



**MEMORANDUM**

**TO: BOARD OF DIRECTORS**

**FROM: ROSEMARIE BOARDMAN  
DONNA PINA ROBINSON**

**DATE: SEPTEMBER 12, 2014**

**RE: FINANCIAL INFORMATION FOR THE BOARD MEETING**

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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 28<sup>th</sup>.

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>
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**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>
<b>Revenues</b>					
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)
<b>Total Revenues</b>	<b>1,086,252</b>	<b>8,701,594</b>	<b>13,260,093</b>	<b>4,558,499</b>	<b>(34.38)</b>
<b>Expenses</b>					
<b>Personnel</b>					
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
<b>Total Personnel</b>	<b>473,620</b>	<b>3,072,608</b>	<b>5,440,373</b>	<b>2,367,765</b>	<b>43.52</b>
<b>Contract/Consulting</b>					
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
<b>Total Contract/Consulting</b>	<b>238,863</b>	<b>4,342,939</b>	<b>5,305,603</b>	<b>962,664</b>	<b>18.14</b>
<b>Office &amp; Program Expenses</b>					
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
<b>Total Other Expenses</b>	<b>179,595</b>	<b>1,244,741</b>	<b>2,246,995</b>	<b>1,002,254</b>	<b>44.60</b>
<b>Total Expenses</b>	<b>892,078</b>	<b>8,660,288</b>	<b>12,992,971</b>	<b>4,332,683</b>	<b>33.35</b>
<b>Net Income</b>	<b>194,174</b>	<b>41,306</b>	<b>267,122</b>	<b>225,816</b>	<b>(84.54)</b>

**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](http://www.irs.gov/form990)

Open to Public Inspection

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

<b>B</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	<b>C</b> Name of organization <b>COMMUNITY CATALYST, INC.</b>		<b>D</b> Employer identification number <b>04-3355127</b>
	Doing Business As		<b>E</b> Telephone number <b>(617) 338-6035</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>30 WINTER STREET, 10TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>22,159,272.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02108</b>		
<b>F</b> Name and address of principal officer: <b>KATHERINE VILLERS SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.COMMUNITYCATALYST.ORG</b>		<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>MA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>A NATIONAL CONSUMER ADVOCACY ORGANIZATION DEDICATED TO QUALITY AFFORDABLE HEALTH CARE FOR ALL.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> <b>84</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>8,163,212.</b> Current Year <b>20,672,870.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,041,007.</b> <b>1,023,053.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>11,034.</b> <b>9,071.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>464,815.</b> <b>454,278.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,680,068.</b> <b>22,159,272.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,225,350.</b> <b>6,543,253.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,250,842.</b> <b>4,772,340.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>546,416.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,208,679.</b> <b>3,612,061.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,684,871.</b> <b>14,927,654.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,004,803.</b> <b>7,231,618.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>9,148,162.</b> End of Year <b>16,887,543.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>686,466.</b> <b>1,194,229.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,461,696.</b> <b>15,693,314.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Katherine Villers</i>	Date <i>9/10/14</i>			
	<b>KATHERINE VILLERS, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ALFONSO PERILLO</b>	Preparer's signature	Date <b>09/08/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00950491</b>
	Firm's name <b>EDELSTEIN AND COMPANY, LLP</b>	Firm's EIN <b>04-2442519</b>			
	Firm's address <b>160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110</b>	Phone no. <b>617-227-6161</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 <b>Section 501(c)(3) organizations.</b> 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
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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? <i>If so, complete Schedule L, Part II</i>		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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	
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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, response, Yes, and No. Includes questions 1a-14b regarding IRS filings and tax compliance.



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.
<b>1b Sub-total</b>								902,013.	0.	110,645.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								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		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	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		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, NATHANSON & HAUCK, 601 13TH STREET 11TH FLOOR NORTH, WASHINGTON, DC 20005	PROGRAM CONSULTANTS	170,000.
SPITFIRE STRATEGIES, 1800 M STREET NW SUITE 300 NORTH, WASHINGTON, DC 20036	FEDERAL CONSULTING & LOBBYING	155,500.
	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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,672,870.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		20,672,870.				
<b>Program Service Revenue</b>	<b>2 a</b> CONSULTING FEES	<b>Business Code</b> 541900	1,023,053.	1,023,053.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		1,023,053.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		9,071.			9,071.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties			150,000.			150,000.	
<b>6 a</b> Gross rents		(i) Real	304,278.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses	304,278.				
<b>d</b> Net rental income or (loss)			304,278.	304,278.			
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>	<b>a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> 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 <b>ADMINISTRATIVE FEES</b>	159,997.	146,189.	7,849.	5,959.
b <b>EQUIPMENT RENTAL AND MA</b>	48,657.	32,512.	13,726.	2,419.
c <b>FACILITY ALLOCATION</b>	0.	-389,156.	389,156.	
d <b>ADMINISTRATIVE ALLOCATI</b>	0.	1,151,036.	-1,260,578.	109,542.
e All other expenses		-32,329.		32,329.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	14,927,654.	14,041,994.	339,244.	546,416.
26 <b>Joint costs.</b> 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
<b>Assets</b>	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,148,162.	16 16,887,543.	
<b>Liabilities</b>	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	<b>Total liabilities.</b> Add lines 17 through 25	686,466.	26 1,194,229.
<b>Net Assets or Fund Balances</b>	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	<b>Total net assets or fund balances</b>	8,461,696.	33 15,693,314.	
34	<b>Total liabilities and net assets/fund balances</b>	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)

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

Department of the Treasury
Internal Revenue Service

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

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

- The organization is not a private foundation because it is: (For lines 1 through 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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete 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?
(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?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Includes a Total row at the bottom.

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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						57,173,963.
12 Gross receipts from related activities, etc. (see instructions)					12	3,176,179.
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <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 <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  
Also complete this part for any additional information. (See instructions).

Horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 <b>COMMUNITY CATALYST, INC.</b>	Employer identification number <b>04-3355127</b>
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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

Employer identification number

**COMMUNITY CATALYST, INC.****04-3355127****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 <b>COMMUNITY CATALYST, INC.</b>	Employer identification number <b>04-3355127</b>
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**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 <b>COMMUNITY CATALYST, INC.</b>	Employer identification number <b>04-3355127</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://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.

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**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](http://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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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.
<b>Total.</b> 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

Multiple horizontal lines for supplemental information.



**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](http://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)

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
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

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
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	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	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	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	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	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	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	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	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	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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
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](http://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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

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 <b>COMMUNITY CATALYST, INC.</b>	Employer identification number <b>04-3355127</b>
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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
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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
<b>(1)</b>	COMMUNITY CATALYST ACTION FUND INC	Q	37,500.CASH	
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

