC 905 EAST 8TH STREET LOS ANGELES,CA 90021	95-1716914	501C3	57,500	0			SUPPORT HEALTH ISSUES
(115) SPECT-ACTORS COLLECTIVE 620 NW 8TH STREET GRESHAM,OR 97030	77-0661661	501C3	52,500	0			SUPPORT HEALTH ISSUES
(116) TENNESSEE DISABILITY COALITION PO BOX 90145 NASHVILLE,TN 37209	62-1447320	501C3	7,000	0			SUPPORT HEALTH ISSUES
(117) TENNESSEE HEALTH CARE CAMPAIGN 1423 KENSINGTON SQUARE COURT MURFREESBORO,TN 37130	58-1875599	501C3	102,100	0			SUPPORT HEALTH ISSUES
(118) TENNESSEE JUSTICE CENTER INC 211 SEVENTH AVENUE NORTH NASHVILLE,TN 37219	62-1630417	501C3	332,000	0			SUPPORT HEALTH ISSUES
(119) TEXAS ORGANIZING PROJECT EDUCATION FUND 700 S ZARZAMORA SAN ANTONIO,TX 78207	27-1481855	501C3	462,500	0			SUPPORT HEALTH ISSUES
(120) THE BLACK CHURCH AND DOMESTIC VIOLENCE INSTITUTE PO BOX 307 NORTH BEACH,MD 20714	58-2431213	501C3	57,500	0			SUPPORT HEALTH ISSUES
(121) THE COMMON GROUND PROJECT FLORIDA INC 2578 FLORIDIANE DR MELBOURNE,FL 32935	85-0508143	501C3	52,500	0			SUPPORT HEALTH ISSUES
(122) THE CONCILIO 650 FORT WORTH AVE SUITE 250 DALLAS,TX 75208	75-1770140	501C3	100,500	0			SUPPORT HEALTH ISSUES
(123) THE CONNECTICUT ORAL HEALTH INITIATIVE PAREESA CHARMCHI GOODWIN STURBRIDGE,MA 01566	52-2380576	501C3	35,000	0			SUPPORT HEALTH ISSUES
(124) THE JED FOUNDATION 530 7TH AVE STE 801 NEW YORK,NY 10018	13-4131139	501C3	20,000	0			SUPPORT HEALTH ISSUES
(125) THE RHODE ISLAND ORGANIZING PROJECT 134 MATHEWSON ST PROVIDENCE,RI 02903	05-0482387	501C3	50,000	0			SUPPORT HEALTH ISSUES
(126) TOGETHER LOUISIANA 3401 CANAL ST NEW ORLEANS,LA 70119	85-2994623	501C3	57,500	0			SUPPORT HEALTH ISSUES
(127) TOTAL LIFESTYLE CHANGE INC 405 BENJAMIN CIRCLE FAYETTEVILLE,GA 30214	91-2151937	501C3	57,500	0			SUPPORT HEALTH ISSUES
(128) TRUE ALLIANCE CENTER INC 1550 BLUE HILL AVE MATTAPAN,MA 02126	27-3114465	501C3	22,500	0			SUPPORT HEALTH ISSUES
(129) UHCAN OHIO 360 S 3RD STREET COLUMBUS,OH 43215	31-1542417	501C3	22,100	0			SUPPORT HEALTH ISSUES
(130) UNIDOSUS 1126 16TH ST NW 600 WASHINGTON,DC 200364845	86-0212873	501C3	270,000	0			SUPPORT HEALTH ISSUES
(131) UNITED WAY INC UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT HARTFORD,CT 06106	06-0646653	501C3	57,500	0			SUPPORT HEALTH ISSUES
(132) URBAN AFFAIRS COALITION 1207 CHESTNUT STREET FL 7TH PHILADELPHIA,PA 19107	23-7046393	501C3	57,500	0			SUPPORT HEALTH ISSUES
(133) UTAH HEALTH POLICY PROJECT 2369 W ORTON CIR STE 20 WEST VALLEY CITY,UT 84119	87-0684606	501C3	70,588	0			SUPPORT HEALTH ISSUES
(134) VALLE DEL SOL INC 3807 N 7TH STREET PHOENIX,AZ 85014	86-0251255	501C3	31,250	0			SUPPORT HEALTH ISSUES
(135) VIRGINIA INTERFAITH CENTER FOR PUBLIC POLICY 1716 E FRANKLIN ST RICHMOND,VA 23223	54-1362857	501C3	100,500	0			SUPPORT HEALTH ISSUES
(136) VIRGINIA ORGANIZING INC 703 CONCORD AVENUE CHARLOTTESVILLE,VA 229035208	54-1674992	501C3	120,000	0			SUPPORT HEALTH ISSUES
(137) VIRGINIA POVERTY LAW CENTER INC 919 E MAIN STREET SUITE 610 RICHMOND,VA 23219	54-1093402	501C3	12,500	0			SUPPORT HEALTH ISSUES
(138) WABANAKI PUBLIC HEALTH & WELLNESS NPC 1 MERCHANTS PLAZA SUITE 401 PO BOX 1356 BANGOR,ME 04401	04-3337456	501C3	5,000	0			SUPPORT HEALTH ISSUES
(139) WAVES AHEAD CORP 1149 AVE AMERICO MIRANDA SAN JUAN,PR 00921	66-0886812	501C3	57,500	0			SUPPORT HEALTH ISSUES
(140) WE GET 2 GIVE INC 13111 OLD FLETCHERTOWN ROAD BOWIE,MD 20720	83-0660660	501C3	57,500	0			SUPPORT HEALTH ISSUES
(141) WEST VIRGINIANS FOR AFFORDABLE HEALTH CARE - C3 POST OFFICE BOX 948 CHARLESTON,WV 25323	20-3919052	501C3	22,100	0			SUPPORT HEALTH ISSUES
(142) WISCONSIN ALLIANCE FOR WOMEN'S HEALTH 147 S BUTLER ST 1ST FLOOR MADISON,WI 53701	80-0287566	501C3	2,000	0			SUPPORT HEALTH ISSUES
(143) WOMEN WITH A VISION INC 2028 ORETHA CASTLE HALEY BLVD NEW ORLEANS,LA 70119	72-1202185	501C3	67,500	0			SUPPORT HEALTH ISSUES
(144) WV FREE 1217 QUARRIER ST CHARLESTON,WV 25339	55-0715930	501C3	71,500	0			SUPPORT HEALTH ISSUES
(145) YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SAN ANTONIO AND BEXAR COUNTY 503 CASTROVILLE RD SAN ANTONIO,TX 78237	74-1143135	501C3	95,500	0			SUPPORT HEALTH ISSUES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 145

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION MONITORS THE FUNDS BY REQUIRING ALL GRANT RECIPIENTS TO SUBMIT QUARTERLY REPORTS, SITE VISITS, DISCUSSIONS, AND RELATED FOLLOW UP VIA TELECONFERENCES AND EMAIL COMMUNICATION.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EMILY STEWART EXECUTIVE DIRECTOR	(i)	271,159	0	0	12,972	2,672	286,803	0
	(ii)	0	0	0	0	0	0	0
2 ALBERT YEE SENIOR PROJECT ADVISOR	(i)	219,316	0	0	9,392	2,413	231,121	0
	(ii)	0	0	0	0	0	0	0
3 MAHESH BHATIA SENIOR DIR. OF FINANCE	(i)	198,241	0	0	10,000	25,398	233,639	0
	(ii)	0	0	0	0	0	0	0
4 DANA CLARKE SR. DIR., OPERATIONS & MGMT	(i)	193,210	0	0	10,450	25,413	229,073	0
	(ii)	0	0	0	0	0	0	0
5 TRAYMANESHA LAMY SR. DIR PROGRAMS & ADVOCACY	(i)	175,322	0	0	7,982	29,640	212,944	0
	(ii)	0	0	0	0	0	0	0
6 RENEE MARKUS HODIN SR STRATEGIC ADV-FORMER	(i)	161,028	0	0	7,627	2,173	170,828	0
	(ii)	0	0	0	0	0	0	0
7 STACEY WRIGHT SR. DIR. OF EQUITY & ENGMENT	(i)	159,318	0	0	7,982	29,640	196,940	0
	(ii)	0	0	0	0	0	0	0
8 REBECCA THIBAULT DIRECTOR OF DEVELOPMENT	(i)	152,765	0	0	8,500	25,236	186,501	0
	(ii)	0	0	0	0	0	0	0
9 KEITT SHEREE PR. DIR-VACCINE EQUITY & ACCESS PROG	(i)	130,197	0	0	6,438	29,422	166,057	0
	(ii)	0	0	0	0	0	0	0
10 DIANE MACDONALD MPA TREAS/DIR-FORMER AS OF 12/22	(i)	0	0	0	0	0		0
	(ii)	0	0	0	0	0		0

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER BEFORE FILING. ANY QUESTIONS AND/OR COMMENTS ARE SENT TO THE AUDIT COMMITTEE FOR RESOLUTION WITH MANAGEMENT. ONCE ALL QUESTIONS/ISSUES ARE SATISFACTORILY RESOLVED AND EACH BOARD MEMBER HAS VOTED TO ACCEPT THE FORM 990, IT IS FILED ELECTRONICALLY WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS SIGN AN ANNUAL STATEMENT DECLARING THAT THEY RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTOOD THE POLICY, AGREED TO COMPLY WITH THE POLICY, AND UNDERSTOOD THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, IT MAY APPOINT AN INDEPENDENT PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES. AFTER EXERCISING DUE DILIGENCE, THE BOARD MUST DETERMINE, BY A MAJORITY VOTE, WHETHER THE TRANSACTION OR AN ALTERNATIVE IS 1.) IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT, 2.) FAIR AND REASONABLE TO THE ORGANIZATION, AND 3.) THE MOST ADVANTAGEOUS TRANSACTION THE ORGANIZATION CAN OBTAIN UNDER THE CIRCUMSTANCES. THE INTERESTED PERSON MUST RECUSE HIM/HERSELF FROM THE DETERMINATION OF WHETHER THE FINANCIAL INTEREST MAY RESULT IN A CONFLICT OF INTEREST AND IN THE RESOLUTION OF SUCH A CONFLICT. IF IT IS DETERMINED THAT AN OFFICER OR A DIRECTOR VIOLATED THE POLICY, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY ACTION AGAINST THE INTERESTED PERSON INCLUDING, BUT NOT LIMITED TO, THE REMOVAL FROM THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ESTABLISH COMPENSATION FOR THE EXECUTIVE DIRECTOR BY REVIEWING SALARY INFORMATION FROM COMPARABLE ORGANIZATIONS CONTAINED IN RECENT SALARY SURVEYS. MANAGEMENT COMPENSATION IS REVIEWED ANNUALLY AND COMPARED TO ORGANIZATIONS OF SIMILAR SIZE, MISSION AND GEOGRAPHICAL LOCATION USING COMPARABILITY DATA. THE ORGANIZATION HAS AN INDEPENDENT COMPENSATION COMMITTEE WHICH COLLECTS AND EVALUATES ANNUALLY OUTSIDE DATA FOR COMPENSATION. THAT COMMITTEE VOTES ON THE EXECUTIVE COMPENSATION OF KEY EMPLOYEES ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST AND ALSO ON THE WEBSITE OF THE MASSACHUSETTS DIVISION OF PUBLIC CHARITIES.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON REQUEST; GUIDESTAR.ORG; MASS. ATTORNEY GENERAL WEBSITE - HTTP://WWW.CHARITIES.AGO.STATE.MA.US/CHARITIES/ AND OTHER SIMILAR TYPES OF WEBSITES.
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 29,896. MANAGEMENT AND GENERAL EXPENSES 143,534. FUNDRAISING EXPENSES 28,147. TOTAL EXPENSES 201,577. PROGRAM CONSULTING: PROGRAM SERVICE EXPENSES 7,647,727. MANAGEMENT AND GENERAL EXPENSES 658,337. FUNDRAISING EXPENSES 2,070. TOTAL EXPENSES 8,308,134. TEMPORARY SERVICES: PROGRAM SERVICE EXPENSES 11,305. MANAGEMENT AND GENERAL EXPENSES 178,116. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 189,421.
FORM 990, PAGE 12, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) COMMUNITY CATALYST ACTION FUND INC ONE FEDERAL STREET BOSTON, MA 02110 30-0687494	HEALTH CARE POLICIES	MA	501(C)(4)		N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) COMMUNITY CATALYST ACTION FUND INC	O	66,092	FMV
(2) COMMUNITY CATALYST ACTION FUND INC	Q	36,545	FMV

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproportionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2021

Additional Data

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Software ID:

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