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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY CATALYST INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite ONE FEDERAL STREET City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02110 F Name and address of principal officer KATHERINE VILLERS ONE FEDERAL STREET BOSTON, MA 02110	D Employer identification number 04-3355127 E Telephone number (617) 338-6035 G Gross receipts \$ 22,826,100
I 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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.COMMUNITYCATALYST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1997 M State of legal domicile MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities A NATIONAL CONSUMER ADVOCACY ORGANIZATION DEDICATED TO QUALITY AFFORDABLE HEALTH CARE FOR ALL WE WORK WITH CONSUMER ORGANIZATIONS, POLICY MAKERS, AND FOUNDATIONS, PROVIDING LEADERSHIP AND SUPPORT TO CHANGE THE HEALTH CARE SYSTEM SO IT SERVES EVERYONE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	89
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,048,308	21,589,906
	9 Program service revenue (Part VIII, line 2g)	1,065,495	887,992
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,513	36,460
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	233,145	311,742
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,353,461	22,826,100
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,462,607	7,519,776
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,548,767	6,031,017
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 580,101		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,776,600	3,934,900
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,787,974	17,485,693	
19 Revenue less expenses Subtract line 18 from line 12	-2,434,513	5,340,407	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	14,082,101	21,179,681
	21 Total liabilities (Part X, line 26)	823,300	2,580,473
	22 Net assets or fund balances Subtract line 21 from line 20	13,258,801	18,599,208

Part II Signature Block

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

Sign Here	***** Signature of officer KATHERINE VILLERS PRESIDENT Type or print name and title	2016-10-27 Date	
Paid Preparer Use Only	Print/Type preparer's name ALFONSO PERILLO	Preparer's signature ALFONSO PERILLO	Date 2016-10-27
	Firm's name ▶ EDELSTEIN AND COMPANY LLP		Check <input type="checkbox"/> if self-employed PTIN P00950491
	Firm's address ▶ 160 FEDERAL STREET 9TH FLOOR BOSTON, MA 02110		Firm's EIN ▶ 04-2442519 Phone no (617) 227-6161

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 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 No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,717,246 including grants of \$ 4,500,526) (Revenue \$ 103,486)
 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 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

4b (Code) (Expenses \$ 3,304,730 including grants of \$ 1,358,750) (Revenue \$ 87,585)
 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 VOICES FOR BETTER HEALTH (VBH) 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 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)

4c (Code) (Expenses \$ 2,890,064 including grants of \$ 978,000) (Revenue \$ 424,399)
 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 THE SUBSTANCE USE DISORDERS PROJECT WORKS TO IMPROVE CARE FOR SUBSTANCE USE DISORDERS AND FURTHER INTEGRATE IT INTO THE EXISTING HEALTH CARE DELIVERY SYSTEM AT THE STATE LEVEL, COMMUNITY CATALYST WORKS WITH LOCAL ADVOCATES TO IMPROVE COVERAGE, ACCESS AND TREATMENT FEDERAL WORK CENTERS ON THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, PARITY FOR SUBSTANCE USE DISORDERS, AND PROTECTING FUNDING FOR THE SAFETY-NET AND ADDICTION PROGRAMS

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 2,569,119 including grants of \$ 682,500) (Revenue \$ 272,522)

4e Total program service expenses ► 16,481,159

Part IV Checklist of Required Schedules

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

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

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 ID, question text, sub-questions (1a-13c), Yes/No columns, and a checkbox for Schedule O. Rows include questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, Form 990-T, prohibited tax shelter transactions, annual gross receipts, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7) organizations, Form 501(c)(12) organizations, Form 4947(a)(1) non-exempt charitable trusts, and Form 501(c)(29) qualified nonprofit health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records DONNA PINA ROBINSON ONE FEDERAL STREET BOSTON, MA 02110 (617) 338-6035	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE S VILLERS PRESIDENT/DIRECTOR	36 00 4 00	X		X				0	0	0
(2) DIANE MACDONALD TREASURER/DIRECTOR	0 50	X		X				0	0	0
(3) ROBERT PHILLIPS DIRECTOR	0 50	X						0	0	0
(4) MARK J SCHLESINGER CLERK/DIRECTOR	0 50	X		X				0	0	0
(5) JOIA CREAR-PERRY DIRECTOR	0 50	X						0	0	0
(6) ANTHONY SO DIRECTOR	0 50	X						0	0	0
(7) WENDY WARRING CHAIR/DIRECTOR	0 50	X		X				0	0	0
(8) AMY WHITCOMB SLEMMER DIRECTOR	0 50	X						0	0	0
(9) KAREN HICKS DIRECTOR	0 50	X						0	0	0
(10) KAVITA PATEL DIRECTOR	0 50	X						0	0	0
(11) ANTON GUNN DIRECTOR	0 50	X						0	0	0
(12) ROBERT RESTUCCIA EXECUTIVE DIRECTOR	40 00			X				205,027	0	21,457
(13) ROSEMARIE BOARDMAN DIRECTOR OF FINANCE & OPER	40 00			X				138,362	0	13,812
(14) JACQUIE ANDERSON COO	40 00					X		132,144	0	21,968

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) SUSAN T SHERRY DEPUTY DIRECTOR	40 00					X		146,701	0	17,534
(16) ALBERT YEE SENIOR PROJECT ADVISOR	28 00					X		168,242	0	14,781
(17) MICHAEL MILLER DIRECTOR OF STRATEGIC POLICY	40 00					X		122,937	0	21,856
(18) DIANE FELICIO DIRECTOR OF RESOURCE & BUSINESS DEVELOPMENT	40 00					X		115,975	0	21,033
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,029,388		0	132,441

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 ▶ 14

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NATHANSON & HAUCK 601 13TH STREET 11TH FLOOR NORTH WASHINGTON, DC 20005	FEDERAL CONSULTING & LOBBYING	138,000

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 21,589,906					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶	21,589,906				
Program Service Revenue	2a CONSULTING FEES _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶	887,992	887,992			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	36,460			36,460	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	311,742			
		(ii) Personal				
		b Less rental expenses	0			
		c Rental income or (loss)	311,742			
	d Net rental income or (loss) ▶	311,742	311,742			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	22,826,100	1,199,734	0	36,460		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,519,776	7,519,776		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	378,658	242,341	136,317	
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	4,563,049	3,614,938	715,936	232,175
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	192,707	167,406	14,807	10,494
9	Other employee benefits	484,941	399,898	62,169	22,874
10	Payroll taxes	411,662	322,296	69,788	19,578
11	Fees for services (non-employees)				
a	Management				
b	Legal	16,182		16,182	
c	Accounting	6,390		6,390	
d	Lobbying	122,987	122,987		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,427,652	1,079,687	211,503	136,462
12	Advertising and promotion	4,460	4,435		25
13	Office expenses	171,841	129,260	35,070	7,511
14	Information technology	74,159	58,594	11,971	3,594
15	Royalties				
16	Occupancy	801,065	453,221	347,844	
17	Travel	595,449	559,669	30,341	5,439
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	467,505	417,922	45,666	3,917
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,418		46,418	
23	Insurance	32,987	1,117	31,870	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	ADMINISTRATIVE FEES	109,610	96,197	10,061	3,352
b	EQUIPMENT RENTAL AND MA	58,195	37,239	20,548	408
c	ADMINISTRATIVE ALLOCATI	0	1,278,646	-1,388,448	109,802
d	COMMUNICATION ALLOCATIO	0	-24,470		24,470
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,485,693	16,481,159	424,433	580,101
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	121,357	1	829,793
	2 Savings and temporary cash investments	2,870,829	2	8,166,075
	3 Pledges and grants receivable, net	9,437,886	3	11,197,342
	4 Accounts receivable, net	934,894	4	285,290
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	240,671	9	216,162
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 568,991		
	b Less accumulated depreciation	10b 173,334	440,976	10c 395,657
	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	35,488	15	89,356
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,082,101	16	21,179,681	
Liabilities	17 Accounts payable and accrued expenses	751,184	17	2,382,409
	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	72,116	25	198,064
	26 Total liabilities. Add lines 17 through 25	823,300	26	2,580,473
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,994,467	27	2,212,056
	28 Temporarily restricted net assets	11,264,334	28	16,387,152
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,258,801	33	18,599,208	
34 Total liabilities and net assets/fund balances	14,082,101	34	21,179,681	

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	22,826,100
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,485,693
3	Revenue less expenses Subtract line 2 from line 1	3	5,340,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,258,801
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	18,599,208

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 04-3355127

Name: COMMUNITY CATALYST INC

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

(Code) (Expenses \$ 379,137 including grants of \$) (Revenue \$)

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 COMMUNITY CATALYST

(Code) (Expenses \$ 1,133,313 including grants of \$ 232,500) (Revenue \$ 223,240)

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

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

(Code) (Expenses \$ 1,056,669 including grants of \$ 450,000) (Revenue \$ 49,282)

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
 COMMUNITY CATALYST INC

Employer identification number
 04-3355127

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

The organization is not a private foundation because it is (For lines 1 through 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 (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	10,679,147	8,163,212	20,672,870	14,048,308	11,987,084	65,550,621
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,679,147	8,163,212	20,672,870	14,048,308	11,987,084	65,550,621
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)						37,038,259
6 Public support. Subtract line 5 from line 4						28,512,362

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	10,679,147	8,163,212	20,672,870	14,048,308	11,987,084	65,550,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	479,947	475,849	463,349	239,658	348,202	2,007,005
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						67,557,626

12 Gross receipts from related activities, etc. (see instructions) **12** 4,679,491

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	42.200 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	44.080 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART VI, LIST OF UNUSUAL GRANTS	DESCRIPTION LEGACY GRANT DATE 03/11/15 AMOUNT 9602822

SCHEDULE C
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

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2015
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	122,987													
c	Total lobbying expenditures (add lines 1a and 1b)	122,987													
d	Other exempt purpose expenditures	17,362,706													
e	Total exempt purpose expenditures (add lines 1c and 1d)	17,485,693													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<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)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
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?														

Y e s **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	684,244	896,383	1,000,000	1,000,000	3,580,627
b Lobbying ceiling amount (150% of line 2a, column(e))					5,370,941
c Total lobbying expenditures	86,089	123,237	140,952	122,987	473,265
d Grassroots nontaxable amount	171,061	224,096	250,000	250,000	895,157
e Grassroots ceiling amount (150% of line 2d, column (e))					1,342,736
f Grassroots lobbying expenditures	157				157

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year
▶ _____

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

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

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

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

(continued)

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	11,264,334	13,834,817	7,072,983	8,375,409	7,585,517
b Contributions	21,407,430	14,009,206	20,364,107	8,025,399	10,537,613
c Net investment earnings, gains, and losses					
d Grants or scholarships	7,519,776	7,462,607	6,543,253	3,225,350	2,651,611
e Other expenditures for facilities and programs	8,764,836	9,117,082	7,059,020	6,102,475	7,096,110
f Administrative expenses					
g End of year balance	16,387,152	11,264,334	13,834,817	7,072,983	8,375,409

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 100 000 %
The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		453,679	58,023	395,656
d Equipment		89,549	89,548	1
e Other		25,763	25,763	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				395,657

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,926,100
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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	22,826,100
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	22,826,100

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,585,693
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	17,485,693
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	17,485,693

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE TERM ENDOWMENTS WILL BE USED FOR THE FOLLOWING PROGRAMS VOICES FOR BETTER HEALTH \$ 8,874,333 NEW ENGLAND ALLIANCE FOR CHILDREN'S HEALTH \$ 614,164 EXTERNAL AFFAIRS \$ 307,211 HOSPITAL ACCOUNTABILITY PROJECT \$ 477,240 STATE CONSUMER ADVOCACY PROGRAMS \$ 4,253,796 DENTAL ACCESS PROJECT \$ 124,424 MANAGEMENT SERVICES \$ 949,619 ORGANIZATIONAL DEVELOPMENT \$ 25,000 SUBSTANCE USE \$ 761,365 TOTAL TEMPORARILY RESTRICTED AT 12/31/2015 \$ 16,387,152

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization COMMUNITY CATALYST INC

Employer identification number

04-3355127

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 83
3 Enter total number of other organizations listed in the line 1 table. 7

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION MONITORS THE FUNDS BY REQUIRING ALL GRANT RECIPIENTS TO SUBMIT QUARTERLY REPORTS, SITE VISITS, AND DISCUSSIONS BY PHONE

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION NORTH CAROLINA 5500 ECEC CENTER DRIVE SUITE 234 CHARLOTTE, NC 28212	56-1088116	170(B)(1)(A)(IV)	50,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
AIDS ALABAMA PO BOX 55703 BIRMINGHAM, AL 35255	46-2661900	501(C)(3)	25,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ALASKA PRIMARY CARE ASSOCIATION 903 W NORTHERN LIGHTS BLVD SUITE 200 ANCHORAGE, AK 99503	92-0154822	170(B)(1)(A)(IV)	9,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARISE CITIZENS POLICY PROJECT 207 MONTGOMERY ST STE 900 MONTGOMERY, AL 36104	63-1186365	501(C)(3)	95,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARIZONA ALLIANCE OF COMMUNITY HEALTH CENTERS INC 700 E JEFFERSON ST STE 100700 E JEFFERSON ST STE 100 PHOENIX, AR 85034	86-0494702	501(C)(3)	170,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES 1400 W MARKHAM ST STE 306 LITTLE ROCK, AR 72201	71-0492205	501(C)(3)	2,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK WOMEN'S HEALTH IMPERATIVE 55 M STREET SE SUITE 940 WASHINGTON, DC 20003	58-1557556	170(B)(1)(A)(VI)	1,500		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)	82,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
BROWARD REGIONAL HEALTH PLANNING COUNCIL INC 200 OAKWOOD LANE STE 100 HOLYWOOD, FL 33020	59-2274772	501(C)(3)	205,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE PO BOX 861766 LOS ANGELES, CA 90086	26-2213868	509(A)(2)	6,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CARE SHARE HEALTH ALLIANCE INC 222N PELSON STREET RALEIGH, NC 27601	20-8119462	501(C)(3)	146,200		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CENTER FOR PUBLIC POLICY PRIORITIES 7020 EASY WIND DRIVE SUITE 200 AUSTIN, TX 78752	74-2898197	170(B)(1)(A)(VI)	148,431		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RURAL AFFAIRS 145 MAIN STREET LYONS, NE 680380136	47-0553823	170(B)(1)(A)(VI)	21,620		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CHILDREN'S ACTION ALLIANCE 4001 N 3RD ST SUITE 160 PHOENIX, AR 85012	86-0594785	170(B)(1)(A)(VI)	6,250		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CITIZEN ACTION OF WISCONSIN 221 S 2ND ST STE 400 MILWAUKEE, WI 53204	39-1424314	501(C)(4)	210,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CONSUMER HEALTH INITIATIVE 1536 WYNKOOP ST SUITE101 DENVER,CO 80202	84-1145452	509(A)(1)	144,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHT PO BOX 40991 DENVER,CO 80204	84-1569021	170(B)(1)(A)(VI)	7,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1329 E CARY ST STE 202 RICHMOND,VA 23219	27-1598303	501(C)(3)	14,393		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CATALYST ACTION FUND ONE FEDERAL STREET BOSTON, MA 02110	30-0687494	501(C)(4)	75,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
COMMUNITY SERVICE SOCIETY OF NEW YORK 105 E 22ND STREET NEW YORK, NY 10010	13-5562202	501(C)(3)	60,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CONSUMER HEALTH COALITION 415 EAST OHIO STREET SUITE 300 PITTSBURGH, PA 15212	25-1753030	170(B)(1)(A)(VI)	7,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSUMERS FOR AFFORDABLE HEALTHCARE PO BOX 2490 AUGUSTA, ME 04338	01-0453248	501(C)(4)	6,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	170(B)(1)(A)(VI)	12,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
EVERTHRIVE ILLINOIS 1256 W CHICAGO AVE CHICAGO, IL 60642	36-3651051	170(B)(1)(A)(VI)	8,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEMINIST WOMEN'S HEALTH CENTER 106 EAST E STREET YAKIMA, WA 98901	91-1083929	509(A)(2)	7,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FLORIDA COMMUNITY HEALTH ACTION INFORMATION NETWORK INC PO BOX 7823 PETERSBURG, FL 33734	11-3799890	509(A)(1)	369,601		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FOUNDATION COMMUNITIES 3036 S FIRST LANE AUSTIN, TX 78704	74-2563260	501(C)(3)	215,750		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIANS FOR HEALTHY FUTURE INC 100 EDGEWOOD AVE NE STE 815 ATLANTA, GA 30303	26-3695851	501(C)(3)	432,447		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)	5,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110	04-3071598	501(C)(3)	50,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH COUNCIL OF SOUTH FLORIDA 8095 NW 12TH ST STE 300 DORAL, FL 33126	59-2268478	170(B)(1)(A)(VI)	200,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
INSTITUTE OF WOMEN AND ETHNIC STUDIES 935 GRAVIER ST SUITE 1140 NEW ORLEANS, LA 70112	72-1244155	170(B)(1)(A)(VI)	1,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
JANNUS INC 1607 W JEFFERSON ST BOISE, ID 83702	81-6035382	170(B)(1)(A)(VI)	23,729		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM COURT STE 108 LOUISVILLE, KY 40223	27-4557052	170(B)(1)(A)(VI)	22,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
LESBIAN HEALTH INITIATIVE OF HOUSTON INC 401 BRANARD STREET HOUSTON, TX 77006	76-0438911	509(A)(2)	2,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
LOUISIANA BUDGET PROJECT 144 MAXIMILLIAN ST BATON ROUGE, LA 70802	46-3872778	170(B)(1)(A)(VI)	59,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MA SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN 3815 WASHINGTON ST STE 2 JAMAICA PLAIN, MA 02130	04-2103596	170(B)(1)(A)(IV)	156,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL STREET AUGUSTA, ME 04330	04-3346273	509(A)(1)	77,380		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MARYLAND CITIZENS HEALTH INITIATIVE 2600 ST PAUL STREET BALTIMORE, MD 21218	52-2173223	509(A)(1)	151,760		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MD WOMEN'S COALITION FOR HEALTH PO BOX 19926 BALTIMORE, MD 21218	52-1268698	509(A)(1)	-2,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MEDICARE RIGHTS CENTER INC 250 EIGHTH AVE NORTH WING 3RD FL NEW YORK, NY 10018	13-3505372	501(C)(3)	347,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MICHIGAN CONSUMERS FOR HEALTHCARE 1223 TURNER STREET STE G-1 LANSING, MI 48906	46-2631444	501(C)(3)	35,750		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN DISABILITY RIGHTS COALITION 3498 EAST LAKE LANSING ROAD SUITE 100 EAST LANSING, MI 48823	38-2435517	170(B)(1)(A)(VI)	131,250		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MICHIGAN ELDER JUSTICE INITIATIVE 420 N 4TH AVE ANN ARBOR, MI 48104	38-1845444	170(B)(1)(A)(VI)	100,000		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		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA WOMEN VOTE 547 RIMROCK RD BILLINGS, MT 59102	81-0300536	501(C)(4)	20,800		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MY BROTHER'S KEEPER INC PO BOX 338 NORTH EASTON, MA 02356	04-3088412	170(B)(1)(A)(VI)	2,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NARAL PRO-CHOICE MASSACHUSETTS 15 COURT SQUARE BOSTON, MA 02108	23-7227508	501(C)(4)	7,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NARAL PRO-CHOICE MN FOUNDATION 1156 15TH ST SUITE 700 WASHINGTON, DC 20005	52-1100361	170(B)(1)(A)(VI)	5,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NATIONAL HEALTH LAW PROGRAM 3701 WILSHIRE BLVD SUITE 750 LOS ANGELES, CA 90010	95-3080947	170(B)(1)(A)(VI)	10,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NATIONAL WOMEN'S HEALTH NETWORK 1413 K ST NW STE 400 WASHINGTON, DC 20005	52-1081261	170(B)(1)(A)(VI)	119,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAMPSHIRE VOICES FOR HEALTH 4 PARK ST SUITE 403 CONCORD, NH 03301	27-4348113	501(C)(3)	55,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NEW JERSEY CITIZEN ACTION EDUCATION FUND INC 744 BROAD STREET NEWARK, NJ 07102	22-2493628	501(C)(3)	252,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NEW MEXICO RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE PO BOX 66433 ALBUQUERQUE, NM 87193	85-0391823	170(B)(1)(A)(VI)	1,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VOICES PITTSBURGH 5907 PENN AVENUE SUITE 340 PITTSBURGH, PA 15206	27-0570462	509(A)(2)	2,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NORTH CAROLINA CHILD 3109 POPLARWOOD CT SUITE 300 RALEIGH, NC 276041044	58-1534066	170(B)(1)(A)(VI)	167,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NORTH CAROLINA JUSTICE CENTER 224 S DAWSON ST RALEIGH, NC 27601	56-1348186	170(B)(1)(A)(VI)	8,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST BRONX COMMUNITY AND CLERGY COALITION INC 103 EAST 196TH STREET BRONX, NY 10468	13-2806160	170(B)(1)(A)(VI)	5,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NORTHWEST HEALTH LAW ADVOCATES 4759 15TH AVE NE STE 305 SEATTLE, WA 98105	91-1961032	170(B)(1)(A)(VI)	25,000		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		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO CHILDREN'S DEFENSE FUND 395 E BROAD ST 330 COLUMBUS, OH 43215	52-0895622	501(C)(3)	6,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OREGON FOUNDATION FOR REPRODUCTIVE HEALTH PO BOX 40472 PORTLAND, OR 97214	93-0803636	170(B)(1)(A)(VI)	7,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OSPIRG FOUNDATION INC 1536 SE 11TH AVE PORTLAND, OR 97214	93-1150763	501(C)(3)	119,112		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTFRONT MINNESOTA COMMUNITY SERVICES 310 38TH ST EAST STE 204 MINNEAPOLIS, MN 55409	36-3550489	170(B)(1)(A)(VI)	2,495		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
PALMETTO PROJECT INC 6296 RIVERS AVE SUITE 100 NORTH CHARLESTON, SC 29406	57-0807801	170(B)(1)(A)(VI)	25,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
PENNSYLVANIA HEALTH ACCESS NET 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-2749089	170(B)(1)(A)(VI)	85,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE HEARTLAND PO BOX 4557 DES MOINES, IA 50305	42-0727488	170(B)(1)(A)(VI)	4,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
PUBLIC HEALTH MANAGEMENT CORPORATION 260 SOUTH BROAD ST 1888 PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	340,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
RAISING WOMEN'S VOICES ONE FEDERAL STREET BOSTON, MA 02110	04-3355127	170(B)(1)(A)(VI)	52,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND ORGANIZING PROJECT 134 MATTHEWSON S PROVIDENCE, RI 02903	05-0482387	170(B)(1)(A)(VI)	127,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
SENIOR AGENDA COALITION OF RHODE ISLAND 70 BATH STREET PROVIDENCE, RI 02903	74-3261256	170(B)(1)(A)(VI)	47,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
SOUTH CAROLINA APPLESEED LEGAL 1518 WASHINGTON ST COLUMBIA, SC 29201	57-1035023	509(A)(2)	75,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT CORPORATION 915 BROADWAY 17TH FLOOR NEW YORK, NY 10010	13-2875743	501(C)(3)	170,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
TAKE ACTION MINNESOTA EDUCATION FUND 705 RAYMOND AVE ST PAUL, MN 55114	20-3338691	501(C)(3)	9,143		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
TENNESSEE HEALTH CARE CAMPAIGN 1321 MURFREESBORO PIKE SUITE 311 NASHVILLE, TN 37217	58-1875599	509(A)(2)	28,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVENUE NASHVILLE, TN 37201	62-1630417	170(B)(1)(A)(VI)	153,876		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
TEXAS IMPACT EDUCATION FUND 200 E 30TH ST AUSTIN, TX 78705	74-2989021	170(B)(1)(A)(VI)	188,550		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
THE AFIYA CENTER 501 WYNNEWOOD VILLAGE STE 213 DALLAS, TX 75224	36-4625704	501(C)(3)	5,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMONWEALTH INSTITUTE 101 FEDERAL STREET SUITE 1900 BOSTON, MA 02110	04-3371964	501(C)(3)	59,969		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
THE ECONOMIC PROGRESS INSTITUTE 600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908	32-0295517	501(C)(3)	25,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
THE LIVING AFFECTED CORPORATION PO BOX 46558 LITTLE ROCK, AR 72214	27-0977006	170(B)(1)(A)(VI)	25,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSFER OF FUNDS FROM CCAF GRANT ONE FEDERAL STREET BOSTON, MA 02110	30-0687494	501(C)(4)	300,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
UHCAN OHIO 370 S 5TH ST STE G3 COLUMBUS, OH 43215	31-1542417	509(A)(1)	497,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
UTAH HEALTH POLICY PROJECT 508 EAST SOUTH TEMPLE SUITE 45 SALT LAKE CITY, UT 84102	87-0684606	170(B)(1)(A)(IV)	62,770		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR VIRGINIA'S CHILDREN 701 E FRANKLIN STREET 807 RICHMOND, VA 23219	54-1726265	170(B)(1)(A)(VI)	6,500		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WASHINGTON COMMUNITY ACTION NETWORK 220 SRIVER STREET STE 11 SEATTLE, WA 98108	91-1206728	501(C)(4)	160,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WISCONSIN ALLIANCE FOR WOMEN'S PO BOX 1726 MADISON, WI 53701	80-0287566	509(A)(2)	2,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN WITH A VISION INC 300 GUN RANGE RD DALLAS, GA 30132	80-0457456	170(B)(1)(A)(VI)	7,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WOMEN'S WAY 123 S BROAD STREET PHILADELPHIA, PA 19109	23-1989161	170(B)(1)(A)(VI)	4,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WV FREE PO BOX 11042 CHARLESTON, WV 25339	55-0715930	170(B)(1)(A)(VI)	5,000		N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2015

Open to Public Inspection

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.**

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

Name of the organization
COMMUNITY CATALYST INC

Employer identification number
04-3355127

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in 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, 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT RESTUCCIA EXECUTIVE DIRECTOR	(i)	205,027 -----	0 -----	0 -----	10,251 -----	11,206 -----	226,484 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 ROSEMARIE BOARDMAN DIRECTOR OF FINANCE & OPER	(i)	138,362 -----	0 -----	0 -----	6,918 -----	6,894 -----	152,174 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 JACQUIE ANDERSONCOO	(i)	132,144 -----	0 -----	0 -----	6,607 -----	15,361 -----	154,112 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 SUSAN T SHERRY DEPUTY DIRECTOR	(i)	146,701 -----	0 -----	0 -----	7,335 -----	10,199 -----	164,235 -----	0 -----
	(ii)	0	0	0	0	0	0	0
5 ALBERT YEE SENIOR PROJECT ADVISOR	(i)	168,242 -----	0 -----	0 -----	8,412 -----	6,369 -----	183,023 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
COMMUNITY CATALYST INC

Employer identification number

04-3355127

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION 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 ARTICLES OF ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 INTERESTED PERSON RANGING FROM FORMAL REPRIMAND TO REMOVAL FROM THE BOARD
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR THE BOARD OF DIRECTORS REVIEW SALARY INFORMATION FROM COMPARABLE ORGANIZATIONS CONTAINED IN GUIDESTA R'S MOST RECENTLY PUBLISHED SALARY SURVEY THEY ALSO REVIEW SALARY DATA OF PARTNER ORGANIZ ATIONS THEY HAVE ESTABLISHED A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR THAT WAS W ITHIN THE RANGE OF ORGANIZATIONS SIMILAR IN SIZE AND SCOPE TO COMMUNITY CATALYST

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 19	COMMUNITY CATALYST RECEIVES A LARGE AMOUNT OF ITS FUNDING FROM FOUNDATIONS WHO SUPPORT ITS MANY PROGRAMS ACCORDINGLY, PART I, LINE 19, WHICH REPORTS CHANGES IN BOTH UNRESTRICTED AND TEMPORARILY RESTRICTED NET ASSETS, CAN FLUCTUATE SIGNIFICANTLY FROM YEAR TO YEAR COMMUNITY CATALYST'S MANAGEMENT ASSESSES FINANCIAL RESULTS BASED ON CHANGES IN UNRESTRICTED NET ASSETS BECAUSE IT MORE ACCURATELY REFLECTS OPERATING RESULTS DURING THE YEARS ENDED DECEMBER 31, 2015 AND 2014, CHANGES IN UNRESTRICTED NET ASSETS WERE \$217,589 AND \$135,970, RESPECTIVELY

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY CATALYST INC

Employer identification number

04-3355127

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

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

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

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
.
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY CATALYST ACTION FUND INC	Q	199,362	CASH

Part VII **Supplemental Information**

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

Return Reference	Explanation
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