



**Community Catalyst
Board of Directors Meeting
Friday, September 19, 2014 - Doubletree by Hilton Philadelphia Center City
Agenda - Concerto Room, 3rd floor
Dial in: 877-594-8353 Passcode: 92690821**

- 1. Welcome & Introductions/Lunch** **1:00 PM**

- 2. Perspectives from the field:**
Antoinette Kraus *Director, Pennsylvania Health Access Network*
Adam Linker *Policy Analyst, North Carolina Justice Center*
Adela Flores-Brennan *Executive Director, Colorado Consumer Health Initiative*
Cathy Levine *Executive Director, UHCAN Ohio*

Guiding Questions:
 1. Identify the challenges and opportunities in your state.
 2. What has been Community Catalyst's role with our organization?
 3. What has been Community Catalyst's role in connecting you with the larger learning community?
 4. What else does the Board need to know in its role of helping Community Catalyst chart its future?

Advocates leave

- 3. Corporate Business** **2:30 PM**
 - Approval of June meeting minutes (VOTE)

- 4. Our Work: Reflecting on the Last Three Months** **2:45 PM**
 - Executive Director's report
 - Major activities and accomplishments/outcomes this past quarter
 - Program Highlights **Sue Sherry**
 - In The Loop **Amy Rosenthal**
 - Development Update **Diane Felicio**

- 5. Our Environment: Trending Issues** **3:30 PM**
 - Political and policy environment **Michael Miller**

- 6. Board Member Sharing** **4:00 PM**
 - What are some of the key activities you are engaged in that may intersect with Community Catalyst's key issue areas?

- 7. Previewing Day Two Strategic Discussion** **4:30 PM**
 - Key discussion areas for tomorrow

- 8. Close** **4:45 PM**

- 9. Dinner** **7:00 PM**
 - Reflections on my sabbatical **Rob Restuccia**



**Community Catalyst
Board of Directors Meeting
Saturday, September 20, 2014 - Palomar Philadelphia, Kimpton Hotel
Agenda – Wright Room, 24th floor
Dial in: 877-594-8353 Passcode: 92690821**

Breakfast 8:30 AM

1. Review Strategic Plan / Outcome Statements 9:00 AM

- Recommended changes to the 2013 - 2017 Strategic Plan (**VOTE**)
- Reviewing our 2017 expected outcomes

2. Governance: The Role of the Board in Setting Organizational Direction 9:15 AM

- Reflecting on the past: Board's past role in decision-making and implementing the strategic plan **Rob Restuccia**
 - Pew Project, Consumer Voices for Coverage, LGBT, Substance Use Disorders

Looking to the future: As we move ahead and consider the growth of the organization, the new Board structure (i.e., division of Chair/President roles), and the role of the Board generally, we will begin to discuss and clarify what we envision as the ideal role for and responsibilities of the Board. For example: What is the Board's role in implementing the strategic plan, approving new areas of work, and developing proposals? What processes/criteria do we need to put in place to help us determine if/when/how to involve the Board?

3. The Atlantic Philanthropies Initiative 10:00AM

- Brief history of the Atlantic opportunity and calendar moving forward
- The Framework: Health System Transformation
- The Elements
 - Support to Advocates
 - Policy/Advocacy
 - Engagement with Delivery Systems

Sustaining the Work and the Organization

- Root Cause: Fee for Service
- Federal/State grants, Philanthropy

Steve Pratt



LUNCH

12:00 PM

Governance: The Role of the Board In Strategic Implementation (part two) 12:30

a. What are the most effective ways of continue to hone our thinking in this area and continue the conversation?

b. Expanding Our Board Membership

12:45 PM

1. Executive Session

1:15 PM

2. Close

2:00 PM

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**Community Catalyst Board of Directors Meeting
June 6, 2014**

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Amy Whitcomb Slemmer (in person); Joia Crear Perry, Mark Schlesinger, Dan McGrath, Karen Hicks, Kavita Patel (by telephone)

Apologies: Anthony So, Diane MacDonald. Robert Phillips

Community Catalyst Staff: Jacquie Anderson, Rosemarie Boardman, Diane Felicio, Donna Pina Robinson, Susan Sherry, Amy Rosenthal (by telephone)

WELCOME AND INTRODUCTIONS

A quorum being met, Kate Villers, Co-Chair, opened the meeting at 10:15 am

Approval of March 21, 2014 Meeting Minutes.

Amy Whitcomb Slemmer moved, Mark Schlesinger seconded and it was

VOTED: unanimously to approve the minutes of the March meeting.

Wendy Warring joined the meeting and assumed chairing of the meeting.

Acting Executive Director's Report

Jacquie Anderson thanked everyone for attending and confirmed that today's meeting consisted of three separate meetings: the Community Catalyst Board meeting, Community Catalyst Annual Meeting, and a meeting of the Community Catalyst Action Fund for the purpose of nominating a Board of Directors for proposed election by the Community Catalyst Board of Directors. She noted that six new staff members had joined the organization since the previous Board meeting and that Community Catalyst now counted 61 employees, with five open positions. A major focus of the past three months had been planning for Community Catalyst, Health Care for All and Health Law Advocates' September move to One Federal Street in September, with preparation led by Rosemarie Boardman. Jacquie also emphasized the opportunity for Board members to attend the annual *Consumer Voices for Coverage* convening immediately preceding the September Board meeting on September 19-20th in Philadelphia. In response to a question about roles for Board members attending the conference, Jacquie said that these would be clarified in advance of the CVC conference.

Mark Schlesinger offered to provide support and act as a conduit for identifying candidates for open staff positions. Rosemarie said that she would make sure that all Board members would be included on Community Catalyst's distribution list for notification of open positions.

CORPORATE BUSINESS

Year-to-Date 2014 Financials. Finance Committee Report: Rosemarie Boardman provided context around the 2014 financial statements and noted our continuation in growth – specifically with new unbudgeted revenue. She commented that 2014 YTD financial statements reflected Community Catalyst’s receipt of revenue beyond the 2014 projected budget; as a result, a larger-than-budgeted surplus could be expected at year-end.

2013 Audited Financials. Alfonso Perillo from Edelstein and Co. briefly reviewed Community Catalyst’s 2013 audited financial statements with the Board. He complimented management’s responsiveness, Finance Committee engagement, and the Board’s thoroughness in reviewing financial statements. The audit process had proceeded well and the overall financial standing of the organization was strong. Board members posed the following questions to him during the ensuing discussion:

- What benchmarks were used for comparing Community Catalyst’s performance to other organizations, particularly Community Catalyst’s 15% figure for expenditure on support and general administrative services? Rosemarie offered that organizations approved for Massachusetts state and federal workplace giving campaigns disallow participation by organizations with support service rates higher than 30%. She added that 30% is often seen as the ceiling on such rates.
- Is %15 for support and general administrative services an “average” number; what is the range? Alphonso stated that that 15% is a “good number.” Wendy Warring, chair, questioned whether Community Catalyst’s rate might be too low and noted that the amount recorded for labor costs was not equivalent to revenue. Rosemarie Boardman and the finance team will provide further detail on these items to the Board.

Kate Villers moved that the Finance Committee will review the 990 and prior to filing provide a copy to the board prior to submission, Wendy Warring seconded and it was

VOTED: unanimously to approve the 990 submission

Kate Villers, moved, Amy Whitcomb Slemmer, seconded and it was

VOTED: unanimously to approve the 2013 audited financials

REVIEW AND BOARD DISCUSSION OF STRATEGIC GOAL #5: “Diversify Community Catalyst’s funding sources and develop a flexible pool of resources for investment in key priorities and program development”

Diane Felicio, Director of Development, provided an overview of a potential significant funding opportunity from *The Atlantic Philanthropies* (AP) and noted the confidential nature of the information she was providing to the Board.

Diane noted that AP is looking to invest its remaining assets by 2016 in the form of capstone grants made to selected organizations it judges to be “anchor institutions” in fields it has prioritized in AP grant making to date. Community Catalyst could be selected as a potential recipient of a grant in the \$10-20 million range. On July 24th and 25th Chris Oechsli, AP president and final decision-maker; Steve McConnell, Country Director for US Programs; and Sara Kay, Program Officer, will be conducting a site visit with Community Catalyst. This provides an opportunity to position Community Catalyst as an organization that AP will invite to submit a proposal. In answer to a question as to whether a potential grant might be for unrestricted and/or endowment purposes, Diane’s opinion was that the award most likely would be targeted to support a specific project or set of broadly outlined activities.

Community Catalyst’s chosen focus for the site visit will be its work already underway (with support from AP and other funders) to shape changes in health delivery for individuals dually eligible for Medicare and Medicaid and to promulgate adoption of best practices and health system transformation for this population among large health plans and providers serving a broader range of populations.

In advising Community Catalyst about how to prepare for the site visit, Sara Kay recommended emphasizing how Community Catalyst would use AP resources to change policymaker and industry “conversation” from its current primary focus on cost reduction to one that links cost reduction to care quality improvement for consumers, and from a conversation primarily about “insurance” to one about “better care.” She recommended showcasing why Community Catalyst’s expanded leadership would be indispensable to making this happen in a rapidly shifting marketplace. Finally, she recommended that the Commonwealth Care Alliance (CCA) be featured during the visit as a prime example of a “laboratory” that is testing new models of care demonstrating that improved care delivery and better outcomes for patients requires direct patient and other consumer engagement in care delivery and policymaking. Accordingly, the site visit will feature CCA and include an additional off-site site visit with CCA plan members at Upham’s Corner Community Health Center, a CCA-participating care practice.

Board members asked several questions about the site visit, including the following:

- What is the relative emphasis on what Community Catalyst will do directly vs. what new alliances it will build?
- What categories of investment could help frame specific choices –e.g., choice of geographic area for specific impact, such as the South?
- Will the potential grant help grow Community Catalyst’s fundraising capacity?
- What is the balance between using funds to invest in Community Catalyst versus “the field?”
- Is Atlantic Philanthropies interested in making an investment in CCA *per se*? Diane responded that AP is interested in CCA’s model of care but the visit would focus on Community Catalyst.

- Can the CCA model realistically be recreated, especially in regions such as the South which has a high infrastructure development needs? The potential for replication looks very different from state to state.
- Are we thinking differently about to what extent the focus is on “consumer engagement in health system reform” versus “consumer engagement in health?” Staff responses to these questions emphasized the view that “consumer engagement in health” is part and parcel of what is envisioned as being needed to accomplish system reform.

Diane characterized AP’s particular interest as understanding not only the rationale for Community Catalyst’s approach but its “business” side: specifically, how Community Catalyst would invest major resources from AP, and how the work expanded or created with AP resources would be sustained beyond the period of grant expenditure. “What’s going to work, why, and how will it be sustained after Atlantic spends down?”

Staff planning to date had identified the following categories of focus for potential use of AP funds:

1. *Investing AP \$\$ in models of care that are integrated, member-centric, cost-effective, and quality driven.* In other words, CC would take money from Atlantic and invest it in an organization such as Vivily (through CCA) with expectation of financial as well as a mission return. [Note: Diane and Wendy reiterated that Community Catalyst is operating under a non-disclosure agreement regarding Vivily.]

Board comments: The idea of investing in specific models demonstrating fundamental changes in delivery of care may be a good idea but investing in a “for-profit” with these funds could send the “wrong signal.” However, there was general consensus that the idea of investing in a CCA-Vivily initiative could be considered as a CC opportunity but should not be a centerpiece of any AP proposal without very strong encouragement from AP.

2. *Using AP \$\$ to reshape the existing abundance of consumer-centric infrastructure that CC has built to date and ready it – or them: the people, consumer advocates – to wield greater influence in the changing marketplace.*

This could involve:

- Leading long-term, multi-sector scenario planning with and for the field
- Developing “Next Gen Skills and Solutions” by boosting/reconfiguring CC’s TA to address the new marketplace complexities.
- Creating a “C-Suite” volunteer/mentoring program that formalizes CC’s work business leader work and volunteer network into a national program
- Establishing a Washington office to serve as a “thoroughfare” to DC for states
- Further building CC’s fundraising capacity

3. *Launching a consulting/fee-for-service new line of business – to diversify Community Catalyst’s funding and assure its longevity.*

Additional Board member comments and questions about these ideas included:

- Formalizing the Business Leaders program could be a good opportunity to deepen CC's D.C presence and influence.
- The struggle will be thinking about where consumer engagement can relate back to population health.
- We need to determine how to reduce the gap within and between communities and places with and without smart capacity and good positioning to be fully engaged in delivery system reform.
- Is this investment opportunity a ticket to long-term sustainability?
- To what extent does Community Catalyst want to build "consumer presence?"
- Would the investment in either the DC office or in CCA have a good return on investment?

The meeting was adjourned by Wendy Warring at 12:11 PM.

**Community Catalyst
Board of Directors: C4 Membership Meeting
June 6, 2014**

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Amy Whitcomb Slemmer (in person); Joia Crear Perry, Mark Schlesinger, Dan McGrath, Karen Hicks, Kavita Patel (by telephone)

Apologies: Anthony So, Diane MacDonald. Robert Phillips

Community Catalyst Staff: Jacquie Anderson, Rosemarie Boardman, Diane Felicio, Donna Pina Robinson, Susan Sherry, Amy Rosenthal (by telephone)

Election of 501 (c) (4) Board of Directors:

The Governance Committee proposed election of Karen Hicks, John McDonough, Dan McGrath and Kate Villers to the Board Action Fund.

Wendy moved to approve the slate with the caveat that we will seek to add one more outsider member by September, Mark Schlesinger seconded and it was

Voted: unanimously to accept the slate of Karen Hicks, John McDonough, Dan McGrath and Kate Villers to the Board Action Fund.

The meeting was adjourned at 12:20 PM

**Community Catalyst
Annual Meeting
June 6, 2014**

Members of the Board: Kate Villers, Wendy Warring, Amy Whitcomb Slemmer (in person); Joia Crear Perry, Mark Schlesinger, Dan McGrath, Karen Hicks, Kavita Patel (by telephone)

Apologies: Anthony So, Diane MacDonald. Robert Phillips

Community Catalyst Staff: Jacquie Anderson, Rosemarie Boardman, Diane Felicio, Donna Pina Robinson, Susan Sherry, Amy Rosenthal (by telephone)

Election of Officers

The Governance Committee proposed re-election of the existing Board members to officer positions -- Mark Schlesinger, Clerk, and Diane MacDonald, Treasurer; Wendy Warring, Chair and Kate Villers, President.

Karen Hicks noted that at some future date we need to have a more robust discussion about succession planning for board members.

Karen Hicks moved, Amy Whitcomb Slemmer seconded and it was

VOTED: unanimously to recommend to the Members to re-elect Mark Schlesinger, Clerk, and Diane MacDonald, Treasurer; Wendy Warring, Chair and Kate Villers, President

Nomination of Board Members to New Terms

The Governance Committee proposed re-election of Diane, Kate, Wendy, Karen to three year terms and Robert, Anthony, Kavita to two year terms.

Mark moved, Dan seconded and it was

VOTED: unanimously to recommend to the Members to reelect Diane, Kate, Wendy, Karen to three year terms and Robert, Anthony, Kavita to two year terms.

Corporate Member Structure

The Governance Committee proposed to change the following Community Catalyst Corporate Members structure to the following:

- Add two additional board members to the corporate members structure: Chair of the Finance Committee and Chair of the Board

Mark Schlesinger moved, Amy Whitcomb Slemmer seconded and it was

Voted: unanimously to recommend the proposed changes to the Community Catalyst corporate member structure

The meeting was adjourned at 12:32 PM

Consumer Advocates' Biographies

Cathy Levine, Executive Director, Universal Health Care Action Network of Ohio

<http://www.uhcanohio.org/>

Cathy J. Levine, JD is the Executive Director of the Universal Health Care Action Network of Ohio (UHCAN Ohio), a consumer advocacy organization promoting quality, affordable health care for all Ohioans and building the consumer voice in health care decision-makers.

Cathy is co-chair of Ohio Consumers for Health Coverage (OCHC), a coalition uniting broad consumer interests in health reform and convened Ohio Consumer Voice for Integrated Care, building the voice of older adults and people with disabilities in My Care Ohio, a demonstration enrolling Medicare/Medicaid beneficiaries in integrated managed care plans.

Cathy serves as a consumer representative to the Ohio Patient Centered Primary Care Collaborative, the Governor's Advisory Council on Payment Reform, and other public/private initiatives in the state to expand coverage, improve quality and reduce costs of health care. In January 2014, she was awarded Families USA's annual Consumer Health Advocate award from Families USA, in recognition of her body of work.

Cathy received a BA from New York University, a Master's Degree from Goddard College, and a Juris Doctor from New England School of Law (Boston). She practiced law in Massachusetts, Pennsylvania, and Wisconsin, before settling in Ohio with her family. Cathy is on the board of trustees of Congregation Tifereth Israel and is active in BREAD (Building Responsibility, Equality and Dignity), uniting diverse faith congregations to work for justice.

Antoinette Kraus, Executive Director, Pennsylvania Health Access Network

<http://pahealthaccess.org/>

Antoinette Kraus currently serves as the Executive Director of the Pennsylvania Health Access Network (PHAN). PHAN is a statewide coalition of organizations working to protect high quality health insurance coverage for individuals and businesses and to expand coverage to the uninsured. PHAN's main objectives are to expand access for the uninsured in Pennsylvania, to make comprehensive quality, affordable health care reform a major policy issue and to reform the private insurance system so that people have greater access to care. Since joining PHAN in 2008 Kraus has helped grow the Pennsylvania Health Access Network into the state's largest statewide health coalition. She has established PHAN as a leader in providing education on health care reform and the implementation process in Pennsylvania. The Pennsylvania Health Access Network currently has over 60 participating organizations representing over one million Pennsylvanians from the faith, labor, small business, disability and nonprofit community.

Kraus has helped run numerous campaigns to advocate on behalf of Pennsylvania consumers including campaigns to save Pennsylvania's adultBasic program, a campaign to strengthening Pennsylvania's Rate Review Process, a campaign to expand Medicaid in Pennsylvania and was instrumental in a statewide campaign to help pass the Affordable Care Act. Kraus has given

hundreds of presentations on the new law, has testified before Congress and has testified at the state capital on a variety of health policy issues. She currently serves on the Philadelphia Inquirer's health reform advisory board, the Delaware Valley Healthcare Council's consumer advisory board, the steering committee for Raising Women's Voices of Southeastern Pennsylvania and is a founding member of the Montgomery County Women's Leadership Initiative. In 2013 she received an Advocacy Vanguard Award from SEPA PRO-Act for her organization's work on Medicaid Expansion.

Adam Linker, Co-Director, Health Access Coalition/ North Carolina Justice Health Center
<http://www.ncjustice.org/>

Adam Linker is Co-Director of the North Carolina Justice Center's Health Access Coalition, a statewide nonpartisan consumer advocacy organization. Prior to serving as Co-Director, Adam spent six years as a health policy analyst at the Justice Center. The North Carolina Justice Center is the state's leading research and advocacy organization dedicated to transforming North Carolina's prosperity into opportunity for all. Their mission is to eliminate poverty in North Carolina by ensuring that every household in the state has access to the resources, services and fair treatment it needs to achieve economic security. The Health Access Coalition works to expand access to quality, affordable health care for everyone in North Carolina, including people who are low-income, are elderly, or have disabilities.

Adam analyzes state and federal health care legislation and regulations, lobbies lawmakers, writes reports and editorials, and speaks to community groups. He also represents consumers on several state task forces studying how best to implement federal health reform in North Carolina. In addition, Adam is a designated consumer representative to the National Association of Insurance Commissioners. Before joining the Justice Center, Adam was a health care and education reporter for Triangle Business Journal. He has a master's degree in African American history from the University of Massachusetts at Amherst and a master's degree in journalism from UNC.

Adela Flores-Brennan, Executive Director/Colorado Consumer Health Initiative (CCHI)
<http://cohealthinitiative.org/>

Adela recently joined the staff of Colorado Consumer Health Initiative. CCHI is statewide, non-partisan, non-profit coalition of organizational and individual members, representing well over 500,000 Coloradans. CCHI acts as a representative of the policy and advocacy priorities of our members at the the legislature and in the community to influence and shape effective health care policy on behalf of consumers. CCHI works to achieve barrier-free access to quality and affordable health care for all Coloradans. CCHI brings a consumer voice to inform and influence health care policy in Colorado with expertise in private market insurance and understanding of the intersection between private market insurance, public health insurance and the uninsured.

Adela comes to CCHI from Connect for Health Colorado, a marketplace non-profit opened to help individuals, families and small employers across Colorado purchase health insurance and apply to new federal financial assistance to reduce costs, where she was director of community-based assistance programs, and managed two statewide networks of organizations to provide outreach, education and assistance with application and enrollment. Adela brings nearly 15 years of experience in law and public policy in Colorado, the past seven years in health care policy. Adela graduated from the University of Denver with a BA and MA in International Studies and from the University of Colorado with her JD. As CCHI's executive director, she is responsible for advancing public policy, guiding strategic and operational planning, and providing leadership and management support.



TO: Board of Directors
FROM: Rob Restuccia and Jacquie Anderson
DATE: September 19-20, 2014
RE: Executive Director's Report
DIAL IN: (877-594-8353; participant code 92690821)

We are looking forward to seeing you on September 19 – 20th in Philadelphia. We have a very full agenda and most Board members will be there in person. Also, we hope that you will be able to participate in of the Consumer Voices for Coverage meeting that precedes our meeting.

We both want to acknowledge the great work of the staff, and in particular, the senior management team, during Rob's absence. Given the level of activity including the impending office move, it was inspiring to see how everyone pulled together. During dinner on Friday night, Rob will be sharing some of his reflections from his sabbatical and Jacquie will provide her perspective from her time as Acting Executive Director.

Meet the Advocates

Since our meeting coincides with our Consumer Voices for Coverage meeting, we have invited four advocates to join us on Friday for a discussion about their work and their partnership with Community Catalyst. The four are: Antoinette Kraus, Director, Pennsylvania Health Access Network; Adam Linker, Policy Analyst, North Carolina Justice Center; Adele Flores-Brennan, Executive Director, Colorado Consumer Health Initiative and Cathy Levine, Executive Director, UHCAH Ohio. Their organizations exemplify the diversity of organizations we work with. Hopefully, the discussion will give you an on the ground perspective of health care policy and politics in the states and the technical assistance we provide to state advocates. Their bios are included in the packet. We invite you to actively engage with these advocates as they have a lot to share.

Update on Personnel

Since our last Board meeting we have hired the following new staff:

Jessicah Pierre, Communications Associate

Provides support for Community Catalyst's public information and communication strategies. Jessicah is responsible for helping develop and manage systems that promote the organization's visibility by coordinating a daily news summary and insights to a broad network of health care insiders and support maintaining the website, database, and internal communications procedures. Prior to joining Community Catalyst, Jessicah worked at NARAL

Pro-Choice Massachusetts as the Communications and Policy Advocacy Fellow. Jessica holds a bachelor's degree in political science from the University of Massachusetts Amherst.

Emily Polk, Program Associate

Provides program and administrative support to the New England Alliance for Children's Health team. She has prior experience interning at John Snow, Inc. for their Boston International Group as well as at their Health Services branch in Providence, Rhode Island. As an undergraduate, Emily volunteered as an Advocate with Health Leads; in that role, she worked with families of patients at Hasbro Children's Hospital to access community resources and government assistance. Emily holds a bachelor's degree in Community Health from Brown University.

Rachelle Rubinow, Program and Policy Associate

Rachelle provides programmatic support to the State Consumer Health Advocacy Program to strengthen Community Catalyst's state-based outreach and enrollment work. She conducts policy analysis and research, tracks and collects information on best practices, and assesses trends in outreach and enrollment. She also assists with grants reporting and management, developing written materials and providing technical assistance on outreach, education and enrollment strategies. She is a graduate of Cornell and Boston College Law School.

Amanda McIntosh, Program Associate

Amanda is the Program Associate for the Roadmaps to Health community grants project. She previously worked in community outreach and organizing at Health Care for All, serving as the Community Canvassing Coordinator for the MA Health Connector Public Education Campaign. Amanda holds a Master of Public Health from Drexel University in Philadelphia, PA, where she concentrated in Health Policy and Management. While at Drexel, Amanda dedicated her Master's thesis to examining physician willingness to treat the Medicaid population, specifically in the context of the incentive to increase reimbursements for a two-year period under the Affordable Care Act.

Puja Patel, Accounting Associate

As the Accounting Associate for Community Catalyst, Puja Patel provides accounting support to the Finance department. Puja's responsibilities include accounts payables and accounts receivables as well as performing a variety of accounting operations tasks. Prior to coming to Community Catalyst she has held various accounting roles with experience in tax preparation, fund accounting, and working for a non-profit accounting firm. Puja holds a bachelor's degree in accounting from Assumption College.

Sherry Dai, Program Associate

Sherry Dai serves as a program associate for the State Consumer Health Advocacy Program. In this role, Sherry will be providing administrative and programmatic support to the State Consumer Health Advocacy Program Director and Team. Prior to joining Community Catalyst, Sherry interned at John Snow, Inc. for their Health Services Division, working on various issues including women's health, health disparity, and emergency preparedness. As an undergraduate, Sherry worked as a research assistant at the Harvard School of Public Health focusing on health disparities in women's health. Sherry holds a bachelor's degree in Biology from Boston College.

Sadie DeCourcy, Senior Policy Analyst

Sadie DeCourcy is a Senior Policy Analyst at Community Catalyst, providing policy expertise. In this role she synthesizes and analyzes conversations in the community to share with federal and state policy makers. Prior to joining Community Catalyst, Sadie worked as the health policy director for Rhode Island Lieutenant Governor Elizabeth H. Roberts focusing primarily on long term care issues.

Additionally, Sadie was the project manager for the Rhode Island Health Coverage Project, a Consumer Voices for Coverage grantee. Sadie graduated from The George Washington University with a degree in international affairs and received her JD from Suffolk University Law School.

We are recruiting to fill four additional positions (the job descriptions are included in your packet). We continue to look for highly qualified candidates from diversity backgrounds. If you have any to recommend, please forward their names to Marla Shatkin. Included in this packet, you will find revisions related to our human resource policies.

The Move to One Federal Street

As you are all aware, on starting next Friday we are moving out of 30 Winter Street and to One Federal Street. With over 120 people moving from Community Catalyst, Health Care For All and Health Law Advocates, some of our staff on the "Relocation Team" (including Rosemarie, who has done a fabulous job leading this effort) will remain in Boston during the Board meeting. Amy Whitcomb Slemmer, will also be in Boston during the meeting and will try to participate by phone on Saturday. You have all received the invitation to our Open House on October 8th 4:00 – 6:00 PM to celebrate the new space and the partnership. We hope you can come.

Friday's Agenda

Following the discussion of corporate business, we will focus on the work of the last few months. Since time is limited, we suggest that you review the reports in your packet which give a good overview of the work that has occurred. Sue and Amy will report on programmatic activities. Diane will discuss recent development activity including the invitation to submit a proposal to RWJF for our health system transformation efforts. Next on the agenda, Michael Miller will provide an overview of the trending issues with a focus on the post- election climate and ACA implementation. Finally, we will ask Board members to talk about what they are working on.

Saturday's Agenda

In our ongoing efforts to make the strategic plan a living document, we will briefly review the outcomes and impacts that we hope to achieve by 2017 and are proposing that the Board approve a small change to the plan. We also have two meaty discussions on Saturday. The first is the role of the board in setting organizational direction. Over the past three months, a number of board members have raised questions about the Board's role in the development of major proposals following the June discussion of the opportunity provided by Atlantic Philanthropies. There has been some concern among members that there is no formal process for the Board to approve new project areas such as substance use disorders. The focus of this discussion will be on Board's role in setting organizational direction beyond formally approving strategic plan and annual budgets.

The framing of the board's role discussion will lead us into our conversation about the Atlantic Philanthropies Initiative. We are very fortunate that Atlantic Philanthropies is considering Community Catalyst as a potential anchor institution for one of its final grants. During our meeting we hope to have a robust discussion of the various elements we are considering for our proposal in terms of the work in in sustaining the work and the organization. A key focus on sustainability conversation will be a presentation (by phone) by Steve Pratt of Root Cause who will discuss his results (to date) of the business planning assessment he has been conducting for Community Catalyst.

The last topic for the day will be an update from the Governance Committee. We have identified a new board member that we would like to present to the corporation. We will also report on the results of our discussion with the corporate members about proposed changes in the corporate structure.

Finally we will end with an Executive Session.

As always, if there is anything you'd like to discuss with me prior to the Board Meeting, please contact Alexis (abrimagemajor@communitycatalyst.org) and she'll be happy to arrange a convenient time to talk.

Upcoming Board Meetings:

December 12th – 9:00-2:30 PM- Boston - 1 Federal Street (Our New Office)

Summary of Policy Changes in Human Resources

As part of implementing strategic goal 5, (*Invest in Community Catalyst staff and organizational capacity to ensure we continue to be high performing, effective and evolving organization*) the human resource department, led by Marla Shatkin with the oversight of the senior management and the involvement of staff has resulted in a number of important changes:

- Medical and dental benefits were reviewed and revised effective January 1, 2014; new medical and dental vendor contracts were signed, with Tufts and Delta Dental, respectively; as a result of these changes, two significant improvements were made to the coverage overall: Transgender Benefits were added to the medical coverage and all premiums were reduced with the exception of Family dental (which increased by \$.08 per pay period);
- 401k participation was reviewed and Plan changes have been put in place during this past year to encourage increased participation, e.g., new employees are eligible at date of hire to open a 401k account (previously, new employees were not eligible until they had completed three months of service); participation has increased from 71% in September 2013 to 83% in September 2014; this is an area that we hope to drive toward a goal of 100% participation;
- Hiring practices have been modified over the last year to encourage diversity and successful hires; a part-time in-house professional recruiter has been hired to reduce 'time to fill' and handle the volume of open positions, successfully building a 'pipeline' of potential candidates for current and future positions;
- The Orientation of new staff has been modified to include a more comprehensive Benefits Summary and organizational overview relative to policies and practices;
- Several new policies which are included in board package have been implemented with the goal of ensuring equity, fairness, and transparency.

Community Catalyst Policy

Reduction in Force and At-Risk Staff Policy

As part of Community Catalyst 2013 – 2017 strategic plan, a key priority for the organization is the investment in Community Catalyst’s staff and organizational capacity to ensure that we continue to be a high-performing, effective, and evolving organization. Inclusive of this goal, prior feedback from staff, and our commitment to our staff members, the Senior Management Team has documented our commitment to retaining staff in the context of fluctuations in funding. It is our intent to ensure an environment of transparency that reflects a commitment to the continued employment of staff while recognizing project and funding limitations. Recognizing that funding does fluctuate, when there is a pending reduction in or elimination of funding which places internal staff ‘at risk’ of job elimination and there are internal positions available in other programs/projects at the time of the funding reduction, Community Catalyst will seek to place the affected staff in an available position within the organization. In consideration of this placement, the organization will take into account the requirements of the available position, the needs of the position’s program, and the at-risk employee’s skills, abilities, and length of service within the organization.

Once a placement has been identified, the affected staff must have the following for the placement to occur:

- A baseline of the skills and abilities necessary to perform the work;
- A record of satisfactory performance in his/her current position;
- A confirmed statement of his/her interest in the new opportunity.

Presuming these criteria are met, the first three (3) months that the staff member is in the new role will be a ‘consideration period’ during which time the staff member and his/her new supervisor will meet on a weekly basis to determine the viability of the ‘fit’ for both staff member and organization. At least two weeks prior to the end of the three-month period of consideration, there will be a discussion with the manager, and the affected staff member if appropriate, to determine the outcome of the consideration period and whether the employment relationship will continue. Once confirmed, a letter will be given to the employee confirming the new position.

If the salary range of the new position is different than that of the original position, or if the staff member’s salary is not commensurate with the budget of the new position, at the time of finalizing the new placement a salary change may be necessary. This salary change may include, but is not limited to, one of the following potential actions: 1.) a ‘freeze’ on the staff member’s current salary until such time that the range ‘catches up’ with the staff member’s salary; 2.) a reduction in salary so as to ensure internal equity and appropriate placement within the salary range, inclusive of budget limitations; or 3.) a modification to the salary specific to the situation, determined at the time of placement confirmation.

Every effort will be made to move staff member 'at risk' into a new position in the organization rather than the alternative of layoff.

All hiring managers will be informed and coached as needed relative to this new policy and standard of practice. Exceptions to this policy will be considered and reviewed on a case by case basis as necessary.

Community Catalyst Policy

Promotion and Reclassification Guidelines and Processes

As part of Community Catalyst 2013 – 2017 strategic plan, a key priority for the organization is the investment in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective, and evolving organization. Inclusive of this goal, prior feedback from staff, and our commitment to the continued development and growth of staff members, the Senior Management Team has documented our commitment to professional development, including an overview of our promotion process and the addition of a new internal 'reclassification' process. It is our intent to ensure an environment that encourages and enables professional growth and development, one that is transparent to staff members.

Underpinning these guidelines is our commitment to supporting training and professional development opportunities through funding attendance at conferences/ workshops and other development opportunities. When appropriate we also will provide staff members time necessary for these development opportunities as a part of their job responsibilities. Other development practices will continue to include ongoing skill enhancement and the advancement of knowledge and content expertise at the individual employee level. As always, leadership development and the expertise of staff in specific focal areas will continue to be of significant interest organizationally, and we will continue our successful practice of offering assignments to special projects and team leadership roles to ensure overall staff and organizational success.

Community Catalyst Definition of Employee Growth and Advancement

There are two distinct ways in which an employee can experience job growth and promotional advancement at CC. The first and more common process is through the availability of a higher-level opportunity, usually created by someone leaving his/her position or through funding of new position(s). Either of these events usually triggers a search which begins with an internal posting. The internal posting identifies the vacancy and communicates that vacancy opportunity to all current employees; one or more interested employees submit a resume/cover letter in application for the opening; the qualified internal employee(s) complete the interview and selection process; a finalist is selected, an offer is made, and the internal employee moves into the new position, leaving a vacancy which triggers a restart of the process.

The second and less common way is through reclassification. Though initial job design and structure are the responsibility of the hiring manager, reclassification is generally the result of

the incumbent growing beyond the original definition and design of the position. This growth is normally substantive and definable beyond the original description of assigned tasks and responsibilities, with the incumbent taking on additional qualitative responsibilities over a period of time inclusive of his/her current responsibilities.

The incumbent's ability to take on these additional higher level responsibilities is usually dependent upon two aspects of growth: first, the employee has to have grown sufficiently in his/her capacity in the current position so as to have the capacity to take on additional higher-level, more complex tasks.

As a result of this growth and greater capacity, s/he is able to manage currently assigned tasks/responsibilities more efficiently and effectively so as to have time available for additional responsibility and accountability as well as greater complexity in assigned work. Secondly, the job needs to lend itself to the expansion and inclusion of higher skilled, more complex work and contribution on the part of the incumbent.

Though a reclassification is more incumbent-focused and a promotion, through a posted vacancy, more position-focused (or even organizationally-driven), both are forms of recognition for employees who make ongoing and significant work contributions to the organization. Each, in different ways, results in increased responsibilities, higher degree of complexity of assignment and accountability, more opportunity for creativity in the work and workplace, usually more freedom to act with respect to assigned responsibilities/tasks, and more opportunities for leadership. Additionally, increased accountability and responsibilities usually include an increase in pay and/or a change in job title.

Promotion and Reclassification Guidelines

1. Employees must be 'in good standing' with satisfactory performance reviews to be considered either for posted promotional opportunities or for reclassification.
2. Open jobs will be posted internally for one-two weeks, dependent upon the likelihood of internal interest and capacity. All internal candidates will be assessed relative to an open position and qualified internal candidates will be given preferential consideration over external candidates. Under special circumstances, e.g., diversity needs of the organization, time sensitivity of an opening, unique skill set requirements for a given position, open positions may be posted internally and externally concurrently. In those circumstances internal candidates will be considered as part of the larger applicant pool. In cases where an existing position is threatened and a comparable position is available the new position will not be posted.
3. Throughout the search process internal candidates will be kept informed as to their status; and if not selected, each will be provided feedback as to why his/her candidacy was not successful.
4. The reclassification process (different from the act of being promoted) normally will be initiated by the employee though may be initiated by the manager.

5. The reclassification form will be completed by the incumbent and signed off on by the employee's manager to confirm that s/he is aware that the employee has submitted a request for a reclassification review [NOTE: process may include additional sign off by the Senior Manager]. The request is then submitted to Human Resources (HR) who is responsible for the reclassification process, a process that will include interviews with the incumbent and the manager (and may include the Senior Manager). The process will be timely, usually to be completed within a 4-6 week timeframe. At the completion of the process, HR will make a recommendation to the employee's manager regarding the position and any resulting action relative to the employee's employment status (e.g., title, level, salary).
6. Normally there is a period of time at the outset of a new position that is designated as the 'learning curve' period for the incumbent, a period of time that may range from three (3) months to one to two (1-2) years, depending upon the complexity of the position. Once this learning period is completed, an employee is considered 'fully functional' in his/her position and it is only after some period of time in this fully functional designation that an employee would normally initiate a reclassification review.

Employee and Manager Responsibilities Relative to Professional Development, including opportunities for Promotion and Reclassification

1. Employees are responsible for their professional growth and development and, as such, are encouraged to initiate regular discussion with their supervisor regarding their professional development goals and interests to ensure that they are effectively developing and deepening their skills and capacity in their current position.
2. Employees are encouraged to seek professional development opportunities that expand their skills and competencies. Internally, this could occur by providing solutions to increased opportunities in a department and by expressing willingness to take on new responsibilities.
3. Senior managers are expected to have regular discussion with those managers who report to them regarding the organization's commitment to the internal hiring process. Senior managers will hold their managers accountable for the ongoing assessment and development of their staff, including identifying opportunities for growth and development.
4. Managers are responsible for having professional development conversations with their supervisees at least once a year as a part of the annual performance review process.

Constraints

In addition to our commitment to the guidelines and process outlined above, we also acknowledge some constraints in the implementation of these guidelines:

- Job design and creation are work-driven and, as a result, the responsibility of the manager who must be responsive, as a first priority, to programmatic and organizational structure and need.
- The issue of funding is a critical factor when determining opportunity for job growth and development. Our ability to create positions, expand programs, and allow for other professional development opportunities is limited by funding.
- Promotional opportunities, moving from one job to another, are limited by the number of roles and positions necessary to accomplishing the work of the organization.
- Certain jobs don't necessarily lend themselves to reclassification and, as a result, employees in those jobs may be limited in their reclassification opportunities.

Community Catalyst Human Resources Scan: September 2013 to September 2014	
September 2014	
HR-related changes 9/1/2013-9/1/2014	
Posted Positions (9/1/13-9/1/14)	
40 positions posted	
21 of 40 posted positions - 'newly-created'	
19 - replacement positions	
currently: 4 positions in search (36 of 40 filled)	
New Hires (9/1 - 9/1)	
36 new hires	
8 (of 36) internal promotions/reclasses (~22%)	
28 new staff	
11 (of 36) diversity hires (~31%)*	
*In last quarter, diversity hires have increased to 46% (see below)	
Resigned/Terminated Employees (9/1-9/1)	
11 employees resigned/term'd	
7 resigned (3-school; 2-relocate; 2-new position)	
4 involuntary terms (3 of 4 within Probationary Period)	
Overall Staff Growth (9/1-9/1)	
As of 9/1/13 - 48 employees on payroll	
As of 9/1/14 - 65 employees on payroll	
(plus 4 Open Positions)	
Approximate staff growth (incl open positions) - 46%	
Turnover rate: Fiscal Year-to-Date (@August 31 2014)	
Community Catalyst 8%	(voluntary; does not incl 4 terminations)
2013 Voluntary Turnover Data	From Compensation Force - CompData Surveys
Not-for-profit	11%
Healthcare	12.50%
New Policies	
<i>Promotion and Reclassification Guidelines and Processes, Nov 2013</i>	
<i>Reduction in Force and At-Risk Staff Policy, June 2014</i>	



Memorandum

TO: Board of Directors
FROM: Susan Sherry, Deputy Director
DATE: September 19-20, 2014
RE: Program Report

Strategic Goal 1

Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.

Supporting the Advocacy Infrastructure

This quarter Community Catalyst continued to direct or manage financial support for state consumer health advocates. The **ACA Implementation Fund (ACAIF)** has been especially active. The first round of seven RFPs for the **Close The Gap Campaign (CTG)** = Medicaid expansion) were issued for those states mostly likely to move forward in the short-term (NH, ME, PA, VA, MI, FL, UT). Planning for the second round of additional CTG grants is well underway. The ACAIF also finalized three grants for state advocate work on Health System Transformation (HST). **Seven states received ACAIF grants for "Telling the Story of ACA Success"**. One funder is contributing to the ACAIF so that Community Catalyst will be able to support additional states for LGBT health work. These funds will be directed toward southern states. The **Substance Use Disorder (SUD) Project** awarded two subgrants for work on SBIRT (Screening Brief Intervention Referral to Treatment). Staff are completing grant processing for the 18 RWJF **Consumer Voices For Coverage (CVC)** states to assure the start coincides with next open enrollment period. The new CVC grant round will place strong emphasis on evaluation. RWJF has engaged Mathematica to conduct an evaluation of its outreach and enrollment funding. Staff will work closely with the Mathematica team to assure that the methodology is one that captures the complexity of the outreach and enrollment work.

Organizational development support this quarter included finalizing an organizational assessment of Michigan Consumer for Health and planning for joint/board staff meeting to review the assessment. Community Catalyst planned and facilitated a panel of 4 experienced state health advocate leaders to speak with the board of Kansas Health Consumer Coalition to assist them to determine the type of leadership it requires to move forward. Community Catalyst will work closely with Virginia Interfaith Center on an upcoming CVC staff leadership transition.

Community Catalyst support to boost the communications capacity of state advocates has been especially effective as outlined in the Communications Report. The rapid response materials are especially valued by state advocates. Products such as the "Connecting Consumers to Coverage" report and the upcoming video about southern enrollment efforts also keep the work of state advocates visible to funders.

The finishing touches are being put on a case study of how Take Action Minnesota has used the **“system of advocacy” approach to increase its effectiveness.** This collaborative effort is designed to be used with funders (and advocates) including non-health funders.

The June **Southern Health Partners** meeting in Atlanta was very well-received by advocates from 12 southern states. Reflecting the deeper community engagement required by outreach and enrollment work, there were a significant number of new and more diverse participants at **this year’s meeting.** The content integrated a focus on all six advocacy capacities tailored to the unique needs and circumstances of the southeast. Despite all of the challenges posed by the political environment, the outreach and enrollment work brought new energy to the group.

ACA Implementation

Preparations for the next outreach and enrollment period are in full swing while navigators and assisters also work to meet the health literacy needs of those already enrolled. Post open enrollment provided the opportunity to take lessons from the last round and develop plans to **address gaps and improve efforts.** This has been the focus of **Community Catalyst’s** Missouri Outreach/Enrollment staff. This staff team is planning 6 regional summits across Missouri prior to the start of the next enrollment period. Community Catalyst staff facilitated discussions in Missouri between insurers, navigators and assisters. Staff used work group calls, grant reports, and the **State Consumer Health Advocacy Program** google group to collect and disseminate outreach and enrollment best practices. In response to the increasing demand to address health literacy needs Community Catalyst set up and maintains a drop box of literacy materials and information developed and used by advocates. For the second year, Community Catalyst will receive and manage a RWJF grant that will support increased consumer application counseling capacity in nine target states with federal marketplaces.

In the Loop (ITL) finally saw a drop off in site activity this quarter which allowed staff to focus on engaging inactive users and redesigning the website based on feedback from a user survey and one-on-one user interviews. Staff focused on planning and **development of “mini-loops”** tailored for State Based Marketplaces (SBMs) with Massachusetts Health Care For All being the first one to move forward with funding from the Blue Cross Blue Shield Foundation of Massachusetts. New contracts with the National Immigration Law Center and the

SOLVING A FEDERAL BARRIER TO ENROLLMENT

Numerous assisters shared their confusion and frustration on In the Loop regarding the process consumers have to go through to designate assisters as third-party representatives to communicate with the Call Center. A **common concern was that the consumer’s consent didn’t** last long enough or carry over from one call to the next. In the Loop reported these concerns to federal officials and as a result, the Call Center now accepts and records a **consumer’s verbal authorization for an assister to** communicate on her behalf for 12 months. CMS explained this new protocol in their CMS Assister Newsletter on August 19th, and In the Loop was able to share this information back with the In the Loop community who are now better able to assister consumers.

Georgetown Center for Health Insurance Reform will boost technical expertise around immigration and private insurance for ITL users. Since ITL is funded through April 2015 a focus for the coming quarter will be longer term funding.

Much of our Medicaid expansion effort this quarter focused on the CTG grant-making process which took more than typical time and effort due to the close collaboration with two other national partners (Center for Budget Policy Priorities and Center for Children and Families). The Medicaid state advocate workgroup has been especially vibrant with strategies and tactics being actively shared across states including fostering great engagement from local elected officials. Community Catalyst added Wyoming to the nine states that already have Medicaid Counters tallying lost federal dollars. The Counter continues to help generate media coverage.

Community Catalyst’s Medicaid messaging toolkit continues to be heavily used by advocates. In collaboration with CTG national partners staff are working to craft a discussion guide for focus groups that will take place in 5 key states and will help refine messaging.

Strategic Goal #1
Build a strong advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide
Webinars
Utilizing Volunteers in Outreach, Education and Enrollment Work - Cover Missouri Coalition
Learning Community Calls
Introduction to Health Literacy for Missouri Certified Application Counselors
Tips for applying for federal Navigator funding
How State Based Advocates Made Open Enrollment a Success
State savings resulting from expansion of substance use disorder treatment through Medicaid expansion
Efforts to engage local officials and local leaders in Closing the Coverage Gap
Outreach and enrollment opportunities for former foster youth
Workgroup call for Federally Facilitated Marketplace States
Toolkits
Responding to 2015 insurance rates (communications tools, fact sheets and tips for advocacy and work with your state Dept. of Insurance) http://www.communitycatalyst.org/resources/alerts/alert-responding-to-2015-rates
Blogs, Papers and reports
Report: "Mobilizing for Enrollment: Connecting Consumers to Coverage"
Video: Olivia's Story
Fact Sheets
Regulations on enrollment renewals
Working with your Dept. of Insurance on premium rate
What rates and premium increases mean
Comment Letters
Signed on to NILC & ICIRR’s letter to Secretary Burwell – recommendations to fix barriers to immigrant enrollment.
Private Insurance: Compiled, drafted, and coordinated sign ons for recommendations to improve federally facilitated Marketplaces to CCIIO. 71 sign ons

Signed on to NAIC consumer representative comments letters on network adequacy and improvements to model law

Strategic Goal 2

Assess and develop state and local partners’ capacity for organizing constituencies and campaigns for change.

Community Catalyst recently provided planning grants to 8 locally based organizations of color in targeted geographic areas with high concentrations of uninsured immigrants, Asians and Latinos. The grants are to help local groups assess gaps and develop plans to address these in the next enrollment period.

Partnerships and collaboration with LGBT groups continued to deepen over this quarter. In Missouri Community Catalyst partnered with a local LGBT group to offer 4 LGBT Access Trainings for assisters and navigators throughout the state. Two of the local LGBT leaders attended White House briefing mentioning Community Catalyst as a local enrollment partner. Other outreach and enrollment collaborations included national promotion of Out2Enroll materials, fact sheets from Farmworker Justice, as well Missouri webinars on Latino and faith-based engagement.

Strong Collaboration Gets Things Done

“We’ve spoken to national organizations in the past about training opportunities and they **didn’t always follow-up**, you spoke with us, followed up immediately and we now have 3 **trainings scheduled. Thank you!**”

Comment from local Missouri group about the Community Catalyst Missouri LGBT Health Access trainings

The Dental Project continues to develop and strengthen working relationships with tribal organizations including the Center for Native American Youth, the National Council of American Indians, and the National Indian Health Board.

Voices for Better Health began work on a forthcoming paper about using the dual eligible demonstration projects to promote health equity. This paper is an in-depth examination of the provisions contained in numerous documents related to the demonstrations and contains recommendations for states, CMS and advocates on how to reduce disparities among the dual eligible population. **The Hospital Accountability Project** continues to support diverse pilot sites working on hospital community benefits and to deepen connections with community and economic development networks. The **Community Catalyst Alliance for Children’s Health Project (CCACH)** recently issued RFPs for new work focused on health equity with invited grantees focused on engaging immigrant parents and children in Ohio; parent stories related to Medicaid expansion in Virginia; and parents with special needs children in Arizona. The **Roadmaps to Health** Community Grants project began a Grassroots Engagement Webinar series focused on initiating and deepening community engagement and tactics for making grassroots work authentic and high-impact

All of our sub-grant programs require grantees to identify specific strategies and actions that build meaningful engagement from communities of color and other under-represented constituencies. Almost all grantees receiving support from **CVC** and the **ACAIF** make sub-

grants or contracts with a wide range of Latino, African-American, Asian and immigrant organizations. The new CVC grants that start in October continue this trend with many states expanding their engagement with criminal justice and re-entry organizations and with organizations from under-enrolled ethnic communities. Each of our **VBH** coalitions developed a workplan that specifically identified how they would create a diverse coalition and how they would reach older adults and people with disabilities from communities of color. VBH also works with each grantee develop their attendance list for the VBH annual meeting in order to ensure diversity in participation.

Strategic Goal #2
Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change
Webinars
"Engaging Special Populations: Latino and faith-based outreach strategies"; Cover Missouri Coalition
Blogs
Blog: Medicaid and CHIP: Proven Tools for Health Disparity

Strategic Goal 3
Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs.

The "roadmap" to health system transformation report for consumer advocates is now in the drafting phase and should go to internal and external readers (including some board members) in next few weeks. Planning for dissemination has begun. The timing of the report release should coincide with the start of a new RWJF grant project – **Consumer Voices for Better Health (CVBH)** which we were invited to apply for and which is on track for a November start-up. Under the CVBH project Community Catalyst will design and implement a competitive process to select 6 state-based consumer advocacy health system transformation efforts for an 18-month grant and technical assistance program.

The relevant RWJF program staff and we recognize that this is a very short period of time to tackle the complex issues involved with meaningful delivery system reform so are working to establish interim outcomes that can lay the foundation for longer term investment by the foundation. The program design incorporates a proactive local funder outreach strategy.

In an effort to address concerns about the lack of accountability for Medicaid managed care plans, Community Catalyst researched information about for-profit plans that operate in multiple states. The plans operate under different names in different states and even within a state. Information about corporate structure, quality of care, serious sanctions, etc. is difficult to compile and compare. The research produced information that would be useful to advocates, policymakers and media once put into a searchable database. After several discussions and a face to face meeting this summer, the Kaiser Family Foundation (KFF) decided to make this information available on their site in a searchable format. Community Catalyst will be credited with conceptualizing the project. KFF will continue to consult with Community Catalyst about design and additional content.

This information is especially timely as more states, especially in the south, rapidly move their Medicaid populations into managed care.

The visibility of the **Voices for Better Health (VBH)** project took a significant leap forward with its participation in two Centers for Medicare and Medicaid Services national webinar series. In June and July, VBH delivered three webinars as part of the [Meaningful Consumer Engagement series](#). In August, in partnership with the American Geriatrics Society, staff delivered the [Geriatrics Competent Care series](#).

The webinars were well-attended by hundreds of health plans, providers, advocates and others from across the country. (The latter series was provided under a contract from The Lewin Group as part of their federal CMS TA contract. Community Catalyst hopes to see future revenue of this type.)

NATIONAL EXPOSURE FOR CONSUMER ENGAGEMENT		
CMS Webinars	Participants	State
Meaningful Consumer Engagement: Consumer Advisory Committees	296	43
Meaningful Consumer Engagement: Member Meetings	217	44
Meaningful Consumer Engagement: Training Consumers	272	40
Geriatrics Competent Care: Introduction and Overview	227	38
Geriatrics Competent Care: Geriatric Assessment	276	TBD

VBH continues to deepen working relationships between geriatrics providers and consumer advocates in VBH states. The geriatrics providers are thrilled to be at the policymaking tables which advocates have access to and the expertise of the providers is invaluable to advocates. Relationships with health plans continue to expand.

Addressing **Substance Use Disorders (SUD)** is a critical element of reforming the health delivery system. The SUD project developed tools to address the economic benefits and savings from more SUD treatment resulting from Medicaid expansion. The SBIRT (Screening Brief Intervention Referral to Treatment) component of the SUD project was officially launched this quarter a message platform for advocates, a Health Affairs blog, and pick-up from at least 15 state media outlets. Supporters of improved SUD services, including law enforcement, continue to expand their involvement in Medicaid expansion efforts.

This quarter **Dental Project** focused on preparing for the 2015 state legislative sessions through state-specific planning meetings and a convening of national and state partners. Strengthening grassroots engagement along with stronger messaging and communications, including social media, will be important to countering continued opposition from organized dentistry. Staff continue to work with national partners to enlist dentist champions including within FQHCs including making the business case for mid-level practitioners on the dental team. The national partners are also collaborating to establish educational requirements and to enlist support within community colleges.

CCACH staff continued their efforts to promote renewal of the federal Children’s Health Insurance Program (CHIP) by supporting state-level stakeholder education with a variety of **policy and communications tools**. Staff coordinate closely with national children’s advocates including collaboration with CCF on coverage for former foster youth and a joint CHIP toolkit. As noted in Goal 1 above, CCACH is supporting building new organizing capacity in Arizona, Ohio and Virginia. Extensive planning and site visits took place to determine the best opportunities for engaging parents and for strengthening the connection between child advocates and health reform advocates in each state.

The **Hospital Accountability Project (HAP)** has been working over the past year to create new resources and tools that build community capacity for meaningful engagement with hospital community benefit planning and activities. A new curriculum, *Putting People First: Working with Hospitals to Improve Community Health*, was developed and successfully piloted in three communities. In August, the entire curriculum and other related resources were organized into a new section of the [Community Catalyst website](#) that makes a wealth of materials available to communities everywhere. The HAP staff will feature this new section of the website on a September 26th conference call for members of our hospital community benefit learning community. Staff made significant progress in assisting researchers at The George Washington University (GWU) in their effort to develop and test a prototype web tool that will improve the accessibility and utility of the financial data hospitals submit annually as part of their IRS 990 community benefit reports. This project is funded by the Robert Wood Johnson Foundation and as part of this effort Community Catalyst will be developing complementary tools to familiarize community members with community benefit background and concepts.

Strategic Goal #3
Influence health system policies and practices to be sensitive and responsive to consumer interests and needs
Webinars
Meaningful Consumer Engagement: <ul style="list-style-type: none"> • Consumer Advisory Committees • Member Meetings • Training the Consumer
Geriatric Competent Care: <ul style="list-style-type: none"> • Introduction and Overview • Comprehensive Assessment
Change AGENTS Initiative Webinar: Joining Forces Working with Consumer Advocates to promote Integrated Care
Learning Community Calls
“Shining a Light on Drug Company Payments to Doctors”
How the Substance Use Disorder (SUD) community is impacted by the coverage gap and strategies for incorporating the voice of the SUD community into coverage gap campaigns
Toolkits
Conflict of Interest Toolkit on Samples - http://www.communitycatalyst.org/resources/publications/document/Toolkit-9-Samples.pdf
Conflict of Interest Toolkit on Pharmacy and Therapeutics Committees
Messaging the Coverage Gap for SUD advocates

Messaging Platform for Youth SBIRT project
Talking points on SBIRT effectiveness
Meaningful Consumer Engagement : Training Consumers for Engagement - http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement/training-consumers-for-engagement
Meaningful Consumer Engagement: Focus Groups - http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement/focus-groups
Blogs, papers and reports
Blog: FAQs on CHIP - a messaging tool
Paper: "Evaluation of a Model Comparative Drug Price Resource in Fostering Physician - Patient Engagement, Lowering Consumer Costs and Improving Adherence" published in on-line journal Innovations in Pharmacy
Post Script Blogs: <ul style="list-style-type: none"> • "Who's Watching the Chicken Coop? The FDA's Flawed Drug-Approval Process" • "Use as Advertised Rather than Directed" on direct to consumer advertising and the impact on prescribing " • "21st Century Snake Oil" on overuse of treatment driven by advertising and screening"
Blog: Health Affairs Blog: Alcohol & Drug Prevention: A New Initiative to Keep Youth on a Healthy Path
Good Luck with That! (July 1, 2014)
Blog: A National Food Fight: Congress v. our Children When?
Fact sheet
What is SBIRT one-pager
Comment letters
Letter to manufacturer Gilead Sciences about high price of Sovaldi
Sign on letter to FDA about guidance that would weaken standards drug labeling
Sign on letter to US Trade representative to protect public programs (Medicaid, Medicare, etc.) from possible legal challenges under international trade agreements.
Speaking engagements
Improve Oral Health In Rural Communities/Association of Healthcare Journalists
Dental Therapy Accreditation Standards
Voices for Better Health and Geriatric Provider Engagement -- The John A. Hartford Foundation Trustees
Engaging Older Consumers in Health Care Design and Delivery -- Practice Change Leaders Program
Integrated care for Dually Eligible Beneficiaries: Overview -- Rhode Island Integrated Care Initiative Consumer Advisory Committee
Meaningful Consumer Engagement -- CEO Summit, Association of Community-Affiliated Plans
Dual Eligibles – Tennessee Health Care Campaign
Dental Therapy Accreditation Standards/Dental Therapist Project Convening
Connecticut Voices - Presentation on Churn at Connecticut Voices

Two Community Catalyst programs are in transition and phasing out - the **Roadmaps to Health Community Grants** program will wrap up its grant program early next year and the bulk of **Prescription Access and Quality** project will end this year.

The new RWJF strategy plan emphasizing a “Culture of Health” resulted in the Foundation shifting its programmatic strategy around the Roadmaps to Health Program and ending the Community Grants Program managed by Community Catalyst. The focus of staff efforts this quarter has been to provide robust technical assistance and support to the current grantees and to draw out lessons and case examples of effective strategies to promote community health.

One grantee, Priority Spokane, received a 2014 *RWJF Culture of Health Prize* for its efforts to give everyone the opportunity for a healthy life. The award recognized the grantee’s work developing supportive models to prevent middle school truancy. In the coming quarter, staff will focus on maintaining grantee support and closing out the grant program. With grant extensions and close-out the Roadmaps project will continue into the first quarter of the year. RWJF has expressed interest in continuing to have Community Catalyst involved in its evolving County Health Rankings and Roadmaps work including in strategic planning discussions. In the coming month we will explore more fully what this role may look like. We will explore the potential to integrate a potential hospital community benefits component to the Rankings and Roadmaps effort.

The **Prescription Access and Quality (PAQ)** project is wrapping up its Conflict of Interest (COI) work with completion of a Toolkit on Samples; drafting of COI on Pharmacy and Therapeutics Committees; a draft journal article about COI and academic medicine; and, piloting of COI Policy Effectiveness Survey at 3 institutions. Planning is underway for a final COI Roundtable for medical schools and academic medical centers in October.

Staff published an article based on our original research showing potential connection between provider knowledge of drug costs and their willingness to engage patients in shared decision making on drug selection and drug affordability. Community Catalyst submitted information to CMS Office of Program Integrity to help describe different types of industry payments to physicians on the CMS Open Payments website.

PAQ has funding for a small 2015 research project (one day/week) to analyze the four COI pilot sites and conduct a comparative analysis. The research will strengthen the ability of institutions to effectively use the instrument to improve the implementation of their policies, and will contribute to our understanding of current on-the-ground COI policy implementation opportunities and challenges. It will also help in assessing the overall impact of institutional COI policies.



Memorandum

TO: September 8, 2014
DATE: Board of Directors
FR: Amy Rosenthal, Director of External Affairs and Policy
RE: Quarterly External Affairs Report to Community Catalyst Board of Directors

Over the past quarter, our External Affairs team and various Project Directors have worked closely with a range of national partners and held numerous meetings with Administration and Congressional offices.

When we participate in high-profile meetings in Washington, DC, these meetings not only help us achieve specific policy goals, but they also advance Community Catalyst as an organization and help us achieve two of our strategic goals:

Strategic Goal 3: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs

Strategic Goal 5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.

There are two meetings in the past quarter that we wanted to elevate to your attention that help further these strategic goals.

Meeting the New Secretary of Health and Human Services

Secretary Burwell assumed office in mid-June 2014. As part of her senior staff's effort to get her up-to-speed, they quickly scheduled a meeting with 12 leading health care organizations involved in ACA implementation; Community Catalyst was one of these groups. While the meeting had to be pushed back due to unforeseen Cabinet responsibilities for the Secretary, the meeting occurred in August.

Amy Rosenthal attended the meeting. The Secretary gave each individual the chance to raise 1-2 issues that we thought were important for HHS to know going into year two of open enrollment. Community Catalyst was able to raise three issues:

- the incredible importance of funding enrollment assistors, including consumer assistance programs and non-profit Navigators
- the great need to emphasize health literacy and a reminder that while the number of insured is important, the value of having people understand and use their coverage to lead healthier lives is the real goal
- the strategic value of HHS not "giving away the bank" on upcoming Medicaid waivers, making it harder for us to advance our Medicaid expansions campaigns

As an aside, HHS staff assigned meeting participants seats, and it became apparent the most influential groups straddled the Secretary and those less influential were at the far end of the table. It is worth noting that HHS staff positioned us on par with the Center for American Progress and with just two organizations between us and the Secretary. It was a subtle statement but another reminder about the prominent role we have come to play within HHS and the growth in visibility we have experienced in how those in the Administration view us.

Strategy Meetings with the White House and HHS

Valerie Jarrett is a key advisor to the President and someone we previously tried to reach out to. Over the past several months, her White House staff has become more active and is playing a leadership role within the White House on ACA implementation, outreach and enrollment. They are doing this work in close partnership with HHS External Affairs, staff who are some of our closest Administration allies.

Valerie Jarrett's staff contacted us over the summer to get a better understanding of Community Catalyst – our scope, our reach and our influence. Our first background meeting was extremely positive, and we have recently joined a very small group of organizations – Enroll America, SEIU, Center for American Progress, Planned Parenthood, and us – to serve as advisors to and partners with the White House and HHS as we enter into the second year of open enrollment.

Meetings occur every week, and alternate between in person meetings and phone meetings. We review messaging documents, event calendars for Administration officials, thematic week schedules (women's health week, faith week, etc), regional HHS Summit plans, etc. While we have only had a couple of meetings thus far, we have already offered ways of using our networks to enforce Administration plans, and we have pushed back on plans that we believe are not strategic.

If the Board is interested, we will be happy to report back on how these meetings progress over the next quarter.



Memorandum

TO: BOARD OF DIRECTORS
FROM: DIANE M. FELICIO, PH.D., DIRECTOR OF DEVELOPMENT
DATE: SEPTEMBER 2014
RE: QUARTERLY REPORT ON DEVELOPMENT ACTIVITIES

As the Board is well aware, the Atlantic Philanthropies site visit was a top priority during this last quarter. A report summarizing the visit and outcomes was sent to the full Board on August 22 and we will be spending a chunk of time at the September meeting discussing the visit, our proposal, and the status of our business planning work. *Therefore, this third quarterly report provides an overview of other development related activities, June – August, aside from Atlantic and business planning.* As always, what is highlighted here is meant to complement, in particular, Sue’s report on programmatic activities and Rosemarie’s report on the budget.

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted¹

FY14 (to date)	FY13	FY12	FY11
18 Proposals	40 Proposals	36 Proposals	28 Proposals
47 Reports	48 Reports	49 Reports	41 Reports

- **Consumer Voices for Coverage**
 - This program remains a foundational element of our funding from RWJF. Our grant was recently renewed for another year at \$1,775,730, a \$200,000 increase over last year. During the upcoming grant period Community Catalyst, as NPO, will provide TA that helps strengthen OEE efforts and advance current and emerging ACA implementation issues; further develop our strong national Peer to Peer Learning Community; and continue to help advocates hone their coordinated voice as they engage with federal and state policymakers and opinion leaders.

¹ See below for a full listing of 2014 proposals and reports.

- **Health System Transformation**

- Building on our strong relationship with RWJF, we have been invited to submit a proposal for our HEALTH SYSTEM TRANSFORMATION efforts. Changes underway in the organization and financing of medical care have created new opportunities to address current deficiencies in the delivery of care. At the same time, care for vulnerable populations could be undermined by these same delivery and financing structures depending on how they are designed. While there is federal and national support for these changes, the actual implementation is taking place at the state policy and local delivery system levels. Fortunately, advocates are at many of the relevant decision-making tables. However, hospitals, doctors, insurers and other institutional stakeholders are all better informed and better positioned than individual consumers to influence the shape of these system changes. Advocates lack the dedicated resources and capacity necessary to effectively focus on these issues. Our work funded through this RWJF initiative will directly address these capacity needs. During the grant period, Community Catalyst will plan and implement a 12-month grant and technical assistance program to enable advocates in six targeted states (TBD) to carry out state and local health system transformation campaigns. We are optimistic that this grant will extend beyond the initial 12-month timeframe, which positions us well to use Year 2 (and any funding thereafter) towards any matching requirements associated with the prospective Atlantic Philanthropies award.

- **Substance Use Disorders**

- This has been a stellar year for the SUD program. Along with funds from Conrad Hilton Foundation and Open Society Foundations (detailed in previous Development reports), the program received a gift through Shatterproof (<http://www.shatterproof.org/>), a new non-profit dedicated to eradicating alcohol and drug addiction among youth. This \$100,000 award (over two years) was made possible due to an over year-long round of cultivation activities with the organization's founder and CEO, Gary Mendell, and it stands as one of our most successful individual donor success stories. The award was the first ever made by the foundation and Mr. Mendell was thrilled to select Community Catalyst for the honor and recognition.

SITE VISITS

Along with an active proposal and report schedule, the third quarter was also marked by several site visits in addition to The Atlantic Philanthropies visit. For example, representatives from the **Federal Agencies Project, funders of our LGBT work** (\$100,000 annually), visited with Community Catalyst staff in July to learn more about our Outreach & Enrollment and Medicaid Expansion efforts. Over the last two years, Community Catalyst has been supporting consumer health advocates as they bring LGBT health equity to the forefront of the implementation of the ACA (e.g., state-specific efforts to enact the ACA's non-discrimination standards and best

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practices for enrollment). We recognize the necessity of building strong partnerships between consumer health and LGBT advocates in states and identifying common issues across political and geographic identities. Our reach on LGBT health equity extends to Alabama, Colorado, Georgia, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Texas, and Utah.

In addition, the **anonymous funder that supports NEACH** visited Community Catalyst in August. This funder was initially responsible for extending NEACH’s reach beyond New England to Ohio, Arizona, and Virginia. Following this most recent site visit we were invited to request additional funding to increase the number of states outside New England to include North Carolina, Florida, and Colorado. These are priority states for the funder and for Community Catalyst. We expect \$200,000 to support our TA and \$250,000 in sub-granting dollars. The emphasis will be on ACA implementation, Medicaid, and CHIP. (Note: we have been referring to our children’s work out of New England as Community Catalyst Alliance for Children's Health (CCACH)).

Finally, the executive director and senior health policy officer from the **Tufts Healthplan Foundation met with Voices for Better Health staff** to begin a discussion about potential partnerships. This visit was a direct outcome of a presentation Renee Marcus Hodin gave to the Hartford Foundation board. The policy officer from Tufts was also at that meeting and was impressed with Renee and VBH’s work. We have not received a grant from Tufts previously (their emphasis has been on direct service), but they are beginning to move into the policy arena and as a result we see much more promise for funding.

- **ACA Implementation Fund**

	Contributions to the ACA Implementation Fund by National Organizations						
				(in thousands)			
	2011	2012	2013	2014	2015	Total	
The Nathan Cummings Foundation	\$500	\$500	\$500	\$150		\$1,650	
CVS Caremark			\$75	\$15		\$90	
Ford Foundation**	\$500	\$500	\$500			\$1,500	
HJW Foundation	\$500	\$500	\$500			\$1,500	
HJW Foundation (Medicaid Expansion)				2,590		2,590	
Langeloth Foundation	\$500	\$400	\$400	\$400		\$1,700	
The Atlantic Philanthropies (\$2M/4yrs)	\$500	\$500	\$500	\$500	\$500	\$1,500	
Rockefeller Foundation	\$200					\$200	
Wellspring Advisors		\$150	\$300	\$300		\$750	
The California Endowment**	\$300	\$300	\$300			\$900	
Total	\$3,000	\$2,850	\$3,090	\$3,940		\$12,380	

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2014 Grant Reports & Proposals: Due Dates and Staff Responsible

Orange = CC Proposal Red = CCAF Proposal Blue = Report Yellow = LOI
Last Updated: 08/28/2014

Date	Title	Type	Responsible	Required	Notes
Jan					
6	Ford Foundation: ACA Fund	Final Report	Jacque	Narrative and Financial	
10	Wellspring Advisors (Anon)	Report	Jacque	Narrative and Financial	
10	Atlantic Philanthropies	Final Report	Jacque	Narrative and Financial	
13	RWJF #70986 Outreach and Enrollment	Budget Report 1	Donna, Reena/Christine	Financial	
15	Nathan Cummings: Technical Assistance	Proposal	Jacque, Reena	Narrative and Financial	
15	Nathan Cummings: ACA Fund	Proposal	Jacque	Narrative and Financial	
20	Packard Foundation: NEACH	Final Report	Eva	Narrative and Financial	
22	MFH Proposal: Advocacy Renewal	Proposal	Reena, Angela	Narrative and Financial	
31	Langeloth Foundation: ACA	Final Report	Jacque	Narrative and Financial	
31	Public Interest Projects: LGBT	Final Report	Reena, Emily	Narrative and Financial	
31	Endowment for Health: NEACH	Final Report	Eva	Narrative and Financial	
31	MFH: Report on Activities	Interim Report	Angela	Narrative	
Feb					
14	RWJF Proposal: Roadmaps	Proposal	Phillip	Narrative and Financial	
14	Nathan Cummings: ACAIF	Report	Jacque	Narrative and Financial	
14	Nathan Cummings Foundation: Technical Asst	Report	Reena	Narrative and Financial	
17	California Healthcare Foundation	Report	Marcia	Narrative and Financial	
18	Wyss Foundation: Medicaid Expansion	Proposal	Jacque, Reena	Narrative and Financial	
25	Alki Fund: SHP	Final Report	Reena	Narrative and Financial	
26	Wyss Foundation: Medicaid Expansion	Final Proposal	Jacque, Reena	Narrative and Financial	
28	HIW: ACA	Final Report	Jacque	Narrative and Financial	
28	RWJF	Final Report	Donna/Diane	Financial	
28	GWU Schedule H Web Tool	Interim Report	Jessica/Michele	Narrative	
28	Scan Foundation	Interim and Final Expenditure	Alice	Narrative and Financial	
Mar					
11	OSF Proposal: ACA and Latino Enrollment	Proposal	Sue, Christine	Narrative and Financial	
15	Scan Foundation	Evaluation Report	Alice	Narrative and Financial	
15	MFH: #13-0630-COV-13	Interim Report	Dara	Narrative and Financial	
18	Wellspring Proposal: NEACH/Subgrants	Proposal	Eva	Narrative and Financial	
31	MFH: #13-0692-HPC-3	Final Report	Angela	Narrative and Financial	
31	Wellspring LGBT Proposal	Proposal	Emily	Narrative and Financial	
31	Federal Agencies Project	Proposal	Emily	Narrative and Financial	
Apr					
2	Physicians Foundation	Proposal	Diane, Rob	Narrative and Financial	
11	Colorado Health Foundation - Health Literacy	Proposal	Reena	Narrative and Financial	
15	Pew:PACME	Quarterly Report	Marcia	Narrative and Financial	
24	Kentucky Foundation for Health: SHP	Proposal	Reena	Narrative and Financial	
30	RWJF: CVC	Interim Finance Report	Reena/Donna	Financial	
30	Consumer Health Foundation: SHP	Proposal	Reena	Narrative and Financial	
May					
9	Healthcare Georgia Foundation: SHP	Proposal	Reena	Narrative and Financial	
9	Hagens Berman TriCor	Proposal	Wells, Marcia	Narrative and Financial	
15	Atlantic Philanthropies	Interim Report	Renee	Narrative and Financial	
30	RWJF: CACI	Interim Report	Reena/Christine, Donna	Financial	
31	Cox Charitable Trust: NEACH	Report	Eva, Amy	Narrative and Financial	
Jun					
2	Gund: Technical Assistance	Interim Report	Reena	Narrative and Financial	
2	Hartford Foundation	Interim Expenditure Report	Donna, Renee	Financial	
6	RWJF: CVC TAD	Proposal	Reena	Narrative and Financial	
6	Roadmaps Network Lead	Proposal	Phillip, Sue	Narrative and Financial	
9	RWJF HST	Proposal	Sue	Narrative and Financial	
15	MFH: #13-0630-COV-13	Interim Report	Dara, Donna	Narrative and Financial	
15	MFH: #14-0022-HPC-14	Quarterly Report	Reena, Angela	Narrative	
30	RWJF: Roadmaps #70788	Final Report	Phillip	Narrative and Financial	
30	PIP	Interim Report	Emily	Narrative	
July					
1	Packard Foundation 2014: NEACH	Interim Report	Eva, Donna	Narrative and Financial	
14	RWJF 70986 Budget Period 2	Financial Report	Donna, Reena	Financial	
15	PEW: PACME	Quarterly Report	Marcia, Donna	Narrative and Financial	Online submission to pewtrusts.org/pewportal
22	BCBSMA	Proposal	Amy	Concept Paper	
27	Foundation for a Health Kentucky - SHP	Final Report	Reena	Narrative and Financial	
31	Consumer Health Foundation - SHP	Final Report	Reena	Narrative	"Brief report summarizing the highlights of the conference"
31	California Endowment	Final Report	Jacque	Narrative and Financial	
31	Ford - In The Loop	Final Report	Amy	Narrative and Financial	Report templates here
Aug					
1	Kresge - Community Benefits	Third Annual Report	Jessica, Sue	Narrative and Financial	Reporting details in grant agreement
1	GWU - Schedule H Web Tool	Interim Report	Jessica, Michele	Narrative	Reporting details in grant agreement
11	Kresge - LOI (Close the Gap)	Proposal	Michael	Narrative and Financial	First stage application/LOI
15	RWJF #70986: Outreach and Enrollment	Report	Reena, Christine	Narrative and Financial	
18	RWJF #71426 Renewal, Outreach and Enrollment	Proposal	Reena, Christine	Proposal	
18	RWJF Health System Transformation	Proposal	Sue/Angela	Proposal	
29	Surdna Final Report	Report	Jessica	Narrative and Financial	Instructions on filing a report: www.surdna.org
29	WK Kellogg - Oral Health	Annual Report	David, Sue	Narrative and Financial	
31	CT Children's and Boston Children's	Final Report	Eva	Narrative	No written agreement
Sep					
2	Shatterproof Interim Report (SUD)	Interim Report	Alice	Narrative	
10	Open Society Foundation	Proposal	Alice	Proposal	
15	CT Health Foundation	Proposal	Eva	Proposal	On churn
15	Hartford Foundation (VBH)	Annual Progress Report	Renee	Narrative	Hyperlink is to reporting dates, not agreement
15	MFH: #14-0022-HPC-14	Quarterly Report	Reena, Angela	Narrative	Quarterly report of activities (6/14-8/14)
22	Missouri Foundation for Health	Proposal	Dara	Proposal	TA ECTCA
30	PIP: Second Interim Report	Interim Report	Emily	Narrative and Financial	
Oct					
15	MFH #13-0630-COV-13	Final Report	Dara	Narrative and Financial	
15	Wyss (Herndon)	Final Report	Kathy, Donna	Narrative and Financial	Grant information in Herndon file in Development Folder
15	Surdna: Community Benefit	Proposal	Jessica	Proposal	
30	RWJF CVC TAD #71235	Final Report	Reena	Narrative and Financial	
31	Open Society Foundation: ACA Enrollment	Final Report	Sue, Christine, Donna	Narrative and Financial	
Nov					
1	PACME Final Report	Final Report	Marcia, Donna	Narrative and Financial	Online submission to pewtrusts.org/pewportal
14	Packard Foundation: NEACH 2014 Work	Final Report	Eva	Narrative and Financial	Check reporting process with Trisha Violette
15	Wyss Foundation: Medicaid Expansion Campaign	Interim Report	Jacque	Narrative and Financial	
30	RWJF #71426: CAC	Final Report	Reena, Christine	Narrative and Financial	
31	RWJF #71426 Enrollment	Final Report	Christine	Narrative and Financial	
Dec					
1	Hartford Foundation (VBH)	Ann. Expenditure Report	Donna, Renee	Financial	Hyperlink is to reporting dates, not agreement
1	Atlantic Philanthropies #22392: ACA Fund	Interim Report	Jacque	Narrative and Financial	
15	MFH: Activities 9/14-11/14 #14-0022-HPC-14	Quarterly Report	Reena, Angela	Narrative	
15	Atlantic Philanthropies/Herndon	Final	Kathy	Narrative and Financial	
19	Wellspring Advisors	Final	Eva, Donna	Narrative and Financial	
31	Open Society Foundations - SUD	Final	Alice	Narrative and Financial	
31	MFH (Herndon): Activities through 11/14	Final	Kathy	Narrative	
31	RWJF #70882 Business Leaders	Final Report	Amy, Donna	Narrative and Financial	Submit to: grantreports@rwjf.org



Memorandum

TO: Board of Directors
FROM: Kathy Melley, Communications Director
DATE: September 9, 2014
RE: Quarterly Report – Q3 2014

I. Key Communications Accomplishments

Related Strategic Plan Goals:

- #1: *Build a stronger advocacy infrastructure to increase the power and influence of consumers in the health system nationwide*
- #5: *Invest in Organizational Capacity*

1.) Effective message development and penetration

Fifteen of our state advocate groups used messaging we developed on the Halbig/King court cases, which could determine the fate of ACA subsidies for people in federal Marketplace states. Advocates were quoted in 34 news outlets and quotes reflected messaging we developed. (See more detail on social media results under the Social Media section below.)

2.) Positive reception to the *Connecting Consumers to Coverage: Mobilizing for Enrollment* report

We worked on the content and design for the Outreach and Enrollment report, which was very positively received by the White House, HHS and advocates. It also got a mention in *POLITICO PULSE* and it was one of the topic content pieces on our website.

3.) We welcomed Jessicah Pierre to the team as a Communications Associate.

Jessicah is responsible for compiling and framing the *On Message* Daily News Summary and supporting the work of the Communications team. She is a graduate of UMASS Amherst, and she previously worked at NARAL Pro-Choice Massachusetts, where she served as the Communications and Policy Advocacy Fellow.

II. Key Communication Highlights

Media (see press coverage document)

- Wells Wilkinson spoke to the *Wall Street Journal* about the benefits of generic drugs for a story on Novartis's attempt to stifle generic competition for their brand-name drug.

- Physician consultant Dr. Stephen Smith was quoted in a *Washington Post* article about physician perspectives on the Physician Payments Sunshine Act.
- Christine Barber was quoted in a *Washington Post* story on new ACA-enrollee struggles with understanding their plan benefits.
- Michael Miller talked to the *Washington Post/Kaiser Health News* about how hospitals are changing charity care policies in light of the ACA.

Press Releases and Statements:

- We drafted national and state press releases to announce the Substance Use Disorders' team new Screening Brief Intervention and Referral to Treatment (SBIRIT) project and reached out to national media. This led to an invite for Project Director Alice Dembner to blog on the new project for the *Health Affairs GrantWatch* blog. The blog was also published in the hard copy issue of *Health Affairs*. *Reuters* is also working on a story about the project.
- We issued statements on: the appointment of Sylvia Matthews Burwell as Secretary of Health and Human Services; CHIP legislation introduced by Sen. Rockefeller; new Marketplace leadership positions at the Department of Health and Human Services; and the Supreme Court ruling on Hobby Lobby.

Products

ACAIF Report

- We worked with design firm Mad*Pow to finalize infographics to illustrate the fund's success thus far. We are working on integrating the infographics with text for a final report to be completed in time for the September ACAIF meeting in Philadelphia.

Branding:

- We have redesigned our letterhead, business cards and other branded materials to coincide with the move to One Federal Street.

Project and Issue Team Support

On Message (formerly The Herndon Alliance)

On Message Daily Media Summary:

- We conducted a reader survey about the daily media summary to assess our effort thus far and to generate ideas for any changes. We are still doing some follow up with respondents who agreed to be interviewed, but we were pleased with the positive feedback and have already made some changes. The clips go out to more than 2,000 health care opinion leaders.

Leading Washington, DC Convenings:

- We hosted our fourth DC convening in June with pollster Celinda Lake of Lake Partners as our guest speaker presenting on the latest ACA polling results. The convenings continue to be well attended by national groups including Georgetown Center for Children and Families, Moveon.org, Young Invincibles, United Way, Enroll America, Consumers Union, National Women’s Law Center, and the Center for American Progress among others.

-

ACA Positive Narrative and Defense:

- To respond to the needs to advocates, we provided timely rapid response talking points on key implementation events and issues:
 - The Halbig and King court cases, which threaten ACA subsidies
 - A report by the Council of Economic Advisors on the economic benefits of closing the coverage gap
 - 2015 premium rates

Research (focus groups and polling):

- We are partnering with ACS-CAN to conduct focus groups on potential “fixes” to the ACA. We know from ACA polling that Americans don’t want the law repealed, they want it fixed. After discussions with several leading pollsters and with several partner groups at the national level, we see a need and a strategic opportunity to get ahead of the discussion on “fixing” the ACA rather than repealing it. Our aim is to have good messaging on potential fixes going into the next session of Congress, in which we will likely see Republican majorities in the House and Senate and an escalated effort to chip away at the law. We will do six focus groups in Cleveland, Houston and Denver. We hope to have results in early October.

Medicaid

- We began work on the *Close the Gap* campaign and provided communications technical assistance to Medicaid expansion campaigns in multiple states: Maine, Pennsylvania, Wyoming, Georgia, Florida and Alabama

Outreach, Education and Enrollment (OEE)

- We worked with the OEE team to develop a report on the creative and successful strategies employed by consumer health advocates and their partners during the first open enrollment period.
- We began production of video featuring outreach and enrollment efforts in three southern states: North Carolina, Florida and Alabama. Launch will be at the CVC meeting.

- Planning has begun for the launch of Open Enrollment 2, including the development of resources for advocates on how best to message renewals, health literacy and the value of having health insurance.

Southern Health Partners and Substance Use Disorders

- Lucy Dagneau (formerly Lucy Cox-Chapman) presented on Medicaid messaging at both the SHP and SUD convenings.

Substance Use Disorders

- We worked with the SUD team to launch the new SBIRT project. We also helped the team develop an SBIRT message platform on national and state press materials to announce the new SBIRT grant funding.

Voices for Better Health

- We completed a third video featuring the benefits Independent Living Long-term Services and Supports Coordinators provide to dually eligible adults. It has been very well received by the advocacy community, national partners and project funders.

Website

- *Note: Google Analytics has made a shift in its terminology, and the language in this report has changed slightly to reflect Google's new terms. Our analytics now frequently refer to unique visitors as users and visits as sessions.

Visitors this quarter:

- CommunityCatalyst.org was visited by 15,760 users this quarter. This increased by more than 2,000 visitors from last quarter. We saw significant traffic to two key products: the *Connecting Consumers to Coverage* report and the *Meaningful Consumer Engagement* toolkit were two of the most popular pages of the website. These two products were also the result of significant collaboration between the Communications team and program staff. Additionally, while employment opportunities remained a popular driver of traffic, this quarter we saw more of our publications and foundational Community Catalyst resources (like our Mission and Values) begin to drive more traffic on the site.

Demographics:

- Our site has visitors from every state in the country. Most sessions* are from Massachusetts (7,114/22,531 visits). The other states we receive a significant number of visits from are:
 - California: 1,532 sessions
 - Washington DC: 1,410 sessions
 - New York: 1,373 sessions
 - Virginia: 724 sessions
 - Illinois: 623 sessions

- Pennsylvania: 571 sessions
- Texas: 570 sessions
- Maryland: 556 sessions
- Colorado: 524 sessions

*Note: Demographic stats count sessions versus users (i.e. Massachusetts has a disproportionately high number of sessions because our staff is primarily located here and we are all heavy users of the site. However, those sessions only count toward one user, helping to balance the influence of staff users on other metrics in the analytics).

Content:

Page	Unique Pageviews	Bounce Rate	Percent Exit
1. Homepage	7,022	28%	29%
2. Employment Opportunities	2,369	39%	24%
3. Staff page	2,003	29%	15%
4. Meaningful Consumer Engagement Tool	1,251	59%	38%
5. About Community Catalyst	1,185	36%	25%
6. Connecting Consumers to Coverage Report	939	83%*	74%
7. SCHAP Policy Analyst job posting	898	77%	47%
8. Contact Us	867	70%	57%
9. Community Catalyst Mission and Values	855	40%	21%
10. VBH SAM job posting	737	76%	50%
11. Voices for Better Health Project page	600	46%	27%
12. Medicaid Report Card Metric: Nurse Practitioners	565	82%	78%
13. Board of Directors Landing Page	539	18%	13%
14. SAM job posting	536	82%	73%
15. Blog Landing Page	512	82.5%	42.4%
16. SCHAP Program Associate job posting	506	75%	49%
17. Assistant Director of Development job posting	433	81%	56%
18. Our Approach	430	43%	20%
19. Tools Section	407	20%	10%
20. Our History and Impact	395	54%	19%

Bounce rate: The number of single page visits (i.e. the % of people who left the site from the page they entered on). An average bounce rate is between 40% – 70%.

Exit rate: The number of visits that ended on this page.

*Note that the bounce rate and exit rate for visitors to the report is inflated by the number of people downloading the PDF, which analytics counts as people leaving the site.

Social Media

- During the past quarter we were able to invest more time in cultivating our Social Leaders. Christine Lindberg met with Susan Sherry and Michael Miller twice during the quarter to answer question and create plans for increased social media use. Christine also provides rapid response social media support by identifying tweet opportunities, sending draft tweets and providing advice to social leaders on Twitter use. She is continuing to work with Michael, Sue, Jacquie and Rob to increase their Twitter use, build a follower base and learn more about the platform. Target audiences for the group include: journalists, foundation staff, national partners and thought leaders.

Twitter: @HealthPolicyHub

From June 1 to August 31:

- Grew a total of 267 followers
- 211 clicks on links we posted
 - On July 2 or number of click-throughs spike with more than 40 clicks on the four links we sent out that day. A White House report on the economic benefits of closing the coverage gap generated 29 of the clicks.
 - Other popular links this quarter included: 14 clicks on a link to a Kaiser Family Foundation infographic on the Coverage Gap in the South; 12 clicks on a dental therapist report from Pew Charitable Trusts; 11 clicks on one of the tweets we sent about the Closing the Coverage Gap report.
- We were retweeted 162 times
 - Twitter chats continue to create a spike in retweets. On June 4 we participated in a #WellnessWed chat on young adult enrollment and were retweeted 21 times.
 - Our share graphics and rapid response efforts continue to drive traffic and retweets. The share graphic we created in response to the Halbig ruling “Keep Calm and Know You’re Covered” was retweeted nine times and was even more successful on Facebook (see below).

Facebook

From June 1 to August 31:

- 67 new likes
- We had several key peaks for the reach of our posts:
 - Our most popular post of the quarter was the share graphic we created in response to the Halbig ruling. The message “keep calm and know you’re covered” resonated with our audiences and was shared by 38 individuals and organizations. The post reached more than 1,600 Facebook users and in total was liked 88 times and clicked on 171 times.

- Our Connecting Consumers to Coverage report also attracted a lot of attention on Facebook. It reached 881 people and was shared by five state advocacy groups. In total it garnered 31 likes and was 10 shares.

**Community Catalyst
Strategic Goal and Objective
For Board Review and Approval**

<i>Strategic Goal 3: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs.</i>
1. Identify emerging issues that are ripe for action and investing in effective and innovative strategies to address them.
2. Foster development, adoption and dissemination of institutional and public policies that represent best practices in areas of concern to consumers
3. Participate in research that evaluates health policies, practices and outcomes of interest to consumers.
4. Complement public policy campaigns with strategies to advance health system quality improvement
5. Utilize our DC presence to promote our issues at the federal level.

Old Goals #3 & # 4

<i>Strategic Goal 3: Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.</i>
1. Incubate and support new delivery models that incorporate patient engagement and coordinated care.
2. Foster development and adoption of institutional policies that represent best practices in areas of concern to consumers, e.g., conflict of interest and evidence based practice to reduce the impact of pharmaceutical, device and biotech industry marketing on patient care.
3. Participate in research that evaluates health policies, practices and outcomes of interest to consumers.
4. Support adoption and dissemination of best practices through public policy development
5. Complement public policy campaigns with legal strategies to advance health system quality improvement
<i>Strategic Goal 4: Define Community Catalyst as a next generation advocacy leader by identifying emerging issues that are ripe for action and investing in effective and innovative strategies to address them.</i>
1. Encourage and foster innovation amongst staff and programs to help Community Catalyst identify and respond to emerging issues
2. Agree on the key issues going forward, the work required to move them, and the level of investment/funding.
3. Explore new and innovative ways of addressing key issues, including consulting and federal grant v
4. Develop a plan to acquire necessary skills.
5. Develop marketing and/or fundraising strategies for each area of work.
6. Utilize our DC presence to promote our issues at the federal level.

Implementing the Community Catalyst Strategic Plan 2013-2017 – Amended 8/4/2014

Strategic Goals/Strategies	
<i>Strategic Goal 1: Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.</i>	
1.	Work to grow state-based systems of advocacy; evaluate our effectiveness and impact.
2.	Develop stronger support for state systems of advocacy. <ul style="list-style-type: none"> • Advocate for the importance of consumer involvement in public and private policy-making. • Highlight state groups' work and impact via stories and case studies. • Identify effective fundraising strategies to deliver resources to state groups and/or assist them in fundraising. • Provide more coaching to state partners, especially in leadership development, small business management, communications and fundraising. • Provide technical assistance to expand state organization capacities to use websites and social media to present themselves most effectively.
3.	Build stronger relationships among our state and local partners <ul style="list-style-type: none"> • Invigorate our Learning Community and ensure it meets the evolving needs of our partners. • Invite leadership team members who work with communities of color into the learning community.
4.	Develop targeted regional and other state grouping strategies that allow us to customize our work and increase its grounding and relevance.
5.	Articulate and further develop our DC role with regard to supporting state systems of advocacy, e.g., use our lobbyists to support states in some tangible way.
<i>Strategic Goal 2: Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.</i>	
1.	Identify relevant models that can move people to engage and act on social issues and use it to guide our technical assistance.
2.	Develop our capacity to provide technical assistance in grassroots organizing and civic engagement, including coaching models and tracking tools
3.	Train state groups on population shifts and their implications; help them to use the information to make decisions on policy agendas and engagement strategies.
4.	Develop approaches and strategies to successfully engage new constituencies who we should target to engage in campaigns and advocacy related to the policy agenda and in influencing the environment as a result of demographic shifts (e.g., women, Latinas and seniors).
5.	Provide additional support to state systems of advocacy regarding the design and leadership of campaigns, both issue oriented and civic engagement.
6.	Develop goals for the CCAF, build out our 501(c)4 skills and capacity, and evaluate partnering with state organizations on 501(c)4 campaigns.
7.	Hire or otherwise obtain the skills necessary to provide technical assistance in these new areas.
8.	Evaluate our progress in expanding capacities and measure its impact.

Strategic Goal 3: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs
1. Identify emerging issues that are ripe for action, forecast opportunities that are under the radar, and invest in effective and innovative strategies to address them. – confirming change
2. Foster development, adoption and dissemination of institutional and public policies that represent best practices in areas of concern to consumers
3. Participate in research that evaluates health policies, practices and outcomes of interest to consumers.
4. Complement public policy campaigns with strategies to advance health system quality improvement
5. Utilize our DC presence to promote our issues at the federal level.
Strategic Goal 4: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development.
1. Develop a business assessment and plan for generating consulting income by hiring a specialist in this area
2. Identify streams of federal funds which could support our work and monitor the release of those funds, applying for funds directly or with partners
3. Expand the current individual giving program through dedicated staffing
4. Continue to cultivate new foundation relationships each year and deepen our existing relationships to secure funding for current and new projects
5. Set annual budget goals which maintain, but do not significantly increase, Community Catalyst’s unrestricted net assets, repurposing funds that would otherwise be surplus into organizational and program investments
Strategic Goal 5: Invest in Community Catalyst’s staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.
1. Continue the hiring and retention efforts started by the Employee Opportunity Committee to strengthen the organization and diversify our staff to reflect the populations we partner with across the country.
2. Develop and mentor staff at every level to be the next generation of health care leaders and to strengthen future organizational leadership
<ul style="list-style-type: none"> • Commit to professional development resources, support learning and leadership opportunities for staff. • Develop systems and refine performance reviews to create ongoing dialogue around staff’s individual professional growth and to recognize achievements and development • Ensure training, resources, development and commitment to information management systems and technology to help us be more efficient, effective, and capture “institutional knowledge.”
3. Create a stronger administrative infrastructure to support the work of the organization
<ul style="list-style-type: none"> • Commitment to advance information systems management across the organization, enhance our ability to access and share information quickly and respond effectively and plan for future IT needs. • Plan for expiration of office lease in October 2014. • Ensure adequate finance staff to meet the changing financial needs of the organization • Promote the partnership with HCFA and HLA
4. Develop stronger administrative support for programs

<ul style="list-style-type: none"> • Develop systems to support the work of program staff
<ul style="list-style-type: none"> • Develop a stronger program associate structure to share knowledge and learning across the organization
5. Ensure our internal policies match our external guidance and advocacy efforts
<ul style="list-style-type: none"> • Infuse the health equity across programs and organizational policies.
<ul style="list-style-type: none"> • Commitment to volunteerism
6. Ensure we are achieving our vision and mission by using evaluation metrics to measure our impact and to shape our future priorities and direction.
<ul style="list-style-type: none"> • Increase emphasis on measurable and concrete goals
<ul style="list-style-type: none"> • Analyze what works well, what needs to be improved and become intentional about future directions
7. Create highly effective communications, management and governance and processes that support the organization's growth and ability to respond to the changing environment.
<ul style="list-style-type: none"> • Continue to look for ways to improve internal communications and transparency
<ul style="list-style-type: none"> • Encourage communications and sharing of information across programs to eliminate silos and support cross-fertilization of ideas
8. Promote Community Catalyst as a leading national advocacy organization, giving consumers a voice in health care reform
<ul style="list-style-type: none"> • Define and build our brand
<ul style="list-style-type: none"> • Highlight the impact of our work
<ul style="list-style-type: none"> • Strengthen communications, marketing, public relations and development to effectively promote our organization.

Community Catalyst Strategic Plan 2013-2017 Outcomes/Impacts

Strategic Goals

Strategic Goal 1: Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.

State Advocates

1. State consumer advocates are a stronger and institutionalized voice in shaping health and health system decisions in the next generation of issues.
2. State consumer advocates have diversified their partnerships and coalitions with stakeholders (communities of color, funders, and other types of organizations such as providers) in order to effectively shift to new areas of work and issues.
3. State consumer advocates have demonstrated the nimbleness and strategic flexibility to make these shifts and to receive financial support for their issue and organizing work including the staffing and capacities necessary.

Community Catalyst

4. Community Catalyst have modeled new relationships and strategies necessary to address next generation issues by building direct relationships with new and more diverse partners in the states (organizations of color, providers, and others).
5. Community Catalyst have built and adapted its learning community by being nimble enough to adapt to emerging issues and by broadening participation to other organizations. The learning community will have a much stronger component of state-initiated interactions and groupings.

Community Catalyst/State Partners

6. Community Catalyst and state partners have together engaged in active discussion and joint planning about how the state consumer health movement should move forward on new issues and strategies. These plans will be carried out in a collaborative/coordinated manner to articulate the strategic direction to funders, stakeholders and policymakers.
7. There is a more collaborative and collective effort among states to elevate models and examples of state work that can inform and help push a federal agenda (with a mix of red and blue state issues). We will also draw on our federal knowledge and cross-state view to identify strategic federal interventions for national campaigns.

Strategic Goal 2: Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.

1. Increased the capacity of state partner organizations to understand and respond to demographic shifts and have supported them to shift their policy agenda and engagement strategies accordingly.
2. Identified approaches and /or strategies to engage new constituencies in advocacy campaigns.
3. Increased the knowledge of state partners on designing and implementing issue campaigns.
4. Increased the ability of partners to connect civic engagement and health advocacy organizing.
5. Increased CC's ability to design and implement C4 campaigns by developing and/or deepening CC's relationship with 501 c4 organizations.

Strategic Goal 3: Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.

1. Increase in new state and federal rules/regulations, such as require ongoing consumer participation in overseeing delivery system redesign.
2. Policies and practices at institutions such as medical centers policies are effective at reducing conflicts of interest arising from their interactions with drug and device companies, or increasing transparency in hospital reporting so that communities can evaluate how hospitals invest in improving community health and access to care.
3. Increased the knowledge of consumer advocates by conducting, translating and publishing systematic analysis of policies important to consumers (availability of low-cost drugs, adoption of consumer engagement strategies by integrated health plans serving dual eligible).
4. Increased the influence of health system policies and practices to be sensitive and responsive to consumer interests and needs by advocating at the federal level in DC.

Strategic Goal 4: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development.

1. Business planning assessment completed: Based on the results and recommendations of assessment, revenue generating plan in place and operational.
2. Determined the viability of federal funding as part of our overall sustainability plan, and if viable, identified relevant federal funding opportunities and begun to secure federal funds.
3. Determined the viability of individual giving as part of our overall sustainability plan, and if viable, implemented a more formal individual giving program with a growing individual donor base and increased giving.
4. Continuous expanded outreach to national and state-based funders.
5. Annual increase in solicitations to newly identified national and state-based foundations.
6. Annual increase in existing foundations giving to greater range of Community Catalyst programs.
7. Determined the ongoing robustness of foundation dollars and the extent to which we can rely on foundation dollars as our core source of support.

Strategic Goal 5: Invest in Community Catalyst’s staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.

Finance and Operations

1. Maintained unrestricted net assets at \$1.5M (Assessed figure annually to assure it benchmarked well against annual budget and revised as needed).
2. Identified areas of program and organizational investment during annual budget process and developed a process for SMT to select and approve organizational investment options that emerge from that process.
3. Advanced information systems management across the organization, enhanced our ability to access and share information quickly and respond effectively.
4. Planned for expiration of office lease in October 2014.
5. Reviewed and assessed the partnership with HCFA and HLA.

Programmatic /Organizational

1. Increased organizational systems to support the work of program staff (administrative services, information management systems).
2. All programs and services work to advance health equity for our target population and our organization.
3. All programs are evaluating their programmatic goals, outcomes and impact against our 2017 strategic plan outcomes.
Communications and Visibility
6. Developed language and materials (print and digital) that describe our work and how we do it for internal and external use across the organization.
7. Community Catalyst brand and work is accurately represented and/or conveyed across various channels - new and traditional (our website, emails, blog, social media, newsletter, donor pitches, grant proposals, video, news outlets).
8. Assessed and strengthened CC's brand and positioning.
9. Community Catalyst website and marketing materials (one pagers, emails, video, newsletter, grant proposals and reports, donor solicitations, presentations, press materials) include current and relevant impact examples.
10. Invested in new technologies and communications tools to support communications, marketing and development efforts to reach current and new audiences.
11. Positioned Community Catalyst as a strong resource for communications support for the health advocacy movement.
Human Resources
1. Diversity is reflected in the values and commitments of Community Catalyst programs and processes as evidenced by SMT and hiring managers' active responsibility for ensuring that their teams reflect the diversity of the populations we partner with and serve.
2. Mentoring program is fully integrated within the organization and new staff are assigned a mentor during the first three months of their employment.
3. Performance management system is fully integrated into the culture and norms of the organization with 100% participation by all staff members.
4. Community Catalyst continues to evolve as a "learning organization" with 75% of staff members using at least 50% of their annual professional development resources.
5. Employment benefits, policies, and practices are competitive and aligned with market standards, and reflect the needs of current staff demographics.

The Atlantic Philanthropies • Community Catalyst Site Visit

Overview: Backdrop and Strategy *(Used internally. Not shared at site visit.)*

The Affordable Care Act (ACA) has created or accelerated the growth of a variety of new regulatory, purchasing and health care delivery structures that, if taken together and operating effectively, could radically transform the US health care system to promote seamless coverage, improve affordability and improve quality. At the same time, these systems and structures are not without their risks for consumers; there are powerful players who are positioning themselves (and in many cases are already well-positioned) to take what is intended to be a pro-consumer public policy and co-opt it in the service of for-profit, big business gains. Community Catalyst's goal is to institutionalize a strong and influential consumer voice in the design and shaping of these new systems/structures. At the heart of our strategy is realizing our vision for a new and sustainable (“long-term”) enterprise: **the Center for Consumer and Community Engagement** (the Center). Borne out of The Atlantic Philanthropies-funded, Voices for Better Health Program (VBH) at Community Catalyst, and building on Community Catalyst's unique organizational position within the field of consumer advocacy, the Center will take an inventive, multi-stakeholder approach to redesigning how care is organized, coordinated, and integrated. The goal of the Center will be to create and sustain structures and practices for consumer engagement in transforming the health system in order to maximize value and make the system responsive to consumer needs.

In our view, true **HEALTH SYSTEM TRANSFORMATION** will require more than a mandated invitation for consumers to be at what could very likely be an uneven table. We see a need for a shift--a paradigm shift-- that dictates how care is delivered, who informs the policies that determine how care is delivered, and what systems are in place to oversee how care is delivered. Using the opportunities provided by the ACA as our frame, we will proceed to integrate (i.e., “institutionalize”) the consumer voice within and across public and private health care related sectors (e.g., in hospitals and health systems, with insurers, etc.), so that health system transformation has at its core principles of quality and value as well as cost, and, even more importantly, the health, dignity and wellbeing of real people who are actively engaged in determining how their care is delivered. The Center for Consumer and Community Engagement at Community Catalyst will create, support, and incubate consumer engagement policies and practices through a broad set of consulting and technical assistance activities to assure a powerful role for the consumer voice at the individual level (people determining their own care), at the “systems” level (influencing on how health system players approach consumer needs), and at the policy level (shaping how local and state governments implement reforms).

For over fifteen years Community Catalyst has been highly regarded for our state-based, multi-sector approach to health care consumer advocacy. Over the last several years, Community Catalyst has intensified its focus on delivery system reform by providing state and local advocates in over 40 states with more information, tools, and policy support. These efforts include applied policy content such as our Medicaid Report Card, and efforts to enhance cultural competence, inform federal policymakers and communicate a positive vision for a more effective health system for vulnerable populations. Additionally, since October 2013, Community Catalyst has been actively engaged with state consumer health leaders from around the country in a structured dialogue about the next generation of consumer health advocacy. All agree that health system transformation will be at the root of the movement.

SITE VISIT AGENDA

AP Team: Chris Oechsli (CEO), Steve McConnell (Head of US Programs), Sara Kay (Program Officer)

THURSDAY, JULY 24

Welcome / Overview

Rob Restuccia, Kate Villers, Sue Sherry, Michael Miller, Renee Marcus-Hodin, and Diane Felicio

- Our roots, mission, and historical overview (policy, advocacy, TA, etc.)
- Our longstanding relationship with Atlantic Philanthropies: Brief overview: CBC, VBH, ACAIF
- The Environment and Landscape Now: Political and Policy
- The future: Brief overview -- Health System Transformation: The Center for Consumer and Community Engagement

The opening session went very well. We followed the outline above. Steve and Sara were already familiar with Community Catalyst's history, but Chris was not. He seemed keen on getting us to capture it in some way. He is interested in "playbooks" (i.e., documenting approaches that can be used/revise) over the long term. We talked about our approach to TA, policy, etc. in this way. The discussion about the political/policy environment was good (Michael gave the update). It became clear early on that Chris, although not a health care policy expert, understood the issues, especially as they relate to equity.

The Changing Health Care Marketplace

Rob Restuccia, Sue Sherry, John O'Brien, Andrew Dreyfus, Diane Felicio

Hospitals and health plans are moving forward in the new health care marketplace. Most are focused in large part on costs/revenue with little consideration for quality and the genuine, meaningful input consumers bring to the table. Consumer advocates want to move the needle so that hospitals and plans include the consumer voice in every aspect of the healthcare system. In this session, John O'Brien, former CEO of UMass Memorial Health Care and Andrew Dreyfus, President of Blue Cross Blue Shield of Massachusetts (and former president of the BC/BSMA Foundation) will join us to talk about the changing healthcare marketplace, the implications for providers and plans, the important and meaningful perspectives that consumers bring to the table, the role providers and plans can play in supporting consumers as they advocate for change, and the role of Community Catalyst in assuring that consumers are prepared to work effectively with hospitals and plans and that hospitals and plans know how to best engage the people they are there to serve.

Andrew and John talked about the changing healthcare marketplace and consumer engagement from their respective positions. Andrew noted that, "We are still in the childhood phase of the patient engagement movement." They both did a good job of making the "national" case for consumer engagement and made it clear that the MA story does not limit what was accomplished here to MA. They are both very knowledgeable about efforts around the country and the AP team showed great interest in trends and challenges. Chris clearly understood that dynamics in one part of the country will be different in others, but that the business case for consumer engagement stands.

Health System Transformation: Community Catalyst’s Voices for Better Health Program and the Commonwealth Care Alliance (CCA, 12th Floor)

Bob Master, Rosa Palacios (AP Fellow), Sue Kaufman (Vivily), Rob Restuccia, Renee Marcus-Hodin, Diane Felicio

In 2001, Community Catalyst hosted Soros Fellow Bob Master, M.D., a pioneer in the development of “integrated” delivery systems that serve individuals with significant medical and behavioral health needs. During his time at Community Catalyst, Dr. Master developed the **Commonwealth Care Alliance (CCA)**, a non-profit health delivery system serving dually eligible (those eligible for Medicaid and Medicare) older adults and people with complex physical disabilities. CCA’s pioneering approach relies on an integrated team of nurse practitioners, nurses, behavioral health professionals, social services providers, and other professionals to support primary care clinicians. Since 2003, CCA has been nationally recognized for its highly individualized, compassionate healthcare programs. Along with its dedicated focus to quality care, CCA’s programs also address issues of cost by creating savings from reduced hospitalizations and institutional care. CCA helped Massachusetts to become the first state in the nation to fulfill the promise of effective healthcare reform, a goal that is now enshrined through the Affordable Care Act. CCA’s next venture, **Vivily**, is a for-profit consulting, technology, and clinically oriented, patient centered management service for dual eligibles whereby CCA’s mission and model will be sold to provider groups, accountable care organizations, insurance plans, and others. Community Catalyst is in the very early stages of considering a potential equity stake in Vivily, which is an example of the type of opportunities now available for mission-driven advocates and providers to leverage their expertise in the changing health care marketplace to generate revenues that support their program work.

The Atlantic Philanthropies funded **Voices for Better Health (VBH)** program carries on the integrated delivery system work that helped launch CCA. Quality, cost-effective, patient-centered care is possible, but not without the ongoing and meaningful involvement of vulnerable older adults and the organizations that represent them. Through VBH, Community Catalyst is advancing policies that *require* coordinated, patient-centered care and establishing a strong voice for dually eligible older adults and caregivers in the health plans and provider groups that serve them. CCA is one of our many partners in this work.

Bob Master’s overview of CCA (and the associated Q&A) took up a good portion of this session. Renee Marcus-Hodin and Sue Kauffman were also able to contribute to the conversation: Renee about VBH and Sue about Vivily. We did not spend a great deal of time on the latter, but did refer to the handout in the Materials Packet (sent previously to the Board) that showed the interrelationships among Community Catalyst (the Center for Consumer and Community Engagement), CCA, Vivily, and Vital Capital. Bob alluded to some of the fiscal challenges that CCA has experienced, but presented an optimistic outlook about the future. Rosa Palacios (CCA) gave a brief overview of the Upham’s Corner Community Health Center visit coming up the following day. Chris appeared to be impressed by the model, asked questions about cost/quality and how the integrated care approach actually works.

Elevating the Consumer Voice in the new Health Care Marketplace: The Center for Consumer and Community Engagement

Rob Restuccia, Jacquie Anderson, Sue Sherry, Renee Marcus Hodin, Cathy Levine, and Diane Felicio

In this session we will be joined by a consumer advocate from Ohio, Cathy Levine. Cathy will talk about her experiences as a consumer advocate pre/post implementation of the ACA, the challenges she sees

consumers facing in the new marketplace, what would help advocates overcome those challenges, and the impact of Community Catalyst's support (e.g., through direct technical assistance, the **ACA Implementation Fund**, and advocacy in Washington, DC). Community Catalyst will speak to the many opportunities that the new health care marketplace offers for integrating the consumer voice, what it will take to assure that consumers are well prepared, and the options to sustain the consumer advocacy movement over the long term.

A bulk of this session was devoted to Cathy Levine (ED, UHCAN Ohio) and her work in Ohio and the purpose and value of Community Catalyst's support. The AP team asked some pointed questions about how we work together, what Cathy looks to Community Catalyst for, and what about our support is most helpful to her. She did not sugarcoat – she was clear about her challenges (political and policy) and talked about how much/often she counts on Community Catalyst for our “in-the-moment” access, as well as the availability of the larger learning community that we manage. Chris left with the impression that we must “have our hands full” with energetic (i.e., demanding/motivated/dynamic) advocates like Cathy.

Dinner: Kate, Rob, Diane, Michael, Wendy + AP team

Dinner was social and personal in a "getting to know you" kind of way. Wendy helped make the case that the transformation is coming--that Children's has bought into it--and also emphasized that it is difficult. Chris raised the DC presence question himself--not DC office per se, but was there a need for us to be more present/ visible there. Rob and Michael talked about how it would be helpful to be able to build relationships and easier to insert ourselves. We also discussed some of the big picture politics. Chris was very interested in and appreciated the “human rights” values underpinning our work and the steadfastness of Community Catalyst's mission of constituency empowerment to leverage policy change – its continuity over time, from its roots in the 80's (Villers Foundation) to the present.

End of Day 1 Reflections from Sara Kay

- He is very impressed. We made the case for our value.
- Love the notion of the pivot in the marketplace and CC making the pivot.
- We clearly demonstrated that we working on health equity and consistent with the mission.
- There will be a \$5M match requirement so we need to have a \$15M proposal.
- She said we really need to take the long view.
- The key is to be big bold and aspirational.
- Chris is very interested in the human capital issues and leadership development.
- We need to make the case for the longer run – we need this \$15M to position ourselves for the future – making delivery system change and strengthening the organization overall.

FRIDAY, JULY 25

Site Visit, Community Center at Upham's Corner

Bob Master, Rosa Palacios (Atlantic Philanthropies Fellow), Rob Restuccia, Renee Marcus Hodin, Diane Felicio

Consumer participation and involvement are critical to Commonwealth Care Alliance model of care and organizational identity. The purpose of running local member meetings is to give members the opportunity to voice their opinions about the services they receive and to provide a platform where they

can provide feedback, ideas, suggestion and recommendations to improve the Senior Care Options program. It all gives Commonwealth Care Alliance staff the opportunity to provide updates and information. There are 10-12 meetings in all per year – at least one in each of the eight primary languages members speak. We are expecting between 20-30 members at the meeting at Upham’s Corner. Some members will come with a family member or personal care attendant.

We were at the Center for about three hours. The AP team took a quick tour and then attended a session with consumers (attendees were from the Cape Verde community and there was a translator present). CCA staff conducted the session, asked for feedback about various elements of the program, and provided information, as well (e.g., about new insurance cards). There was also a 100th birthday celebration for one of the members. The AP team got to witness the “community” element that the CCA program provides (along with coordinated care). Chris said the meeting was inspiring. He spoke with Rosa Palacios afterwards and asked questions about how they handle the feedback they receive.

The Center for Consumer and Community Engagement

Rob Restuccia, Jacquie Anderson, Sue Sherry, Renee Marcus Hodin, Carol Regan, Steve Pratt [Root Cause consultant], and Diane Felicio

In this closing session we will discuss the present and future opportunities and challenges confronting Community Catalyst and its partners in health system transformation. We will learn about Community Catalysts’ plans to deepen capacity – both within its own structure and among its partners – and develop the skills and new tools needed to be effective in this dynamic new environment.

- The purpose and scope of the Center for Consumer and Community Engagement: Next-gen TA, DC office, C-suite, long-term scenario planning, fundraising capacity, fee-for-service, etc.
- Overview of business planning process
- Overview of other opportunities for sustainability: Federal/state grants, Vivily, etc.

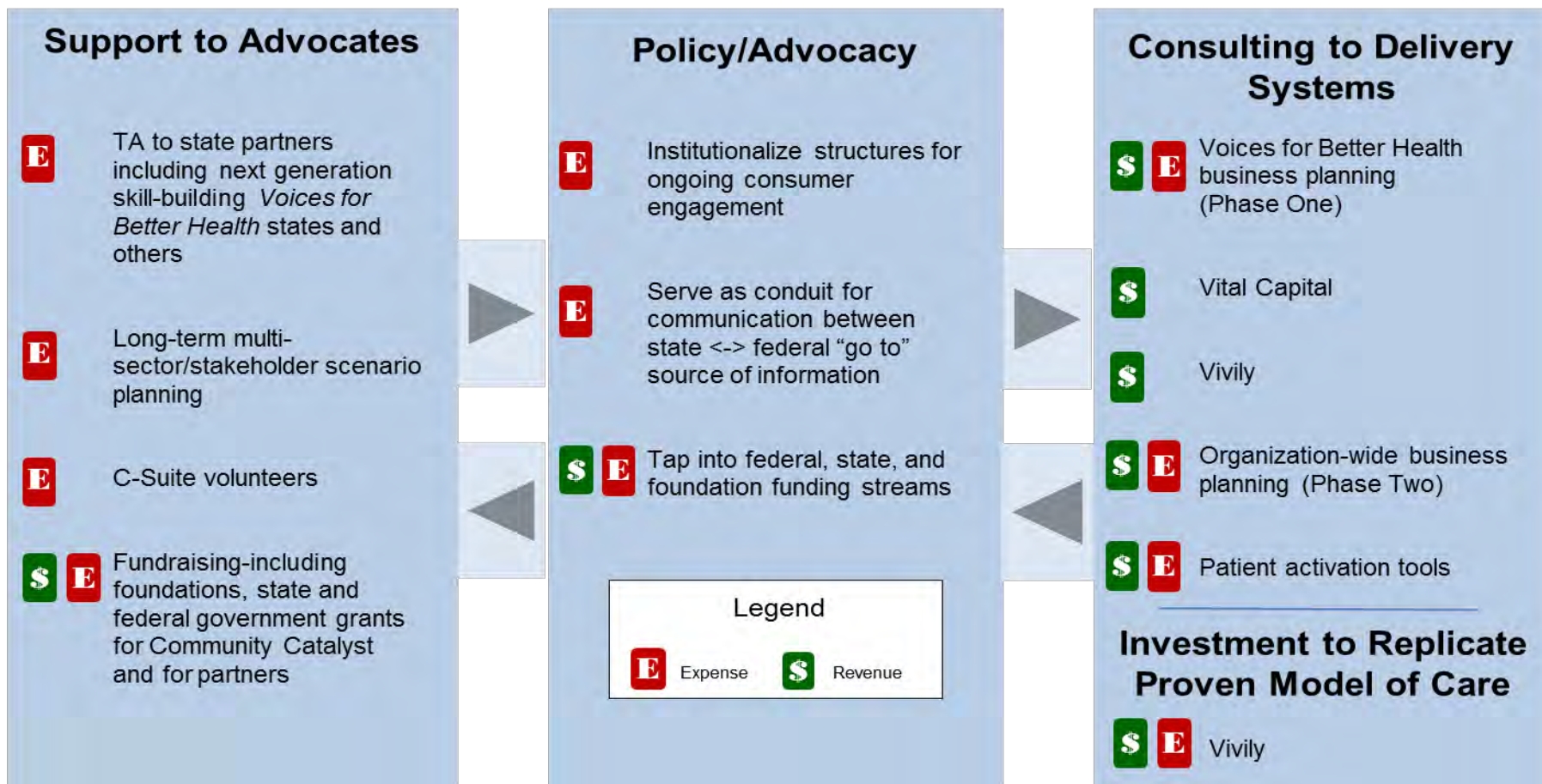
- Chris: How AP defines success: Sustainability, mission, tipping point organization
- Steve Pratt (Root Cause): Steve did an excellent job of talking about the business planning process thus far and responded well to if/then scenario questions (e.g., alternatives to the target groups that might be interested in fee-for-service if health plans are not, the importance of timing, and our readiness). There was a lot of head-nodding during this conversation and Steve, Chris, and Sara seemed to appreciate Steve Pratt’s perspective/approach.
- AP: What would elevate the game?
 - Steve McConnell – Would you do this (the Center/Business Planning, etc.) anyway?
- Rob: Why Community Catalyst?
 - Rob spoke at length and powerfully about our history, impact, content area expertise, strong partnerships (e.g., C-Suite), and how CC has been a key source of resource development for the network.
- Chris: Would you/CC consider regional staff (CC- CA, South); expand video conferencing capacity?
- Chris: what about global health issues? Workforce issues, community based care?



The Center for Consumer and Community Engagement

Vision: Transform the health system in order to maximize value and make it responsive to consumer needs

Purpose: Ensure that consumers and communities are engaged in health system transformation efforts



Inside Philanthropy

[A Closer Look at Atlantic's End Game—And Where It's Putting the Biggest Money](#)

[David Callahan](#)

Atlantic Philanthropies is going out with a bang, not a whimper, and it's pretty darn interesting to watch—far more interesting than you think.

Why? Because the story of Atlantic's end game is not about a multi-billion-dollar foundation that is spending down its assets on a methodical schedule set in stone years ago. Instead, this is more like a fireworks display, and we're only now witnessing the finale—one that's being invented on the fly, no less.

If you're not paying attention, you're missing the best part.

Atlantic is starting to make a series of "culminating grants" that will shower a handful of organizations with big money, the kind that rarely comes from foundations. What's more, these funds aren't being shoveled out in rote exit grants so Atlantic can meet its deadline of emptying its endowment by 2016. Rather, the foundation has been thinking new thoughts and setting new goals as part of its last phase.

Fewer and Bigger Bets

In an interview last week, Atlantic CEO Christopher G. Oechsli made it clear to me that even now, with the end looming, Atlantic is still considering fresh gambits and debating where to direct the largest grants.

Oechsli knows how to create suspense. Back in April, Atlantic blasted out [a tantalizing message](#) from Oechsli saying that big things were coming—that the foundation would make "fewer and bigger" bets as it wound down. But he wouldn't say on what.

"Stay tuned," Oechsli wrote. "The symphony is building and there are key movements to come."

A few weeks ago, the picture became clearer when the foundation [announced](#) that it was making three mega grants: one to foster peace and human rights in Northern Ireland, another to help fund a national dementia strategy in Ireland, and a third to expand the Center for Budget and Policy Priorities, the Washington-based liberal think tank. ([See my take on the CBPP grant.](#))

The foundation also revealed more about its end-game strategy, including its intention to invest in a small number of what Oechsli calls "champion organizations" like CBPP that can carry forward Atlantic's goals over the long term.

"Transformative, Systemic Change"

I spoke with Oechsli to learn more about the deeper thinking behind Atlantic's strategy, along with where big money is going next.

The first thing to understand is that Atlantic sees this culminating phase as distinct from its longstanding program funding. "We're moving beyond that approach to grantmaking," Oechsli says. In plotting its final moves, the foundation decided to "pull back and look at the bigger picture."

At the end of 2012, the foundation created a pot of money for a new phase of work it would call Global Opportunity and Leverage, or GOAL, and further refined its thinking through 2013. Tony Proscio, a Duke scholar who's been writing about the foundation, [has said](#) of GOAL that it's "meant not to be solely a final burst of activity, but a new way of thinking about the Foundation's ultimate purpose and how it would conclude."

Atlantic's aim is to build on its previous grantmaking with the hope of "catalyzing transformative, systemic change" in the fields and countries where it has worked.

Good luck getting over that bar, you might say. On the other hand, this is foundation that still has hundreds of millions of dollars to move out the door.

Investing in champion organizations is one track. Investing in human capital is another approach that Oechsli says will guide Atlantic's final grantmaking, with a focus on "developing future leaders who are grappling with multidisciplinary challenges and networked approaches." Long after the foundation goes out of business, Oechsli says, those leaders can still be advancing its values.

The Core Focus: Equity

And what, exactly, are Atlantic's values? Oechsli acknowledges that Atlantic's mission has been interpreted in different ways over time (and with some fuss, we might add), but the enduring core, especially in this final phase, is a focus on equity.

"The basic value is the need to enhance opportunity for people who have unfairly been denied that opportunity," Oechsli says.

(A quick aside: After my recent [deep dive](#) into Hewlett, it's refreshing to hear a foundation president state an overarching normative goal clearly and without equivocation. And no, it's not because I share that goal. I also [admire funders on the right](#) who are crystal clear about the societal change they seek.)

As for the means to advance that goal, Oechsli argues that it's important to focus on both "hearts and minds." The foundation places great stock in evidence-based policy, but also wants to back work that connects with people at the gut level through story telling.

Whatever the approach, "government is a primary audience," says Oechsli, since it has such huge resources and systems in place. In making its big give for dementia work in Ireland, Atlantic is partnering directly with that country's national healthcare system.

The major grant to CBPP certainly makes sense in the context of Atlantic's thinking: It's an outfit that's hyper-focused on shaping government policy with evidence-based policy analysis on behalf of Americans who've historically been screwed.

Shaping the Narrative

Atlantic will be announcing more big grants this year, including to additional "champion organizations." This is nice money if you can get it, with Oechsli saying that most of those grants will range from \$10 to \$20 million.

So who's going to pull in the big money? Atlantic is figuring that out right now.

"There are more champions than we can possibly support," Oechsli sighs. "But we're trying really hard to identify those institutions that can make a lasting impact, reflecting the issues we've been involved with and the issues underlying our work."

One area where Oechsli says that Atlantic will make a significant investment is in shaping "the narrative" around issues of equity. This goes to the foundation's desire to influence people's "hearts," as well as their "minds."

The grant to the wonky Center for Budget, with its endless stream of sober policy briefs, was all about the "minds," but Oechsli says that Atlantic is also interested in "retelling the story about what's unfair and biased."

In another indication that Atlantic's end game is a work in progress, Oechsli said that the foundation was still grappling with how to fund narrative work and was looking at multiple approaches.

Race Looms Large

Atlantic has been closely involved in My Brother's Keeper, the big initiative on race launched by the White House in February, and Oechsli says that the idea of funding around narrative came from listening to President Obama talk about how boys and young men of color are seen in American society.

So it wouldn't be surprising if Atlantic did something big to shape how Americans talk about race and equity when it starts writing big checks for storytelling.

In fact, the foundation is already involved in narrative work on race, as part of My Brother's Keeper, through a collaborative effort with the W.K. Kellogg Foundation, the California Endowment, Ford, Knight, and the Open Society Foundations. This push engages the media, research, and young people of color themselves.

And long before My Brother's Keeper began, the foundation invested millions of dollars to challenge Draconian school discipline policies, backing grantees that have highlighted the racially biased ways that such policies reinforce a "school-to-prison pipeline."

That work has had enormous traction, with policy change happening at the federal, state, and local levels—all against the broader backdrop of a rethinking of drug laws and the over-incarceration of young people of color.

Going back further, Atlantic has invested over \$100 million in a network of schools and school-based health centers to improve opportunities for low-income middle school kids of color. Also, when Gara LeMarche led Atlantic, the foundation devoted considerable thought to how structural racism played out in its main program areas, including ageing, both in the United State and some of the other countries where it operated. LeMarche gave an [important speech](#) on race and philanthropy in 2008 that remains compelling reading six years later.

The question now is how Atlantic is going to pull together its linked interests in equity, race, and narrative through major culminating grants. I imagine there's more than a few NGOs—would-be "champion organizations"—that are keeping their fingers crossed in a big way.

Healthcare and Education

Health is another area where Atlantic has a stake, given the many millions it has spent not just to help enact the Affordable Care Act but also to implement the law. Oechsli says that the foundation thinks in terms of "health equity" and, in the wake of the successful fight over coverage, has shifted its attention to challenges around healthcare delivery and cost.

One keen interest of the foundation is building a cadre of healthcare professionals who are drawn from the community, and it's learned a lot about this area from its funding of school-based health clinics. Here again, the foundation is poised to make some major grants. Oechsli says the foundation will give big money to at least one champion organization in the healthcare field, and that significant funding for human capital is also likely.

Likewise, Atlantic is zeroing in on a big give in the education sector that Oechsli says will be considered by Atlantic's board in September.

"It's Not an Easy Job"

You might think that shoveling out piles of money to advance longstanding passions would be great fun. But Oechsli says that it's much harder than it looks and that "it's complicated and stressful."

Among other things, it's hard to say no to groups. "To do this well is not an easy job," says Oechsli, although he also describes the process as "very satisfying."

And what's Atlantic's CEO going to do when this is all over?

Oechsli says he hasn't given that much thought amid the intense pressures of closing up shop. But whatever he does, it's hard to imagine that it could be nearly as interesting as managing the biggest philanthropic spend down in history.

David Callahan is founder and editor of Inside Philanthropy. He can be reached at davidc@insidephilanthropy.com

Wednesday, August 20, 2014 at 03:58PM

[Rate a Funder](#)

Inside Philanthropy

[Will Atlantic's Big Bet on the Center for Budget and Policy Priorities Pay Off?](#)

[David Callahan](#)

No think tank commands more respect among liberal policy wonks and Capitol Hill Democrats than the D.C.-based Center for Budget and Policy Priorities, founded over 30 years ago by the indefatigable Robert Greenstein. The center is revered for its analytical rigor, its rapid response time, and its sheer relentlessness. The place is like a machine: Any time a proposal appears that whacks the poor, you can use a stopwatch to clock how long it takes the center to whip out a scathing critique, often written by Greenstein himself. Does the guy sleep?

Yet CBPP has always had a major weakness: It's never been so great at generating new policy ideas or reframing debates over the long term. It's been more a finger-in-the-dike operation than an effort to redirect the river, even as places like Heritage and Cato focused on doing just that. In this way, CBPP has mirrored the broader struggle of liberalism in recent decades to move past a defense of New Deal/Great Society programs to develop fresh approaches to improving life prospects for low-income Americans.

Now, thanks to a [big gift](#) from Atlantic Philanthropies, the center will shift more to offense, with a new institute that will focus on proactive policy development. In the video below, Greenstein says this new arm of CBPP "is going to look at the longer term," and will complement the fire-fighting work that the center does every day.

Greenstein says the institute will seek to deal with the major fiscal challenges ahead, driven by rising entitlement and healthcare costs as the boomers retire, in a way that actually *reduces* poverty, as opposed to just dodging the most Draconian of cuts.

Atlantic isn't saying exactly how much money it's giving to CBPP, which Atlantic has backed over many years, but it's surely a big number. Remember, this is a foundation that needs to move hundreds of millions of dollars out the door by 2016.

Stephen McConnell, who directs U.S. Programmes for Atlantic, explains that the mega gift to CBPP is part of a broader strategy by Atlantic, which is spending down, to invest heavily in a few "champion organizations" that "have the capacity to not only fight today's battles, but to be strong and fight those battles in the future."

Atlantic's strategy of doubling down on leading organizations makes a lot of sense, and scale matters in shaping public policy. The Heritage Foundation can play both the near-term and long-term game because its budget is three times as large as the Center for Budget and Policy Priorities. Heritage can deploy legions of wonks to analyze breaking policy proposals and still have resources left over to pay senior fellows who write books and think long term.

That said, is Atlantic placing the right bet in investing big in CBPP?

[Here, I should pause for the disclaimer that I co-founded and previously worked at Demos, another national policy shop.]

I can see both the pros and cons of betting heavily on CBPP.

The center looks like the right vehicle for shaping long-term debates if you believe that fiscal choices will be all-important in determining living standards for many Americans in coming decades. At stake in looming budget battles is not just the survival of safety net programs, but the ability of government to address common problems *at all*.

That's because spending on entitlement programs for seniors and interest on the debt threatens to crowd out spending on most everything else that government does a few decades from now, unless revenues substantially increase and/or projected public healthcare spending is sharply reduced. The squeeze is already on, with domestic discretionary outlays on a steady downward slope.

If you want to win the brutal multi-decade fiscal war that lies ahead, you can see the appeal of scaling up the left's premier budget outfit.

The argument for investing elsewhere is that the fiscal and economic choices by policymakers are merely a reflection of who has power in American society and what values ordinary people embrace. If U.S. politics remains dominated by corporations and the affluent, and if a great many Americans embrace libertarian ideas about the economy and safety net, than all the wonks in the world won't turn things around.

Conservative philanthropy has been so successful since the 1970s because the right's funders have focused huge resources on shaping meta debates over values and the economy. They've pushed moral arguments about individual responsibility and bashed social programs as harmful while teaming up with business and the wealthy to promote laissez-faire ideas about the economy and regulation. Separately, a powerful message machine emerged on the right with the muscle to shape public opinion on a large scale. And of course, vast amounts of new money poured into our democracy, tilting policy outcomes toward the 1 percent.

In the face of this juggernaut, many liberal funders remained steadfast in their faith that reason and analysis would prevail, and the Center for Budget and Policy Priorities has long been a magnet for foundation dollars as the gold standard in this department.

But to me, the lesson of recent decades is that equity-minded funders need to invest much more heavily in institutions that are thinking at a deep level about both the economy and values, and can connect this work to movement building. The center isn't a leader in these areas and it's hard to see it becoming one (even if it did hire Jared Bernstein a few years back, who's great on the big picture stuff).

So what the bottom line in all this? Ultimately it's not clear there's an either/or choice here in terms of where to invest, and Atlantic can't really go wrong in giving CBPP a big pile of money.

Even in an America far more receptive to the ideas of collective obligation and a mixed economy, the coming budget battles will be brutal as the boomers retire and interest soars on the debt. An expanded CBPP with more capacity to think a few moves ahead can only be a good thing.

And let's not forget something else: Atlantic is still not done choosing the "champion organizations" that it plans to shower with "culminating grants" as it moves toward closing its doors.

I'll be writing more about Atlantic's end game strategy in coming weeks and months.



Community Catalyst
Center for Consumer and Community Engagement (CCCE)
WORKING GROUP #2

August 21, 2014

accelerating performance for SOCIAL IMPACT



Today's Goals and Agenda

Goals:

- Understand and discuss the research findings to date
- Identify next steps for research and deliverable

Agenda:

- Process Review and Update
- Internal and External Review Findings
- Path Forward



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PROCESS REVIEW AND UPDATE



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Center for Consumer and Community Engagement Business Planning Process

Working Group Meeting

	MAY	JUN	JUL	AUG	SEP	OCT
PHASE 1: INTERNAL REVIEW • Community Catalyst Overview • Internal Stakeholder Review		Jun 2				
PHASE 2: EXTERNAL REVIEW • Interview key informants and potential customers • Research financial options				Aug 21		
PHASE 3: FRAME PLAN • Prepare multiple plan scenarios including program models and budget frameworks					Sep 29	
PHASE 4: DRAFT PLAN • Present summary of plan • Present funder prospectus and roadshow						
PHASE 5: FINALIZE PLAN AND DELIVERABLES • Review/finalize plan • Update all stakeholders • Ongoing implementation coaching						Present Plan to Board

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Reminder: Center for Consumer and Community Engagement (CCCE) Business Planning Process Goals

Overarching goal: Explore and develop sustainability options for CCCE that include diverse sources of revenue

- Root Cause's work to date has focused on the feasibility of developing a fee-for-service revenue stream for CCCE focused on training and technical assistance for those who have strategic and/or compliance reasons to focus on consumer engagement



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INTERNAL AND EXTERNAL REVIEW



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Internal Interviews

Conversations with six Community Catalyst staff and two board members

Topics Included:

- ▶ What are:
 - The things that you have?
 - The things that you do?
 - The things that you know?
- ▶ Who would want those things?
- ▶ What could be monetized
 - Directly?
 - Indirectly thru proxy payers?
- ▶ What could CCCE products and services look like?
- ▶ What lessons have been learned from previous examples of providing TA and/or other fee-for-service work?



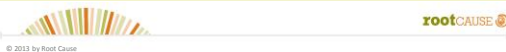
Findings: CC Assets for CCCE Fee-for-Service Work

- ▶ **Expertise:** Deep technical and content knowledge of policy and practice of community planning and consumer engagement
- ▶ **Strong relationships** and networks, including relationships with consumer advocates at the state level across the country
- ▶ **Bridge-building** history among diverse stakeholders
- ▶ **Brand** and reputation that are well-respected



Findings: CC Challenges for CCCE Fee-for-Service Work

- ▶ **Lack of business skillsets:** No in-house experience or culture with fee-for-service client services including scoping, execution, marketing, billing and customer- or revenue-driven mentality
- ▶ **No 'fully-cooked' turn-key offerings;** any products would have to be developed from existing assets on an ongoing basis, which can be risky, costly, and harder to sell
- ▶ **Limited in-house experience with health plan administration,** essential when providing TA to health plans
- ▶ **Differing and evolving internal visions** for the Center
- ▶ **Risk of having clients with conflicts** with advocacy work



External Review Key Questions

Question	Method
Are there opportunities for consumer engagement fee-for-service work?	External Review Research: Market Landscape and Interviews
If so, how are these opportunities developing due to the changing healthcare landscape?	
Who would demand these services?	
Who else is already meeting those needs and can CC position itself in a discrete area of the market where it would have a competitive advantage?	External Review Research: Benchmarking



External Interviews: Potential Customers

Conversations with six potential customers, six pending

Topics Included:

- ▶ When you have technical assistance needs, how do you usually address those (in-house vs. external)?
- ▶ Have the changes associated with the ACA altered when and how you use outside TA services?
- ▶ For those technical assistance needs that you address externally, what services or partners have been most helpful? What has worked well? What challenges did you encounter?
- ▶ How have you approached consumer engagement up to this point? Does that affect your TA needs?
- ▶ Possibility of seeking TA on specific aspects of consumer engagement strategy

Interviewee	Title & Organization
Mary Kennedy	Vice President for Medicare and Managed Long-Term Care, ACAP
Bob Thompson	Vice President of Community Health Engagement, Excellus BlueCross BlueShield
Bob Crittenden	Senior Policy Advisor, Health Reform, State of Washington
Chris DeMars	Director of Systems Innovation, Oregon Health Authority Transformation Center
Lorez Meinhold	Senior Associate, The Keystone Center
Judy A. Farrell & Portia McCormack	Vice President and Assistant Vice President, Government Affairs, GuildNet

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External Interviews: Allies/Thought Leaders

Conversations with five thought leaders/allies in the field, two pending

Topics Included:

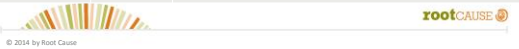
- ▶ What does the need look like for technical assistance for community engagement for health plans?
- ▶ Who are the decision-makers/payers within health plans that we should consult?
- ▶ Perception of CC expertise areas and match with unmet need
- ▶ View on detailed list of CCCE products/services -- which might be most useful?
- ▶ What are the risks associated with working with health plans on these issues? How might they be mitigated?

Interviewee	Title & Organization
Cindy Eshes	Executive Vice President of Consulting, COPE Health Solutions
Tom Lynch	Founder, Lynch Ryan; CCA Board Member
Andy Stern	Senior Fellow, Columbia University Richman Center Advisory Board Member, Open Society Foundations U.S. Programs Former President, Service Employees International Union (SEIU)
Bill Walczak	Former CEO, Codman Square Health Center
Jan VanRiper	National Alliance of State Health Co-ops



Peer Organizations Benchmarking (1 of 2)

Organization	Annual Revenue	Description from Website
American Institutes for Research (AIR)	\$279M (2011) (Health program—\$27M)	One of the world's largest behavioral and social science research organizations. AIR conducts and applies health policy research to develop improved healthcare services, systems, and structures that improve health and affordability of care.
Institute for Healthcare Improvement (IHI)	\$43M (2011)	Built around the belief that everyone should get the best health and care possible, its work is divided into five areas (Improvement Capability; Person and Family-Centered Care; Patient Safety; Quality, Cost, and Value; Triple Aim for Populations)
Studer Group	\$45M (2010)	Works with over 850 healthcare organizations in the U.S. and beyond, teaching them how to achieve, sustain, and accelerate exceptional clinical, operational, and financial outcomes
Planetree	\$7.6M (2012)	Operates under the premise that care should be organized first and foremost around the needs of patients. Partners with providers across the continuum of care to transform organizational cultures.



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Peer Organizations Benchmarking (2 of 2)

Organization	Annual Revenue	Description from Website
Patient & Family Centered Care Innovation Center	N/A	Established in 2006, the PFCC Innovation Center of UPMC is one of the first Patient and Family Centered Care (PFCC) applied research centers that focuses on co-designing ideal care experiences with patients and their families
Press Ganey	N/A	Mission is to support health care providers in understanding and improving the entire patient experience. Strategic business partner to more than 10,000 health care organizations across the country and across the continuum of care.
Institute for Patient- and Family-Centered Care (IPFCC)	\$2.3M (2012)	The Institute for Patient- and Family-Centered Care serves as an information resource center for patient and family leaders, clinicians, administrators, educators, researchers, and facility designers who are interested in advancing the practice of patient- and family-centered care.
Health and Disability Advocates (HDA)	\$2.1M (2012)	Each year, HDA provides technical assistance to hundreds of individuals, community-based organizations, health care professionals, and state and federal agencies throughout the country. In addition, HDA regularly convenes meetings of federal and state agencies, advocates, consumer groups, and community-based providers to develop cogent public policy around disability and health.



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Peer Organizations by Services Offered

Organization	For-Profit/Nonprofit	Technical Assistance/Capacity Building	Events & Webinars	Publications	Research & Evaluation
American Institutes for Research	Nonprofit	✓		✓	✓
Institute for Healthcare Improvement	Nonprofit	✓	✓	✓	✓
Studer Group	For-Profit	✓	✓	✓	✓
University of Pittsburgh Medical Center - Patient & Family Centered Care Innovation Center	Nonprofit	✓	✓	✓	✓
Planetree	Nonprofit	✓	✓	✓	✓
Press Ganey	For-Profit	✓	✓	✓	✓
IPFCC	Nonprofit	✓	✓	✓	✓
HDA	Nonprofit	✓	✓		✓



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Core and Secondary Markets: Original Hypothesis

Core Market:

Health Plans	# of Plans	# of Enrollees
Medicaid Health Plans	337	29,120,482
Medicare Health Plans	403	54,000,000
Totals	740	83,120,482

Secondary Market:

- Community/non-profit health providers
- Labor union Taft-Hartley plans
- Dual demonstration project health plans
- Accountable care organizations (ACOs)
- Coordinated care organizations

Outside the Market:

- Solely government funded health plans



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Core and Secondary Markets: Current Hypothesis

Core Market:

Organization Type	Population Served
Community-based health plans including ACAP member plans	ACAP: 58 local, not-for-profit, community-affiliated Safety Net Health Plans
Community health centers	9,000 sites serving >22 million patients
Accountable care organizations (ACOs)	Over 400 nationwide covering 25-31 million Americans
PACE organizations	104 programs in 31 states

Secondary Market:

- Community-based hospitals
- Dual Demonstration Projects
- Private, commercial health plans that serve Medicare/Medicaid

Outside the Market:

- Solely government funded health plans



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CCCE Potential Products and Services: Current Hypothesis

Strategic planning on consumer and community engagement
Assistance brokering collaboration with community-based organizations
Skill training and leadership development for consumers
Development of user-friendly consumer engagement materials and tools
Strategies for evaluating consumer feedback and engagement mechanisms
Document and disseminate best practices and models of care



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External Review Findings To Date



The service offerings CC has put on the table for consideration to date do not match up to customers' pain points.



Customers are unlikely to pay to address something that is not a pain point.

The following slides examine each hypothesis about the market and our conclusions



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Hypothesis 1: Compliance

Hypothesis

Potential customers will seek external assistance on complying with recent ACA-related guidelines on consumer engagement.

Reality

Compliance is not high on the list of concerns for target customers. Consumer engagement guidelines are not specific or stringent enough to make the topic a priority for target customers.

Evidence

Of all the new ACA requirements for non-profit hospitals, only one requirement (community assessment) comes with an accompanying penalty.¹

"If CC is coming in and saying here is a test of 500 questions. 400 of them relate to big systems issues and we are going to come in as a separate question [on consumer engagement] and help you answer 5 of those – that is a hard place to position yourself!"²

"Some want to do the minimum – there is not much incentive – we don't know the teeth behind the evaluative aspect...I know what [health plans] priorities are, and consumer engagement isn't one of them. Need to be clear that there is a regulatory stick."³

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Hypothesis 2: Cost Savings

Hypothesis

Potential customers who are interested in taking advantage of the cost savings associated with improved consumer engagement will seek external assistance.

Reality

The cost-savings from consumer engagement are neither well-known nor prioritized by potential customers, and take a back seat to other cost-saving sources related to administration and technology.

Evidence

"Patient engagement still remains a 'holy grail' and I'm not sure that anyone has bragging rights about how well they are doing it... So if CC comes in saying they can do this, they might end up just being another vendor trying to distinguish themselves."¹

"CC has done well with...making sure vulnerable populations aren't being left out [but]...financing and financial incentives in the system are not in line with consumers."²

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Hypothesis 3: Customer Service

Hypothesis

Potential customers will seek to improve the quality of their consumer engagement as an value-add for consumers that sets their services apart.

Reality

Currently this is not a top concern of customers and there is not yet a robust market advantage for customers with strong consumer engagement

Evidence

"I don't think [consumer engagement] is a pain point for them. No one has made it such. There is no pain to take away unless/until hospitals realize that they could take away a lot of pain. I don't think they are thinking about it."¹

"There's a lot of interest in consumer engagement among health system players, but it's currently more theoretical than practical... Health plans are most concerned with marketing issues and their competitive advantage over other health plans... [consumer engagement] doesn't seem to be their main marketing play."²

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Hypothesis 4: Mission Alignment

Hypothesis

Mission-driven customers will seek assistance with developing high quality consumer engagement practices, because consumer engagement is core to their mission.

Reality

Mission-based plans and providers are likely to improve customer engagement quality in-house rather than through external consulting assistance.

Evidence

"I think [health plans and providers are] handling a lot of it internally, people who are working internally have feelers out on what state of the art is nationally. Decisions get made on the marketing- business case approach."¹

"Drawing on my own experience and community connections, [mission-driven community plans] are likely to have that going on already... I suspect people won't pay. The reason is that plans are paid through Medicaid programs, so there is a lot of investment in systems. They can put it in administrative, but I am skeptical. [They are] more likely to hire someone [internally]."²

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PATH FORWARD



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Hypothesis Evolution

Customers won't pay CCCE to help them work better with consumers, however...

Customers may pay CCCE to help consumers work better with customers.

Evidence

"There will always be a series of people who don't understand the economic impact of their care... There is a business model to carve out a better mousetrap (i.e. technology that appears on phones with multilingual abilities). Someone needs to tell [health system players] that they can administer these benefits in a better way at no large cost." ¹

"A lot of education needs to happen with people who have never been connected with their state insurance program before. We quite frankly have not been ready for this [influx of new consumers]. We're trying to go there. There is some activity that the state and CCOs will take on member engagement related to health Insurance 101, state insurance 101...Another thing we're focusing on is health literacy-that's come to the forefront as a need." ²

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Path Forward



NEXT STEPS



Center for Consumer and Community Engagement Business Planning Process

	MAY	JUN	JUL	AUG	SEP	OCT
PHASE 1: INTERNAL REVIEW • Community Catalyst Overview • Internal Stakeholder Review		Jun 2				
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Working Group Meeting

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MEMORANDUM

TO: BOARD OF DIRECTORS

**FROM: ROSEMARIE BOARDMAN
DONNA PINA ROBINSON**

DATE: SEPTEMBER 12, 2014

RE: FINANCIAL INFORMATION FOR THE BOARD MEETING

Attached are financial documents for your review. I am sorry we are not able to present these documents to you personally at the September Board meeting; both of us will be overseeing the move to One Federal.

FY 14 Financial Statements through July 2014:

Attached are the financial statements for Community Catalyst the period January - July 2014. The statements are for the organization as a whole. We are still projecting a year end surplus of \$100,000.

FY 13 990 Tax Return:

Also attached is the 990 Tax Return for 2013. This form was reviewed by the Finance Committee at its meeting on August 28th.

We look forward to seeing you in December in our new offices. Please don't hesitate to contact us if you have any questions in the meantime.

**Community Catalyst
Statement of Financial Position
July 31, 2014**

ASSETS

Current Assets

Cash - Operating	\$ 3,101,386
Cash - Money Market	<u>5,350,061</u>

Total Cash and Cash Equivalents 8,451,447

Other Current Assets

Accounts Receivable	356,858
Pledge Receivable	2,592,277
Other Receivables	1,129
Prepaid Expense	<u>229,889</u>

Total Other Current Assets 3,180,153

Other Assets

Security Deposits	3,446
Deferred Rent	112,275
Pledge Receivable L/T	<u>2,052,374</u>

Total Other Assets 2,168,095

Property and Equipment

Furniture & Fixtures	25,763
Office Equipment	89,549
Leasehold Improvements	572,098
Less: Accum Depr & Amort	<u>(115,311)</u>

Total Property and Equipment 572,099

Total Assets \$ 14,371,794

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts Payable	\$ 404,080
Accrued Expense	<u>205,918</u>

Total Current Liabilities 609,998

Long-Term Liabilities

LT Portion of Lease Payable	<u>95,522</u>
-----------------------------	---------------

Total Long-Term Liabilities 95,522

Total Liabilities \$ 705,520

Net Assets

Unrestricted Net Assets	\$ 1,858,502
Temporarily Restricted Assets	11,766,465
YTD Change in Net Assets	<u>41,307</u>

Total Net Assets 13,666,274

Total Liabilities & Net Assets \$ 14,371,794

Community Catalyst
Net Statement of Activities
for the Seven Months Ending July 31, 2014

	<u>Current</u> <u>Month</u>	<u>Year to</u> <u>Date</u>	<u>Annual</u> <u>Budget</u>	<u>Balance</u> <u>Remaining</u>	<u>% to</u> <u>Complete</u>
Revenues					
Unrestricted Grants	0	0	0	0	0.00
Grants Released Prior Year	665,107	5,767,800	7,361,862	1,594,062	(21.65)
Grants Released Current Year	324,613	2,052,597	4,484,530	2,431,933	(54.23)
Contracts	48,567	490,107	730,443	240,336	(32.90)
Donations	8,833	114,688	223,000	108,312	(48.57)
Fees	8,604	64,874	112,723	47,849	(42.45)
Subtenant Rent & Fees	29,964	208,883	343,235	134,352	(39.14)
Investment Income	564	2,645	4,300	1,655	(38.49)
Total Revenues	1,086,252	8,701,594	13,260,093	4,558,499	(34.38)
Expenses					
Personnel					
Salaries & Wages	391,136	2,523,814	4,390,181	1,866,367	42.51
Payroll Taxes	30,307	201,543	354,667	153,124	43.17
Benefits	52,177	347,251	695,525	348,274	50.07
Total Personnel	473,620	3,072,608	5,440,373	2,367,765	43.52
Contract/Consulting					
Program Consulting	99,125	608,323	1,424,444	816,121	57.29
Accounting/Legal/Tech	18,628	116,716	142,720	26,004	18.22
Temporary Services	7,114	43,146	54,522	11,376	20.86
Contracted Staffing	3,095	16,515	0	(16,515)	0.00
Subgrants	110,900	3,558,239	3,683,917	125,678	3.41
Total Contract/Consulting	238,863	4,342,939	5,305,603	962,664	18.14
Office & Program Expenses					
Meetings & Events	28,371	195,811	461,518	265,707	57.57
Travel	53,664	319,435	539,263	219,828	40.76
Telecommunications	5,106	41,082	106,936	65,854	61.58
Occupancy	70,178	488,164	811,690	323,526	39.86
Printing & Mailing	2,962	23,297	39,428	16,131	40.91
Supplies & Misc	3,121	21,222	44,672	23,450	52.49
Staff Development	1,587	26,573	51,179	24,606	48.08
Advertising	485	1,846	800	(1,046)	(130.75)
Dues & Subscriptions	3,270	20,536	30,700	10,164	33.11
Fees	1,380	12,220	20,550	8,330	40.54
Insurance/Other	1,785	14,544	14,896	352	2.36
Equipment Related	1,682	39,460	37,800	(1,660)	(4.39)
Depreciation	0	6,570	16,570	10,000	60.35
Admin Fee	6,004	33,981	70,993	37,012	52.13
Net Allocations	0	0	0	0	0.00
Total Other Expenses	179,595	1,244,741	2,246,995	1,002,254	44.60
Total Expenses	892,078	8,660,288	12,992,971	4,332,683	33.35
Net Income	194,174	41,306	267,122	225,816	(84.54)

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

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY CATALYST, INC.		D Employer identification number 04-3355127
	Doing Business As		E Telephone number (617) 338-6035
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 WINTER STREET, 10TH FLOOR	G Gross receipts \$ 22,159,272.	
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: KATHERINE VILLERS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: **WWW.COMMUNITYCATALYST.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1997** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A NATIONAL CONSUMER ADVOCACY ORGANIZATION DEDICATED TO QUALITY AFFORDABLE HEALTH CARE FOR ALL.		
	2 Check this box <input type="checkbox"/> 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	84
	6 Total number of volunteers (estimate if necessary)	6	0
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,163,212.	Current Year 20,672,870.
	9 Program service revenue (Part VIII, line 2g)	1,041,007.	1,023,053.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,034.	9,071.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	464,815.	454,278.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,680,068.	22,159,272.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,225,350.	6,543,253.
Expenses	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)	4,250,842.	4,772,340.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 546,416.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,208,679.	3,612,061.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,684,871.	14,927,654.
19 Revenue less expenses. Subtract line 18 from line 12	-1,004,803.	7,231,618.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,148,162.	End of Year 16,887,543.
	21 Total liabilities (Part X, line 26)	686,466.	1,194,229.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,461,696.	15,693,314.

Part III 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 <i>Katherine Villers</i>	Date <i>9/10/14</i>
	KATHERINE VILLERS, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALFONSO PERILLO	Preparer's signature	Date 09/08/14	Check if self-employed <input type="checkbox"/>	PTIN P00950491
	Firm's name ▶ EDELSTEIN AND COMPANY, LLP	Firm's EIN ▶ 04-2442519			
	Firm's address ▶ 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110	Phone no. 617-227-6161			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: A CONSUMER ADVOCACY ORGANIZATION DEDICATED TO QUALITY AFFORDABLE HEALTH CARE FOR ALL. WE WORK WITH CONSUMER ADVOCATES, POLICYMAKERS AND FOUNDATIONS, PROVIDING LEADERSHIP TO CHANGE THE HEALTH CARE SYSTEM SO IT SERVES EVERYONE, PARTICULARLY THE MOST VULNERABLE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 7,942,135. including grants of \$ 5,598,133.) (Revenue \$ 54,164.) STATE CONSUMER HEALTH ADVOCACY PROGRAM (SCHAP) PROVIDES A BROAD RANGE OF SUPPORT TO BUILD LOCAL CONSUMER ADVOCACY AND CHANGE STATE HEALTH POLICY. SCHAP CONSISTS OF TWO MAIN PROJECTS, CONSUMER VOICES FOR COVERAGE (CVC) AND THE AFFORDABLE CARE ACT IMPLEMENTATION FUND (ACAIF). CVC BEGAN IN 2008, LAYING THE GROUNDWORK FOR A SUCCESSFUL ADVOCACY ENVIRONMENT BEFORE, DURING AND AFTER PASSAGE OF THE ACA. INITIATED IN 2011, ACAIF FUNDS STATE-BASED GROUPS TO WORK ON IMPLEMENTING THE ACA. STATES WILL PLAY A CRITICAL ROLE IN THE IMPLEMENTATIONS OF THE NATIONAL HEALTH REFORM LAW, AND HAVE LONG BEEN A LABORATORY FOR HEALTH CARE REFORM POLICIES, PAVING THE WAY FOR NATIONAL REFORM. COMMUNITY CATALYST MANAGES AND PROVIDES (WITH ASSISTANCE FROM NATIONAL PARTNERS) COMPREHENSIVE TECHNICAL ASSISTANCE TO STATES INVOLVED IN THE SCHAP

4b (Code:) (Expenses \$ 2,301,894. including grants of \$ 575,000.) (Revenue \$ 167,204.) ACCESS TO HEALTH CARE FOR VULNERABLE POPULATIONS AND COMMUNITIES INVOLVES WORK WITH DISABILITY ADVOCATES, CHILDREN'S HEALTH LEADERS IN NEW ENGLAND AND COMMUNITY BASED GROUPS ACROSS THE COUNTRY. THE INTEGRATED CARE ADVOCACY PROJECT (ICAP) WORKS TO PROMOTE MODELS OF INTEGRATED CARE THAT PLACE INDIVIDUALS AND FAMILIES AT THE CENTER OF CARE PLANNING AND DELIVERY AND THAT COORDINATES CARE ACROSS MEDICAL AND NON-MEDICAL SERVICES, FROM ACUTE TO LONG-TERM SETTINGS. THE NEW ENGLAND ALLIANCE FOR CHILDREN'S HEALTH (NEACH) IS A BROAD COALITION DEDICATED TO PROMOTING ACCESS TO HIGH-QUALITY, AFFORDABLE HEALTH CARE FOR ALL CHILDREN. NEACH WORKS TO INFLUENCE POLICY DECISIONS ASSIST STATE-BASED PARTNERS IN THEIR WORK TO IMPROVE THE HEALTH CARE SYSTEM FOR CHILDREN, AND LEAD REGION-WIDE CAMPAIGNS. THE ROADMAPS TO HEALTH COMMUNITY GRANTS

4c (Code:) (Expenses \$ 1,492,422. including grants of \$ 30,000.) (Revenue \$ 359,493.) OUR HEALTH CARE INDUSTRY AND PROFESSION REFORM WORK FOCUSES ON THE PHARMACEUTICAL INDUSTRY, HOSPITALS AND THE DENTAL PROFESSION. OUR HOSPITAL ACCOUNTABILITY PROJECT WORKS TO ENSURE NONPROFIT HOSPITALS ARE MEETING THEIR OBLIGATIONS TO THE COMMUNITY BY WORKING TO IDENTIFY AND ADDRESS THE MOST PRESSING HEALTH CARE NEEDS OF THE PEOPLE THEY SERVE. THE PRESCRIPTION ACCESS & QUALITY PROJECT WORKS TO IMPROVE PRESCRIPTION DRUG POLICIES TO ENSURE THAT CONSUMERS HAVE ACCESS TO SAFE, AFFORDABLE AND APPROPRIATE DRUGS. OUR DENTAL ACCESS PROJECT FOCUSES ON EMPOWERING COMMUNITY GROUPS AND CONSUMER HEALTH ADVOCATES TO WORK TOWARD IMPROVING ACCESS TO DENTAL CARE BY EXPANDING THE DENTAL TEAM TO INCLUDE A NEW PRIMARY CARE DENTAL PROVIDER, DENTAL THERAPISTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,305,543. including grants of \$ 340,120.) (Revenue \$ 271,881.)

4e Total program service expenses 14,041,994.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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 columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
DONNA PINA ROBINSON - 617-338-6035
30 WINTER STREET, BOSTON, MA 02108

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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	36.00 4.00	X		X				0.	0.	0.
(2) DIANE MACDONALD TREASURER/DIRECTOR	0.50	X		X				0.	0.	0.
(3) ANDREW H. MOTT (RESIGNED JUNE 2) CLERK/DIRECTOR	0.50	X		X				0.	0.	0.
(4) ROBERT PHILLIPS DIRECTOR	0.50	X						0.	0.	0.
(5) MARK J. SCHLESINGER CLERK (JUNE-PRESENT) /DIRECTOR	0.50	X		X				0.	0.	0.
(6) JOIA CREAR-PERRY DIRECTOR	0.50	X						0.	0.	0.
(7) ANTHONY SO DIRECTOR	0.50	X						0.	0.	0.
(8) BRIAN D. SMEDLEY (RESIGNED JUNE) DIRECTOR	0.50 0.50	X						0.	0.	0.
(9) WENDY WARRING CHAIR/DIRECTOR	0.50	X						0.	0.	0.
(10) AMY WHITCOMB SLEMMER DIRECTOR	0.50	X						0.	0.	0.
(11) KAREN HICKS DIRECTOR	0.50	X						0.	0.	0.
(12) KAVITA PATEL DIRECTOR	0.50	X						0.	0.	0.
(13) DAN MCGRATH DIRECTOR	0.50	X						0.	0.	0.
(14) ROBERT RESTUCCIA EXECUTIVE DIRECTOR	40.00			X				197,970.	0.	21,210.
(15) ROSEMARIE BOARDMAN DIRECTOR OF FINANCE & OPER	40.00			X				125,024.	0.	13,282.
(16) JACQUIE ANDERSON COO	40.00					X		109,944.	0.	21,354.
(17) SUSAN T. SHERRY DEPUTY DIRECTOR	40.00					X		125,912.	0.	14,397.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MARCIA HAMS RXP DIRECTOR	40.00					X		113,329.	0.	14,674.
(19) ALBERT YEE SENIOR PROJECT ADVISOR	20.00					X		116,969.	0.	11,166.
(20) JOAN MINIERI PROGRAM DIRECTOR, CLP	40.00					X		112,865.	0.	14,562.
1b Sub-total								902,013.	0.	110,645.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								902,013.	0.	110,645.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EMERALD CITIES COLLABORATIVE, 1140 CONNECTICUT AVE NW SUITE 1210, WASHINGTON,	PROGRAM CONSULTANTS	170,000.
NATHANSON & HAUCK, 601 13TH STREET 11TH FLOOR NORTH, WASHINGTON, DC 20005	FEDERAL CONSULTING & LOBBYING	155,500.
SPITFIRE STRATEGIES, 1800 M STREET NW SUITE 300 NORTH, WASHINGTON, DC 20036	COMMUNICATION CONSULTANTS	110,130.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,672,870.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		20,672,870.				
Program Service Revenue	2 a CONSULTING FEES	Business Code 541900	1,023,053.	1,023,053.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,023,053.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,071.			9,071.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			150,000.			150,000.	
6 a Gross rents		(i) Real	304,278.				
		(ii) Personal	0.				
		b Less: rental expenses					
c Rental income or (loss)			304,278.				
d Net rental income or (loss)			304,278.	304,278.			
7 a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses					
	c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			22,159,272.	1,327,331.	0.	159,071.	

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 governments and organizations in the United States. See Part IV, line 21	6,543,253.	6,543,253.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	357,486.	228,791.	128,695.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,544,164.	2,883,245.	485,845.	175,074.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,987.	130,881.	10,800.	8,306.
9 Other employee benefits	403,334.	350,813.	32,559.	19,962.
10 Payroll taxes	317,369.	253,458.	49,374.	14,537.
11 Fees for services (non-employees):				
a Management				
b Legal	10,206.		10,206.	
c Accounting	19,000.		19,000.	
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 Sch O.)	1,477,320.	1,211,819.	146,423.	119,078.
12 Advertising and promotion	4,021.	2,701.	435.	885.
13 Office expenses	110,646.	62,851.	39,287.	8,508.
14 Information technology	76,839.	64,593.	8,894.	3,352.
15 Royalties	150,000.		150,000.	
16 Occupancy	650,446.	650,446.		
17 Travel	499,631.	463,957.	32,104.	3,570.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	364,913.	282,480.	39,538.	42,895.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,503.		24,503.	
23 Insurance	15,882.	4,454.	11,428.	
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 ADMINISTRATIVE FEES	159,997.	146,189.	7,849.	5,959.
b EQUIPMENT RENTAL AND MA	48,657.	32,512.	13,726.	2,419.
c FACILITY ALLOCATION	0.	-389,156.	389,156.	
d ADMINISTRATIVE ALLOCATI	0.	1,151,036.	-1,260,578.	109,542.
e All other expenses		-32,329.		32,329.
25 Total functional expenses. Add lines 1 through 24e	14,927,654.	14,041,994.	339,244.	546,416.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	4,641,701.	2 5,024,205.
	3	Pledges and grants receivable, net	3,602,651.	3 10,910,209.
	4	Accounts receivable, net	481,948.	4 581,621.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	217,352.	9 250,403.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 115,312.	
	b	Less: accumulated depreciation	10b 108,741.	10c 6,571.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	173,436.	15 114,534.
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,148,162.	16 16,887,543.	
Liabilities	17	Accounts payable and accrued expenses	448,474.	17 1,098,707.
	18	Grants payable		18
	19	Deferred revenue		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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	237,992.	25 95,522.
	26	Total liabilities. Add lines 17 through 25	686,466.	26 1,194,229.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,388,713.	27 1,858,497.
	28	Temporarily restricted net assets	7,072,983.	28 13,834,817.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	8,461,696.	33 15,693,314.	
34	Total liabilities and net assets/fund balances	9,148,162.	34 16,887,543.	

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	22,159,272.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,927,654.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,231,618.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,461,696.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,693,314.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form 990 (2013)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Part II 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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,761,841.	11,698,596.	10,679,147.	8,163,212.	20,672,870.	54,975,666.
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	3,761,841.	11,698,596.	10,679,147.	8,163,212.	20,672,870.	54,975,666.
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)						27,395,026.
6 Public support. Subtract line 5 from line 4.						27,580,640.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,761,841.	11,698,596.	10,679,147.	8,163,212.	20,672,870.	54,975,666.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	326,334.	452,818.	479,947.	475,849.	463,349.	2,198,297.
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 IV.)						
11 Total support. Add lines 7 through 10						57,173,963.
12 Gross receipts from related activities, etc. (see instructions)					12	3,176,179.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	48.24 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	49.67 %
16a 33 1/3% support test - 2013. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization COMMUNITY CATALYST, INC.	Employer identification number 04-3355127
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATHAN CUMMINGS FOUNDATION 475 TENTH AVE., 14TH FL NEW YORK, NY 10018	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION RT. 1 & COLLEGE ROAD EAST PRINCETON, NJ 08543	\$ 8,190,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 1,284,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE ATLANTIC PHILANTHROPIES 75 VARICK STREET, 17TH FLOOR NEW YORK, NY 10013	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HILTON FOUNDATION 30440 AGOURA ROAD AGOURA, CA 91301	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEERBROOK CHARITABLE TRUST TWO WISCONSIN CIRCLE, SUITE 700 CHEVY CHASE, MD 20815	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY CATALYST, INC.	Employer identification number 04-3355127
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HJ WYSS FOUNDATION 1601 CONNECTICUT AVE. N.W. WASHINGTON, DC 20009	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DAVID & LUCILE PACKARD FOUNDATION 343 SECOND STREET LOS ALTOS, CA 94022	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JOHN A HARTFORD FOUNDATION 55 EAST 59TH STREET, 16TH FLOOR NEW YORK, NY 10022	\$ 584,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WELLSPRING, INC 1441 BROADWAY, SUITE 1600 NEW YORK, NY 10018-1905	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY CATALYST, INC.

04-3355127

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

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

Name of organization COMMUNITY CATALYST, INC.	Employer identification number 04-3355127
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
 ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of 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.

2 Political expenditures ▶ \$ _____
 3 Volunteer hours

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013
 LHA

332041
11-08-13

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)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	123,237.													
c	Total lobbying expenditures (add lines 1a and 1b)	123,237.													
d	Other exempt purpose expenditures	14,804,417.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,927,654.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	896,383.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	224,096.													
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.													
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a	Lobbying nontaxable amount	553,054.	625,086.	684,244.	896,383.	2,758,767.
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,138,151.
c	Total lobbying expenditures	84,960.	81,453.	86,089.	123,237.	375,739.
d	Grassroots nontaxable amount	138,264.	156,272.	171,061.	224,096.	689,693.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,034,540.
f	Grassroots lobbying expenditures	6,885.	5,288.	157.		12,330.

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 to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013
Open to Public Inspection

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number
04-3355127

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? 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" to 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	7,072,983.	8,375,409.	7,585,517.	3,383,628.	6,753,437.
b Contributions	20,364,107.	8,025,399.	10,537,613.	11,521,301.	3,698,935.
c Net investment earnings, gains, and losses				1,256.	11,654.
d Grants or scholarships	6,543,253.	3,225,350.	2,651,611.	1,524,349.	1,527,806.
e Other expenditures for facilities and programs	7,059,020.	6,102,475.	7,096,110.	5,796,319.	5,552,592.
f Administrative expenses					
g End of year balance	13,834,817.	7,072,983.	8,375,409.	7,585,517.	3,383,628.

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 Temporarily restricted endowment 100.00 %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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				
d Equipment		89,549.	82,978.	6,571.
e Other		25,763.	25,763.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,571.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part XIII Other Liabilities.

Complete if the organization answered "Yes" to 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	95,522.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	95,522.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,259,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
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	100,000.	
3	Subtract line 2e from line 1	3	22,159,272.	
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	22,159,272.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	15,027,654.
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	14,927,654.	
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	14,927,654.	

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.

PART V, LINE 4:

THE TERM ENDOWMENTS WILL BE USED FOR THE FOLLOWING PROGRAMS:

VOICES FOR BETTER HEALTH	\$	2,238,678
NEW ENGLAND ALLIANCE FOR CHILDREN'S HEALTH	\$	395,897
EXTERNAL AFFAIRS	\$	310,436
ROADMAPS TO HEALTH	\$	369,617
PRESCRIPTION PROJECT	\$	327,858
HOSPITAL ACCOUNTABILITY PROJECT	\$	138,707
STATE CONSUMER ADVOCACY PROGRAMS	\$	7,736,669
DENTAL ACCESS PROJECT	\$	314,250
MANAGEMENT SERVICES	\$	2,002,705

Part XIII Supplemental Information (continued)

TOTAL TEMPORARILY RESTRICTED AT 12/31/2013 \$ 13,834,817

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS TAKEN ON RETURNS FOR OPEN YEARS AND THOSE EXPECTED TO BE TAKEN ON RETURNS FOR THE YEAR ENDED DECEMBER 31, 2013. IT IS MANAGEMENT'S BELIEF THAT SUCH TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS. TAX RETURNS FOR TAX YEARS BEGINNING WITH THOSE FILED FOR 2010 ARE OPEN TO EXAMINATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number
04-3355127

Part I General Information on Grants and Assistance

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

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

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

1 (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 - 105 E 22ND STREET - NEW YORK, NY 10010	13-5562202	501(C)(3)	357,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FLORIDA COMMUNITY HEALTH ACTION INFORMATION NETWORK, INC. - 3167 B GARDENS EAST DR - PALM BEACH GARDENS, FL 33410	11-3799890	501(C)(3)	383,800.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH ACCESS FOUNDATION 1127 11TH ST, STE 234 SACRAMENTO, CA 95814	93-0957949	501(C)(3)	191,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NEW HAMPSHIRE VOICES FOR HEALTH 4 PARK ST, STE 403 CONCORD, NH 03301	27-4348113	501(C)(3)	86,322.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
GEORGIANS FOR A HEALTHY FUTURE INC 100 EDGEWOOD AVE NE STE 815 ATLANTA, GA 30303	26-3695851	501(C)(3)	72,750.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH CARE FOR ALL 30 WINTER STREET BOSTON, MA 02108	04-3071598	501(C)(3)	70,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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
NEW JERSEY CITIZEN ACTION EDUCATION FUND INC - 744 BROAD STREET - NEWARK, NJ 07102	22-2493628	501(C)(3)	194,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 EAST CARY ST., STE 202 - RICHMOND, VA 10011	27-1598303	501(C)(3)	143,925.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
COLORADO CONSUMER HEALTH INITIATIVE - 1536 WYNKOOP ST., STE 101 - DENVER, CO 80202	84-1145452	501(C)(3)	250,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
UHCAN OHIO 2800 EUCLID AVE, STE 520 CLEVELAND, OH 44115	31-1542417	501(C)(3)	299,872.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NORTH CAROLINA JUSTICE CENTER 224 S DAWSON ST RALEIGH, NC 27601	56-1348186	501(C)(3)	55,991.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
UTAH HEALTH POLICY PROJECT 508 EAST SOUTH TEMPLE, #45 SALT LAKE CITY, UT 84102	87-0684606	501(C)(3)	52,068.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WASHINGTON COMMUNITY ACTION NETWORK - 220 S. RIVER STREET, STE 11 - SEATTLE, WA 98108	91-1206728	501(C)(4)	99,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OSPIRG FOUNDATION 1536 SE 11TH AVE PORTLAND, OR 97214	93-1150763	501(C)(3)	126,713.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH LAW ADVOCATES, INC. 30 WINTER STREET BOSTON, MA 02108	04-3298116	501(C)(3)	14,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

Schedule I (Form 990)

COMMUNITY CATALYST, INC. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
MARYLAND CITIZENS HEALTH INITIATIVE, INC. - 2600 SAINT PAUL ST - BALTIMORE, MD 21218	52-2208746	501(C)(4)	132,337.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
URBAN STRATEGIES COUNCIL 672 13TH ST SUITE 200 OAKLAND, CA 94612	94-3044453	501(C)(3)	40,370.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
LOUISIANA CONSUMER HEALTHCARE COALITION INC - 228 LEDOUX ST - BREUX BRIDGE, LA 70517	27-0581527	N/A	11,250.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NATIONAL HEALTH LAW PROGRAM INC 3701 WILSHIRE BLVD, SUITE 750 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	16,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
BOSTON CENTER FOR INDEPENDENT LIVING INC - 60 TEMPLE PLACE, 5TH FLOOR - BOSTON, MA 02111	04-2546595	501(C)(3)	72,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CAMPAIGN FOR BETTER HEALTH CARE FUND - 44 E MAIN ST, STE 414 - CHAMPAIGN, IL 61820	37-1348529	501(C)(3)	13,400.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH ACTION NEW MEXICO P.O. BOX 460 BERNALILLO, NM 87004	85-0481860	501(C)(3)	177,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ILLINOIS MATERNAL & CHILD HEALTH COALITION - 1256 W CHICAGO AVENUE - CHICAGO, IL 60642	36-3651051	501(C)(3)	160,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARISE CITIZENS POLICY PROJECT 207 MONTGOMERY ST., STE 900 MONTGOMERY, AL 36104	63-1186365	501(C)(3)	157,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
MICHIGAN LEAGUE FOR HUMAN SERVICES 1223 TURNER STREET STE G-1 LANSING, MI 48906	38-13660557	501(C)(3)	157,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
VIRGINIA INTERFAITH CENTER FOR PUBLIC POLICY - 1716 EAST FRANKLIN STREET - RICHMOND, VA 23223	54-13662857	501(C)(3)	157,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FOUNDATION COMMUNITIES 3036 S. FIRST LANE AUSTIN, TX 78704	74-2563260	501(C)(3)	230,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARIZONA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC. - 700 E. JEFFERSON ST., STE 100 - PHOENIX, AZ 85034	86-0494702	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. - 200 OAKWOOD LANE STE 100 - HOLLYWOOD, FL 33020	59-2274772	501(C)(3)	220,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH COUNCIL OF SOUTH FLORIDA, INC. - 8095 NW 12TH STREET #300 - MIAMI, FL 33156	59-2268478	501(C)(3)	210,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHINE DRIVE LANSING, MI 48917	38-2294018	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT CORPORATION - 915 BROADWAY, 17TH FLOOR - NEW YORK, NY 10010	13-2875743	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OHIO ASSOCIATION OF FOODBANKS 10 EAST TOWN ST., STE 540 COLUMBUS, OH 43215	34-1677838	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
PUBLIC HEALTH MANAGEMENT CORPORATION - 260 SOUTH BROAD ST. #1888 - PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CARE SHARE HEALTH ALLIANCE, INC. 222 N. PELSON STREET RALEIGH, NC 27601	20-8119452	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WESTERN/CENTRAL WASHINGTON STATE ALZHEIMER'S DISEASE & RELATED DISORDERS A - 225 N. MICHIGAN AVE., 17TH FLOOR - CHICAGO, IL	91-1075926	501(C)(3)	125,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES - 1400 W. MARKHAM ST., STE 306 - LITTLE ROCK, AR	71-0492205	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
72201							
ASIAN PACIFIC AMERICAN NETWORK OF OREGON - P.O. BOX 6552 - PORTLAND, OR 97208	80-0252850	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NATIONAL BLACK WOMEN'S HEALTH PROJECT - 1726 M ST., NW STE. 300 - WASHINGTON, DC 20036	58-1557556	501(C)(3)	8,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CENTER ON BUDGET AND POLICY PRIORITIES - 850 FIRST ST. NE STE. 300 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	57,688.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL STREET AGUSTA, ME 04333	04-3346273	501(C)(3)	86,738.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MEDICARE RIGHTS CENTER, INC. 520 EIGHTH AVE., NORTH WING 3RD FL NEW YORK, NY 10018	13-3505372	501(C)(3)	165,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

Schedule I (Form 990)

COMMUNITY CATALYST, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
MICHIGAN CONSUMERS FOR HEALTHCARE 1223 TURNER STREET LANSING, MI 48906	38-1360557	501(C)(3)	154,498.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
NATIONAL WOMEN'S HEALTH NETWORK 1415 K ST. NW 4TH FLOOR WASHINGTON, DC 20005	52-1081261	501(C)(3)	77,750.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
NORTHWEST BRONX COMMUNITY AND CLERGY COALITION, INC. - 103 EAST 19TH STREET - BRONX, NY 10468	13-2806160	501(C)(3)	10,000.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
OREGON FOUNDATION FOR REPRODUCTIVE HEALTH - P.O. BOX 40472 - PORTLAND, OR 97204	93-0803636	501(C)(3)	7,500.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
OREGON HEALTH ACTION CAMPAIGN 2870 NE HOGAN ROAD GRESHAM, OR 97030	93-1033509	501(C)(3)	9,000.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	67,500.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
TAKE ACTION MINNESOTA EDUCATION FUN - 705 RAYMOND AVE., #100 - SAINT PAUL, MN 55114	41-1635130	501(C)(3)	219,311.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
THIRD SECTOR DEVELOPMENT 1912 HOSRA WILLIAMS DR. UNIT 6 ATLANTA, GA 30317	58-2421574	N/A	45,000.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY
UNEMPLOYMENT INFORMATION CENTER 112 N BROAD STREET 11TH FL PHILADELPHIA, PA 19102	23-2000486	501(C)(3)	75,500.	0. N/A			SUPPORT HEALTH ISSUES AND ADVOCACY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
VOICES FOR VERMONT'S CHILDREN P.O. BOX 261 MONTPELIER, VT 05601	22-2611535	501(C)(3)	7,500.	0. N/A		N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
VT PUBLIC INTEREST RESEARCH AND EDUCATION FUND - 141 MAIN STREET, STE. 6 - MONTPELIER, VT 05602	51-0163801	501(C)(3)	25,000.	0. N/A		N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WAITE HOUSE - PILLSBURY UNITED COMMUNITIES - 125 WEST BROADWAY AVENUE - MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	10,000.	0. N/A		N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FOOTHILL-DE ANZA COMMUNITY COLLEGES FOUNDATION - 12345 EL MONTE ROAD - LOS ALTOS HILLS, CA 94022	94-3258220	501(C)(3)	40,000.	0. N/A		N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
COMMUNITY DEVELOPMENT TECHNOLOGIES CENTER - 520 W. 23RD STREET - LOS ANGELES, CA 90007	95-4546040	501(C)(3)	125,000.	0. N/A		N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

THE ORGANIZATION MONITORS THE FUNDS BY REQUIRING ALL GRANT RECIPIENTS TO SUBMIT QUARTERLY REPORTS, SITE VISITS, AND DISCUSSIONS BY PHONE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number

04-3355127

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 indemnification 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number
04-3355127

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

WE WORK WITH CONSUMER ORGANIZATIONS, POLICY MAKERS, AND FOUNDATIONS,
PROVIDING LEADERSHIP AND SUPPORT TO CHANGE THE HEALTH CARE SYSTEM SO IT
SERVES EVERYONE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM, INCLUDING POLICY, COMMUNICATIONS, EVALUATION, AND
CAPACITY-BUILDING SUPPORT. IN 2013, THE CVC PROGRAM RECEIVED
ADDITIONAL RESOURCES TO FACILITATE OUTREACH AND ENROLLMENT CAMPAIGNS
AMONG THE GRANTEES, IN PREPARATION FOR THE BEGINNING OF OPEN ENROLLMENT
OF THE AFFORDABLE CARE ACT HEALTH INSURANCE MARKETPLACE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT TWO-YEAR STATE AND LOCAL EFFORTS AMONG POLICYMAKERS, BUSINESS,
EDUCATION, HEALTH CARE, PUBLIC HEALTH AND COMMUNITY ORGANIZATIONS TO
ADDRESS THE SOCIAL, ECONOMIC AND OTHER FACTORS THAT AFFECT THE HEALTH
OF PEOPLE IN THEIR COMMUNITY. THE COMMUNITY GRANTS PROGRAM IS PART OF
THE COUNTY HEALTH RANKINGS & ROADMAPS PROGRAM, A GROUNDBREAKING
COLLABORATION OF THE ROBERT WOOD JOHNSON FOUNDATION AND THE UNIVERSITY
OF WISCONSIN POPULATION HEALTH INSTITUTE (UWPHI).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGH THE COMMUNITY BUILDER INCUBATOR, THE ORGANIZATION ADMINISTERS
SHARED OFFICE SPACE AND SERVICES IN DOWNTOWN BOSTON FOR SEVERAL
MASSACHUSETTS-BASED ORGANIZATIONS. PROXIMITY TO EACH OTHER FACILITATES
PROGRAMMATIC COLLABORATION AMONG SEVERAL OF THESE ORGANIZATIONS AND

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number

04-3355127

COMMUNITY CATALYST.

EXPENSES \$ 229,101. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MANAGEMENT SERVICES PROVIDES MANAGEMENT SUPPORT TO PROJECTS ON THEIR WAY TO BECOMING STAND ALONE NONPROFIT ORGANIZATIONS. IN 2011 AND 2010, THE ORGANIZATION PROVIDED SERVICES TO THE COMMUNITY LEARNING PARTNERSHIP AND MERGERWATCH.

EXPENSES \$ 1,661,101. INCLUDING GRANTS OF \$ 340,120. REVENUE \$ 243,881.

EXTERNAL AFFAIRS FOCUSES ON WORKING WITH COMMUNITY CATALYST'S EXTERNAL INTERACTIONS WITH MANY NATIONAL ORGANIZATIONS AND FEDERAL POLICYMAKERS. IT INCLUDES ALL OF OUR GOVERNMENT AFFAIRS WORK AND THE SUPPORT WE NEED TO BE EFFECTIVE IN MANAGING OUR EXTERNAL PRESENCE IN WASHINGTON, DC. IT ALSO INCLUDES SOME ADDITIONAL PROJECTS THAT LIE OUTSIDE THE SCOPE OF OUR LARGER PROJECT AREAS. ONE OF THESE PROJECTS IS IN THE LOOP, A NATIONAL ONLINE COMMUNITY OF ENROLLMENT SPECIALISTS FROM ACROSS THE COUNTRY WHO WORK PROBLEM-SOLVE ENROLLMENT ISSUES TOGETHER AND PROVIDE CRITICAL FEEDBACK TO POLICYMAKERS.

EXPENSES \$ 415,341. INCLUDING GRANTS OF \$ 0. REVENUE \$ 28,000.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORIGINAL MEMBERS COMPRISE OF THE FOUNDERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORIGINAL MEMBERS COMPRISE OF THE FOUNDERS OF THE ORGANIZATION. THE MEMBERS ELECT THE DIRECTORS, AND MAY APPOINT NEW MEMBERS. THE MEMBERS MUST APPROVE AMENDMENTS TO THE ORGANIZATION'S BYLAWS AND

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number

04-3355127

ARTICLES OF ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS MUST APPROVE AMENDMENTS TO THE ORGANIZATION'S
BYLAWS AND ARTICLES OF ORGANIZATION.

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

EACH OFFICER AND DIRECTOR OF THE ORGANIZATION RECEIVES A DRAFT
COPY OF THE FORM 990 AND THEY REVIEW IT TOGETHER AT A BOARD MEETING BEFORE
IT IS FILED.

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

ALL OFFICERS AND DIRECTORS RECEIVE A COPY OF THE CONFLICT OF
INTEREST POLICY. THEY SIGN AN ANNUAL STATEMENT DECLARING THAT THEY:
RECEIVED A COPY OF THE POLICY; HAVE READ AND UNDERSTOOD THE POLICY; AGREE
TO COMPLY WITH THE POLICY; AND UNDERSTOOD THAT THE POLICY APPLIES TO ALL
COMMITTEES AND SUB-COMMITTEES.

IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, IT MAY
APPOINT A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES.
AFTER EXERCISING DUE DILIGENCE, 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 NOT PARTICIPATE IN 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 OFFICER OR A DIRECTOR VIOLATED THE
POLICY, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY ACTION AGAINST THE

Name of the organization COMMUNITY CATALYST, INC.	Employer identification number 04-3355127
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INTERESTED PERSON RANGING FROM FORMAL REPRIMAND TO REMOVAL FROM THE BOARD.

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

THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS REVIEW SALARY INFORMATION FROM COMPARABLE ORGANIZATIONS CONTAINED IN GUIDESTAR'S MOST RECENTLY PUBLISHED SALARY SURVEY. THEY ALSO REVIEW SALARY DATA OF PARTNER ORGANIZATIONS. THEY HAVE ESTABLISHED A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR THAT WAS WITHIN THE RANGE OF ORGANIZATIONS SIMILAR IN SIZE AND SCOPE TO COMMUNITY CATALYST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	Q	37,500.CASH	
(2)				
(3)				
(4)				
(5)				
(6)				

