

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
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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 \$ 31,366,950

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

1 Briefly describe the organization's mission or most significant activities:
COMMUNITY CATALYST INC. ("CCI") IS A LEADING NON-PROFIT NATIONAL HEALTH ADVOCACY ORGANIZATION DEDICATION TO ADVANCING A MOVEMENT FOR HEALTH EQUITY AND JUSTICE. CCI PARTNERS WITH LOCAL, STATE AND NATIONAL ADVOCATES TO LEVERAGE AND BUILD POWER SO ALL PEOPLE CAN INFLUENCE DECISIONS THAT AFFECT THEIR HEALTH. HEALTH SYSTEMS WILL NOT BE ACCOUNTABLE TO PEOPLE WITHOUT A FULLY ENGAGED AND ORGANIZED COMMUNITY VOICE. THAT'S WHY CCI WORKS EVERY DAY TO ENSURE PEOPLE'S INTERESTS ARE REPRESENTED WHEREVER IMPORTANT DECISIONS ABOUT HEALTH AND HEALTH CARE ARE MADE: IN COMMUNITIES, STATE HOUSES AND ON CAPITOL HILL. CCI'S PRIMARY OFFICE IS LOCATED IN BOSTON, MASSACHUSETTS WITH OTHER OFFICES IN NEW YORK.

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	90
6 Total number of volunteers (estimate if necessary)	6	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,192,846	28,698,049
9 Program service revenue (Part VIII, line 2g)	984,374	1,566,817
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,608	74,884
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,650	68,942
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,247,178	30,408,692
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,062,864	12,845,231
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)	6,824,751	7,087,859
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶282,550		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,081,691	6,076,443
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,969,306	26,009,533
19 Revenue less expenses. Subtract line 18 from line 12	-4,722,128	4,399,159

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,163,216	27,551,542
21 Total liabilities (Part X, line 26)	2,099,753	4,091,188
22 Net assets or fund balances. Subtract line 21 from line 20	19,063,463	23,460,354

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: 2021-08-19

EMILY STEWART EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-08-04

Check if self-employed PTIN: P00030126

Firm's name ▶ JOHNSON OCONNOR 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:

COMMUNITY CATALYST INC. ("CCI") IS A LEADING NON-PROFIT NATIONAL HEALTH ADVOCACY ORGANIZATION DEDICATION TO ADVANCING A MOVEMENT FOR HEALTH EQUITY AND JUSTICE. CCI PARTNERS WITH LOCAL, STATE AND NATIONAL ADVOCATES TO LEVERAGE AND BUILD POWER SO ALL PEOPLE CAN INFLUENCE DECISIONS THAT AFFECT THEIR HEALTH. HEALTH SYSTEMS WILL NOT BE ACCOUNTABLE TO PEOPLE WITHOUT A FULLY ENGAGED AND ORGANIZED COMMUNITY VOICE. THAT'S WHY CCI WORKS EVERY DAY TO ENSURE PEOPLE'S INTERESTS ARE REPRESENTED WHEREVER IMPORTANT DECISIONS ABOUT HEALTH AND HEALTH CARE ARE MADE: IN COMMUNITIES, STATE HOUSES AND ON CAPITOL HILL. CCI'S PRIMARY OFFICE IS LOCATED IN BOSTON, MASSACHUSETTS WITH OTHER OFFICES IN NEW YORK.

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 \$ 22,652,175 including grants of \$ 425,000) (Revenue \$ 1,566,817)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$ 945,000) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$ 750,000) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ 10,725,231) (Revenue \$)

4e Total program service expenses ▶ 22,652,175

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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 90
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 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: 4b
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 Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Yes
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? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, PA, DC, GA, MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE S VILLERS PRESIDENT/DIRECTOR	2.00	X		X			0	0	0	
(2) WENDY WARRING JD CHAIR/DIRECTOR	2.00	X		X			0	0	0	
(3) DIANE MACDONALD MPA TREASURER/DIRECTOR	2.00	X		X			0	0	0	
(4) MARK SCHLESINGER PHD SECRETARY/DIRECTOR	2.00	X		X			0	0	0	
(5) JOIA CREAR-PERRY MD DIRECTOR	2.00	X					0	0	0	
(6) ANTON J GUNN MWSCDM CSP DIRECTOR	2.00	X					0	0	0	
(7) KARIN HICKS DIRECTOR	2.00	X					0	0	0	
(8) DAN MCGRATH DIRECTOR	2.00	X					0	0	0	
(9) ROBERT PHILLIPS MPA MPH DIRECTOR	2.00	X					0	0	0	
(10) ANTHONY SO MD DIRECTOR	2.00	X					0	0	0	
(11) KIMA JOY TAYLOR MD DIRECTOR	2.00	X					0	0	0	
(12) NANCY A WHITELAW PHD DIRECTOR	2.00	X					0	0	0	
(13) AMY ROSENTHAL DIRECTOR	2.00	X					0	0	0	
(14) EMILY STEWART EXECUTIVE DIRECTOR	40.00			X			240,000	0	6,300	
(15) MAHESH BHATIA SENIOR DIRECTOR OF FINANCE	40.00			X			160,000	0	9,347	
(16) ALBERT YEE SENIOR PROJECT ADVISOR	40.00				X		177,989	0	3,036	
(17) ANN HWANG DIRECTOR, CENTER FOR CONSU	40.00				X		173,189	0	5,858	

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include: Contributions, Gifts, Grants and Other Similar Amounts (1a-1g); Program Service Revenue (2a-2f); Other Revenue (3-12). Total revenue: 30,408,692.

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	12,845,231	12,845,231		
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	1,018,803	711,124	290,359	17,320
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,688,202	3,612,481	960,764	114,957
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	962,573	708,919	231,389	22,265
10 Payroll taxes	418,281	330,628	76,560	11,093
11 Fees for services (non-employees):				
a Management				
b Legal	64,670	50,567	12,721	1,382
c Accounting	37,346	1,050	35,990	306
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,781,572	3,689,325	991,183	101,064
12 Advertising and promotion	2,104		37	2,067
13 Office expenses	24,928	24,769		159
14 Information technology	187,289	5,268	180,485	1,536
15 Royalties				
16 Occupancy	529,712	406,912	115,729	7,071
17 Travel	51,305	38,572	12,733	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,848	48,142	15,706	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,256	37,892	15,489	875
23 Insurance	30,241	20,291	9,462	488
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 BAD DEBT EXPENSE	66,947	0	66,947	0
b EQUIPMENT	62,052	40,525	21,527	0
c DUES AND SUBSCRIPTIONS	46,356	31,715	14,023	618
d COMMUNICATIONS	41,295	30,012	9,934	1,349
e All other expenses	32,522	18,752	13,770	
25 Total functional expenses. Add lines 1 through 24e	26,009,533	22,652,175	3,074,808	282,550
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 <input type="checkbox"/> 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	15,038,423	1	19,944,407
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,943,025	3	6,115,303
	4 Accounts receivable, net	368,190	4	526,120
	5 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		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	204,855	7	166,183
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	207,459	9	245,470
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	499,815		
	b Less: accumulated depreciation	309,916		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,146,129	12	185,603
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,980	15	178,557
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,163,216	16	27,551,542	
Liabilities	17 Accounts payable and accrued expenses	1,244,111	17	1,360,212
	18 Grants payable	572,141	18	2,514,087
	19 Deferred revenue	99,351	19	
	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	184,150	25	216,889
	26 Total liabilities. Add lines 17 through 25	2,099,753	26	4,091,188
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,312,072	27	1,899,619
	28 Net assets with donor restrictions	17,751,391	28	21,560,735
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	19,063,463	32	23,460,354	
33 Total liabilities and net assets/fund balances	21,163,216	33	27,551,542	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,408,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,009,533
3	Revenue less expenses. Subtract line 2 from line 1	3	4,399,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,063,463
5	Net unrealized gains (losses) on investments	5	-2,268
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 (B))	10	23,460,354

Part XII Financial Statements and Reporting

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

- 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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 04-3355127

Name: COMMUNITY CATALYST INC

Form 990 (2020)

Form 990, Part III, Line 4a:

STATE CONSUMER HEALTH ADVOCACY PROGRAM (SCHAP) ENCOMPASSES PROJECTS AIMED AT SUPPORTING AND EXPANDING THE CAPACITY OF HEALTH 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 ENCOMPASSES TOGETHER FOR MEDICAID, WHICH WORKS WITH ADVOCATES ACROSS THE COUNTRY TO SUPPORT STATE-BASED MEDICAID EXPANSION CAMPAIGNS, AND SOUTHERN HEALTH PARTNERS, WHICH WORKS WITH ADVOCACY ORGANIZATIONS IN 12 STATES TO APPLY A REGIONAL APPROACH STATE HEALTH POLICY ISSUES.

Form 990, Part III, Line 4b:

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 THE PEOPLE THEY SERVE BY ADVOCATING FOR POLICIES THAT REDUCE INEQUITIES AND IMPROVE HEALTH.

Form 990, Part III, Line 4c:

THE DENTAL ACCESS PROJECT FOCUSES ON EXPANDING ACCESS TO ORAL HEALTH CARE BY WORKING WITH STATE ADVOCATES TO PROMOTE 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.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ including grants of \$ 600,000) (Revenue \$)

THE SUBSTANCE USE DISORDERS AND JUSTICE-INVOLVED POPULATIONS PROGRAM WORKS TO BUILD BROAD BASED ADVOCACY FOR NEW AND PROVEN STRATEGIES TO ADDRESS ADDICTION AND OTHER MISUSE OF DRUGS AND ALCOHOL. THE PROGRAM HELPS PEOPLE LEAD HEALTHIER LIVES BY IMPROVING THE QUALITY OF AND ACCESS TO HEALTH SERVICES AND COMMUNITY SUPPORT. THESE SERVICES RANGE FROM PREVENTION AND TREATMENT TO HOUSING AND TRANSPORTATION.

(Code:) (Expenses \$ including grants of \$ 2,789,731) (Revenue \$)

THE HEALTH JUSTICE FUND, FORMERLY THE ACA IMPLEMENTATION FUND, IS A COLLABORATIVE FUNDING EFFORT BETWEEN CCI AND A NETWORK OF FUNDERS TO SUPPORT LOCAL AND STATE EFFORTS TO DRIVE CHANGE IN THE FIGHT FOR HEALTH CARE ACCESS, QUALITY AND EQUITY.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ including grants of \$ 7,252,500) (Revenue \$)

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 GRANTEEES 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.

(Code:) (Expenses \$ including grants of \$ 83,000) (Revenue \$)

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.

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

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 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,148,291	13,488,676	18,088,379	12,260,661	28,698,049	86,684,056
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	14,148,291	13,488,676	18,088,379	12,260,661	28,698,049	86,684,056
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) . . .						47,559,538
6 Public support. Subtract line 5 from line 4.						39,124,518

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	14,148,291	13,488,676	18,088,379	12,260,661	28,698,049	86,684,056
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	394,669	95,584	113,501	86,197	72,616	762,567
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						87,446,623
12 Gross receipts from related activities, etc. (see instructions)					12	5,140,419

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 2020 (line 6, column (f) divided by line 11, column (f))	14	44.740 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	42.940 %

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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? <i>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.</i>	Yes	No
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

SCHEDULE C
(Form 990 or 990-EZ)

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

2020
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 COMMUNITY CATALYST INC	Employer identification number 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)	14,069	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	61,565	
c Total lobbying expenditures (add lines 1a and 1b)	75,634	
d Other exempt purpose expenditures	26,033,899	
e Total exempt purpose expenditures (add lines 1c and 1d)	26,109,533	
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	936,099	144,688	1,000,000	1,000,000	3,080,787
b Lobbying ceiling amount (150% of line 2a, column(e))					4,621,181
c Total lobbying expenditures	262,762	146,419	85,847	75,634	570,662
d Grassroots nontaxable amount	250,000	249,461	250,000	250,000	999,461
e Grassroots ceiling amount (150% of line 2d, column (e))					1,499,192
f Grassroots lobbying expenditures	30,366	1,731	6,795	14,069	52,961

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)		(b)
	Yes	No	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
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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 2020 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	309,916	189,899
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				189,899

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	198,293
(3) COMMUNITY CATALYST, INC. -RELATED PARTY	11,096
(4) DUE TO HCFA	7,500
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	216,889

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	30,506,424
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,268	
b	Donated services and use of facilities	2b	100,000	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	97,732
3	Subtract line 2e from line 1		3	30,408,692
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	30,408,692

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	26,109,533
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	100,000	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	100,000
3	Subtract line 2e from line 1		3	26,009,533
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	26,009,533

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-3355127

Name: COMMUNITY CATALYST INC

Supplemental 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, 2020.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 88
3 Enter total number of other organizations listed in the line 1 table 1

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.
SCHEDULE I, PART I - GENERAL INFORMATION ON GRANTS AND ASSISTANCE	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

Software ID:
Software Version:
EIN: 04-3355127
Name: COMMUNITY CATALYST INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENCHMARKS 2609 ATLANTIC AVENUE STE 105 RALEIGH, NC 27604	56-1136423	501(C)(3)	12,000				SUPPORT HEALTH ISSUES
CENTER FOR HEALTH PROGRESS 1245 E COLFAX AVE 202 DENVER, CO 80218	46-2252984	501(C)(3)	452,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR POPULAR DEMOCRACY INC 1730 M STREET NW SUITE 1115 WASHINGTON, DC 20036	45-3813436	501(C)(3)	40,000				SUPPORT HEALTH ISSUES
CENTRO DE COMUNIDAD Y JUSTICIA 4696 W OVERLAND ROAD BOISE, ID 83705	84-1377975	501(C)(3)	312,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ALLIANCE 100 S KING ST SEATTLE, WA 98104	91-0982879	501(C)(3)	150,000				SUPPORT HEALTH ISSUES
CITIZEN ACTION OF WISCONSIN EDUCATION FUND 221 SOUTH 2ND STREET SUITE 300 MILWAUKEE, WI 53204	39-1520619	501(C)(3)	75,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CONSUMER HEALTH INITIATIVE 1420 N OGDEN ST 1A DENVER, CO 80218	84-1145452	501(C)(3)	75,000				SUPPORT HEALTH ISSUES
COMMUNITY CARE NETWORK OF KANSAS 700 SW JACKSON ST 600 TOPEKA, KS 66603	45-4158203	501(C)(3)	146,453				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE 10TH FL NEW YORK, NY 10017	13-5562202	501(C)(3)	50,000				SUPPORT HEALTH ISSUES
CONSUMER FOR AFFORDABLE HEALTH CARE PO BOX 2490 AUGUSTA, ME 04338	04-3366975	501(C)(3)	7,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO INC 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	60,000				SUPPORT HEALTH ISSUES
EVERTHRIVE ILLINOIS 1256 W CHICAGO AVE CHICAGO, IL 60642	36-3651051	501(C)(3)	75,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLORIDA VOICES FOR HEALTH INC PO BOX 743094 BOYNTON BEACH, FL 33474	82-0921929	501(C)(3)	200,000				SUPPORT HEALTH ISSUES
GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SE STE 806 ATLANTA, GA 30303	26-3695851	501(C)(3)	398,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTH ACCESS FOUNDATION 1127 11TH STREET SACRAMENTO, CA 95814	93-0957949	501(C)(3)	15,000				SUPPORT HEALTH ISSUES
HEALTH ACTION NEW MEXICO 3700 OSUNA RD NE 504 ALBUQUERQUE, NM 87109	85-0481860	501(C)(3)	7,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110	04-3071598	501(C)(3)	395,000				SUPPORT HEALTH ISSUES
JANNUS INC 1607 W JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	112,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KELLOGG ONE MICHIGAN AVE EAST BATTLE CREEK, MI 49017	38-1359264	501(C)(3)	-207,500				SUPPORT HEALTH ISSUES
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM COURT 108 LOUISVILLE, KY 40223	27-4557052	501(C)(3)	21,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAINE PEOPLE'S RESOURCE CENTER 565 CONGRESS STREET 200 PORTLAND, ME 04101	22-2586108	501(C)(3)	382,500				SUPPORT HEALTH ISSUES
MAKE THE ROAD NEW YORK 92-10 ROOSEVELT AVENUE BROOKLYN, NY 11237	11-3344389	501(C)(3)	100,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASSACHUSETTS SENIOR ACTION COUNCIL 108 MYRTLE ST QUINCY, MA 02171	04-2760902	501(C)(3)	157,500				SUPPORT HEALTH ISSUES
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN 125 HARTWELL AVE LEXINGTON, MA 02421	04-2103596	501(C)(3)	20,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI HEALTH CARE FOR ALL 3325 EMERALD LANE JEFFERSON CITY, MO 65109	43-1419937	501(C)(3)	382,567				SUPPORT HEALTH ISSUES
MISSOURI RURAL CRISIS CENTER 1108 RANGELINE STREET COLUMBIA, MO 65201	43-1432033	501(C)(3)	60,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MONTANA WOMEN VOTE 725 W ALDER STREET SUITE 2 MISSOULA, MT 59802	99-9999999	501(C)(3)	11,000				SUPPORT HEALTH ISSUES
NEBRASKA APPLESEED CENTER FOR LAW IN THE PUBLIC INTEREST INC 941 O STREET NO 920 LINCOLN, NE 68508	47-0798343	501(C)(3)	67,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW JERSEY CITIZEN ACTION EDUCATION FUND INC 625 BROAD STREET SUITE 270 NEWARK, NJ 07102	22-2493628	501(C)(3)	240,000				SUPPORT HEALTH ISSUES
NEW MEXICO CENTER ON LAW & POVERTY 924 PARK AVE SW ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	85,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH CAROLINA AIDS ACTION NETWORK PO BOX 25044 RALEIGH, NC 27611	32-0323779	501(C)(3)	60,000				SUPPORT HEALTH ISSUES
NORTH CAROLINA JUSTICE CENTER 3700 OSUNA RD NE NO 504 ALBUQUERQUE, NM 87102	85-0481860	501(C)(3)	244,300				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHWEST HEALTH LAW ADVOCATES 101 YESLER WAY SEATTLE, WA 98104	91-1961032	501(C)(3)	60,000				PSP - 07/15/21 01:39PM WORKSHEET SCHEDULE I
OKLAHOMA POLICY INC 907 SOUTH DETROIT AVENUE SUITE 1005 TULSA, OK 74120	33-1178624	501(C)(3)	173,224				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARAQUAD INC 5240 OAKLAND AVENUE SAINT LOUIS, MO 63110	23-7112449	501(C)(3)	60,000				SUPPORT HEALTH ISSUES
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY ST PHILADELPHIA, PA 19102	47-4876589	501(C)(3)	168,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RHODE ISLAND ORGANIZING PROJECT 134 MATHEWSON STREET PROVIDENCE, RI 02903	05-0482387	501(C)(3)	267,500				SUPPORT HEALTH ISSUES
SOLID GROUND WASHINGTON 1501 N 45TH ST SEATTLE, WA 98103	23-7421892	501(C)(3)	150,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TAKEACTION MINNESOTA EDUCATION FUND 705 RAYMOND AVE NO 100 SAINT PAUL, MN 55114	41-1635130	501(C)(3)	50,000				SUPPORT HEALTH ISSUES
TENNESSEE JUSTICE CENTER INC 211 7TH AVE N NO 100 NASHVILLE, TN 37219	62-1630417	501(C)(3)	113,716				SUPPORT HEALTH ISSUES

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THE CONNECTICUT ORAL HEALTH IN 175 MAIN ST HARTFORD, CT 06106	52-2380576	501(C)(3)	25,000				SUPPORT HEALTH ISSUES
UTAH HEALTH POLICY PROJECT 1832 RESEARCH WAY 60 W VALLEY CITY, UT 84119	87-0684606	501(C)(3)	145,398				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEST VIRGINIANS FOR AFFORDABLE HEALTH CARE 600 LEON SULLIVAN WAY NO 215 CHARLESTON, WV 25301	20-3919052	501(C)(3)	61,000				SUPPORT HEALTH ISSUES
WISCONSIN ALLIANCE FOR WOMENS HEALTH INC PO BOX 1726 MADISON, WI 53703	80-0287566	501(C)(3)	12,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WOMEN WITH A VISION INC PO BOX 1215 ATMORE, AL 36504	81-4165256	501(C)(3)	12,000				SUPPORT HEALTH ISSUES
WV FREE INCORPORATED PO BOX 11042 CHARLESTON, WV 25339	27-1552217	501(C)(3)	12,000				SUPPORT HEALTH ISSUES

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AGEOPTIONS 1048 LAKE ST 300 OAK PARK, IL 60301	36-2806193	501(C)(3)	10,000				SUPPORT HEALTH ISSUES
APANO COMMUNITIES UNITED FUND 8188 SE DIVISION ST PORTLAND, OR 97206	80-0252850	501(C)(3)	327,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1203 PRESERVATION PARK WAY SUITE 302 OAKLAND, CA 94612	94-3201896	501(C)(3)	472,500				SUPPORT HEALTH ISSUES
CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE 1203 PRESERVATION PARK WAY SUITE 302 OAKLAND, CA 94612	94-3201896	501(C)(3)	140,000				SUPPORT HEALTH ISSUES

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CASA DE MARYLAND INC 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
CATALYST MIAMI INC 3000 BISCAYNE BLVD STE 210 MIAMI, FL 33137	65-0690368	501(C)(3)	377,500				SUPPORT HEALTH ISSUES

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CENTER FOR HEALTH CARE RIGHTS 520 S LA FAYETTE PARK PL STE 214 LOS ANGELES, CA 90057	95-3921686	501(C)(3)	12,000				SUPPORT HEALTH ISSUES
CHILDREN ACTION ALLIANCE 3030 NORTH THIRD STREET PHOENIX, AZ 85012	86-0594785	501(C)(3)	60,000				SUPPORT HEALTH ISSUES

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CHILDREN'S ADVOCACY ALLIANCE 5258 S EASTERN AVE STE 151 LAS VEGAS, NV 89119	88-0394078	501(C)(3)	7,500				SUPPORT HEALTH ISSUES
CHILDREN'S DEFENSE FUND OHIO 840 1ST STREET NE SUITE 300 WASHINGTON, DC 20002	52-0895622	501(C)(3)	15,000				SUPPORT HEALTH ISSUES

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COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHT 827 N SHERMAN ST DENVER, CO 80203	84-1569021	501(C)(3)	12,000				SUPPORT HEALTH ISSUES
COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1329 E CARY ST STE 200 RICHMOND, VA 23219	27-1598303	501(C)(3)	7,500				SUPPORT HEALTH ISSUES

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CONNECTICUT ORAL HEALTH INITIATIVE 53 OAK STREET HARTFORD, CT 06106	52-2380576	501(C)(3)	25,000				SUPPORT HEALTH ISSUES
EQUALITY STATE POLICY CENTER 419 S 5TH ST SUITE 1 LARAMIE, WY 82070	83-0305144	501(C)(3)	27,207				SUPPORT HEALTH ISSUES

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FUSION PARTNERSHIPS INC 1601 GUILFORD AVE 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
HEALTH EQUITY SOLUTIONS 53 OAK STREET HARTFORD, CT 06106	46-5011055	501(C)(3)	50,000				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTHIER COLORADO 303 E 17TH AVE STE 405 DENVER, CO 80203	46-3981284	501(C)(3)	75,000				SUPPORT HEALTH ISSUES
HOOSIER ACTION RESOURCE CENTER 1461 W BLOOMFIELD RD BLOOMINGTON, IN 47403	83-4091031	501(C)(3)	252,500				SUPPORT HEALTH ISSUES

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IOWA CITIZENS FOR COMMUNITY IMPROVEMENT 2001 FOREST AVENUE DES MOINES, IA 50311	42-1110721	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
LOUISIANA BUDGET PROJECT 619 JEFFERSON HIGHWAY SUITE 1-D BATON ROUGE, LA 70806	46-3872778	501(C)(3)	302,500				SUPPORT HEALTH ISSUES

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MARYLAND CITIZENS' HEALTH INITIATIVE 2600 SAINT PAUL STREET BALTIMORE, MD 21218	52-2173223	501(C)(3)	15,000				SUPPORT HEALTH ISSUES
MASS AFFORDABLE HOUSING 1803 DORCHESTER AVE DORCHESTER, MA 02124	22-3042637	501(C)(3)	7,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSISSIPPI BLACK WOMEN'S ROUNDTABLE 200 N CONGRESS ST JACKSON, MS 39201		501(C)(3)	264,500				SUPPORT HEALTH ISSUES
MOTHERING JUSTICE 17320 LIVERNOIS AVE DETROIT, MI 48221	45-3740989	501(C)(3)	252,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW GEORGIA PROJECT 165 COURTLAND STREET SUITE A231 ATLANTA, GA 30303	82-1348307	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD 2121 SW BROADWAY STE 300 PORTLAND, OR 97201	93-0718154	501(C)(3)	50,000				SUPPORT HEALTH ISSUES

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THE OHIO ORGANZING COLLABORATIVE 25 E BOARDMAN ST STE 428 YOUNGSTOWN, OH 44503	26-1601472	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
OHIO PUBLIC HEALTH ASSOCIATION 110 A NORTHWOODS BVLD COLUMBUS, OH 43235	31-0671645	501(C)(3)	50,000				SUPPORT HEALTH ISSUES

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PARENT VOICES OAKLAND 5232 CLAREMONT AVE OAKLAND, CA 94618	45-3171972	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
SALVATION AND SOCIAL JUSTICE 151 PINEVIEW TER PLAINFIELD, NJ 07062	83-1019858	501(C)(3)	327,500				SUPPORT HEALTH ISSUES

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SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY 540 BROADWAY ALBANY, NY 12207	13-5562357	501(C)(3)	75,000				SUPPORT HEALTH ISSUES
SHRIVER CENTER ON POVERTY LAW 67 EAST MADISON STREET SUITE 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	352,500				SUPPORT HEALTH ISSUES

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SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS ST SANTA FE, NM 87505	20-4216836	501(C)(3)	292,500				SUPPORT HEALTH ISSUES
SUWANNEE RIVER AREA HEALTH EDUCATION CENTER 14646 NW 151ST BLVD ALACHUA, FL 32615	59-3112649	501(C)(3)	75,000				SUPPORT HEALTH ISSUES

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TENNESSEE HEALTH CARE CAMPAIGN INC 1423 KENSINGTON SQUARE CT MURFREESBORO, TN 37130	58-1875599	501(C)(3)	21,000				SUPPORT HEALTH ISSUES
TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	315,000				SUPPORT HEALTH ISSUES

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THE AFIYA CENTER 7220 S WESTMORELAND RD STE 200 DALLAS, TX 75237	36-4625704	501(C)(3)	464,500				SUPPORT HEALTH ISSUES
UNIVERSAL HEALTH CARE ACTION NETWORK OF OHIO INC 360 S 3RD ST COLUMBUS, OH 43215	31-1542417	501(C)(3)	46,000				SUPPORT HEALTH ISSUES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS BOSTON 100 WILLIAM T MORRISSEY BLVD BOSTON, MA 02125	04-3167352	501(C)(3)	100,000				SUPPORT HEALTH ISSUES
VIRGINIA ORGANIZING INC 703 CONCORD AVE CHARLOTTESVLE, VA 22903	54-1674992	501(C)(3)	252,500				SUPPORT HEALTH ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISDOM INC 2821 N VEL PHILLIPS AVE STE 217 MILWAUKEE, WI 53212	39-1985101	501(C)(3)	252,500				SUPPORT HEALTH ISSUES
ALABAMA ARISE 400 SOUTH UNION STREET SUITE 340 MONTGOMERY, AL 36104	63-1030975	501(C)(4)	252,366				SUPPORT HEALTH ISSUES

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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?</p>	2	Yes								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>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.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 and/or 1099-MISC compensation			(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)	240,000 -----	0 -----	0 -----	0 -----	6,300 -----	246,300 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 ALBERT YEE SENIOR PROJECT ADVISOR	(i)	177,989 -----	0 -----	0 -----	0 -----	3,036 -----	181,025 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 ANN HWANG DIRECTOR, CENTER FOR CONSU	(i)	173,189 -----	0 -----	0 -----	0 -----	5,858 -----	179,047 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 DANA CLARKE SENIOR DIRECTOR, OPERATIONS AND MANA	(i)	156,060 -----	0 -----	0 -----	0 -----	21,483 -----	177,543 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 MAHESH BHATIA SENIOR DIRECTOR OF FINANCE	(i)	160,000 -----	0 -----	0 -----	0 -----	9,347 -----	169,347 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 MICHAEL MILLER DIRECTOR OF STRATEGIC POLICY	(i)	109,238 -----	0 -----	0 -----	0 -----	21,195 -----	130,433 -----	0 -----
	(ii)	0 -----	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
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization
COMMUNITY CATALYST INC

Employer identification number

04-3355127

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS TO EACH BOARD MEMBER BEFORE FILLING. ANY QUESTIONS AND/OR COMMENTS ARE SENT TO THE AUDIT COMMITTEE FOR RESOLUTION WITH MANAGEMENT. ONCE ALL QUESTION/ISSUES ARE SATISFACTORY RESOLVED, EACH BOARD MEMBER VOTES TO ACCEPT THE FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS RECEIVE AN ANNUAL STATEMENT DECLARING THAT THEY RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTOOD THE POLICY, AGREE TO COMPLY WITH THE POLICY, AND UNDERSTAND THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, IT MAY APPOINT AN INDEPENDENT PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES AFTER EXERCISING DUE DILIGENCES, THE BOARD MUST DETERMINE, BY A MAJORITY VOTE, WHETHER THE TRANSACTION OR SOME ALTERNATIVE 1.) IS IN THE ORGANIZATION'S BEST INTERESTS AND FOR ITS OWN BENEFIT, 2.) IS FAIR AND REASONABLE TO THE ORGANIZATION, AND 3.) IS THE MOST ADVANTAGEOUS TRANSACTION THE ORGANIZATION CAN OBTAIN UNDER THE CIRCUMSTANCES THE INTERESTED PERSON MUST RECUSE HIMSELF FROM THE DETERMINATION OF WHETHER OR NOT THE FINANCIAL INTEREST MAY RESULT IN A CONFLICT OF INTEREST NOR IN THE RESOLUTION OF SUCH A CONFLICT IF IT IS DETERMINED THAT AN OFFICERS OR A DIRECTOR VIOLATED THE POLICY, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY ACTION AGAINST THE INTERESTED PERSON INCLUDING BUT NOT LIMITED TO REMOVAL FROM THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ESTABLISHED THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THEY REVIEW 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 DATE. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 982. MANAGEMENT AND GENERAL EXPENSES 33,626. FUNDRAISING EXPENSES 286. TOTAL EXPENSES 34,894. PROGRAM CONSULTING: PROGRAM SERVICE EXPENSES 3,688,343. MANAGEMENT AND GENERAL EXPENSES 927,870. FUNDRAISING EXPENSES 100,778. TOTAL EXPENSES 4,716,991. TEMPORARY SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 29,687. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 29,687.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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) 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	

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 organization 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	98,581	FMV
(2) COMMUNITY CATALYST ACTION FUND INC	Q	48,282	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation