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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

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

C Name of organization: COMMUNITY CATALYST, INC.

Doing business as:

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

Room/suite:

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
SAME AS C ABOVE

D Employer identification number: 04-3355127

E Telephone number: (617)338-6035

G Gross receipts $: 15,353,461.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.COMMUNITYCATALYST.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1997 M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	91
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	20,672,870.	14,048,308.
	9	Program service revenue (Part VIII, line 2g)	1,023,053.	1,065,495.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,071.	6,513.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	454,278.	233,145.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,159,272.	15,353,461.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,543,253.	7,462,607.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,772,340.	5,548,767.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 514,394.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,612,061.	4,776,600.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,927,654.	17,787,974.
	19	Revenue less expenses. Subtract line 18 from line 12	7,231,618.	-2,434,513.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,887,543.	14,082,101.
	21	Total liabilities (Part X, line 26)	1,194,229.	823,300.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,693,314.	13,258,801.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ KATHERINE VILLERS, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ALFONSO PERILLO		08/31/15	[ ]	P00950491

Firm's name ▶ EDELSTEIN AND COMPANY, LLP — Firm's EIN ▶ 04-2442519

Firm's address ▶ 160 FEDERAL STREET, 9TH FLOOR
BOSTON, MA 02110 — Phone no. 617-227-6161

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ 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 $ 8,319,163. including grants of $ 5,631,309.) (Revenue $ 149,712.)
STATE CONSUMER HEALTH ADVOCACY PROGRAM (SCHAP) PROVIDES A BROAD RANGE OF SUPPORT TO BUILD LOCAL CONSUMER ADVOCACY AND CHANGE STATE HEALTH POLICY. SCHAP CONSISTS OF TWO MAIN PROJECTS, CONSUMER VOICES FOR COVERAGE (CVC) AND THE AFFORDABLE CARE ACT IMPLEMENTATION FUND (ACAIF). CVC BEGAN IN 2008, LAYING THE GROUNDWORK FOR A SUCCESSFUL ADVOCACY ENVIRONMENT BEFORE, DURING AND AFTER PASSAGE OF THE ACA. INITIATED IN 2011, ACAIF FUNDS STATE-BASED GROUPS TO WORK ON IMPLEMENTING THE ACA. STATES WILL PLAY A CRITICAL ROLE IN THE IMPLEMENTATIONS OF THE NATIONAL HEALTH REFORM LAW, AND HAVE LONG BEEN A LABORATORY FOR HEALTH CARE REFORM POLICIES, PAVING THE WAY FOR NATIONAL REFORM. COMMUNITY CATALYST MANAGES AND PROVIDES (WITH ASSISTANCE FROM NATIONAL PARTNERS) COMPREHENSIVE TECHNICAL ASSISTANCE TO STATES INVOLVED IN THE SCHAP

4b (Code:) (Expenses $ 3,154,952. including grants of $ 954,750.) (Revenue $ 58,600.)
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), FORMERLY CALLED INTEGRATED CARE ADVOCACY PROJECT (ICAP), WORKS TO PROMOTE MODELS OF INTEGRATED CARE THAT PLACE INDIVIDUALS AND FAMILIES AT THE CENTER OF CARE PLANNING AND DELIVERY AND THAT COORDINATES CARE ACROSS MEDICAL AND NON-MEDICAL SERVICES, FROM ACUTE TO LONG-TERM SETTINGS. THE NEW ENGLAND ALLIANCE FOR CHILDREN'S HEALTH (NEACH) IS A BROAD COALITION DEDICATED TO PROMOTING ACCESS TO HIGH-QUALITY, AFFORDABLE HEALTH CARE FOR ALL CHILDREN. NEACH WORKS TO INFLUENCE POLICY DECISIONS ASSIST STATE-BASED PARTNERS IN THEIR WORK TO IMPROVE THE HEALTH CARE SYSTEM FOR CHILDREN, AND LEAD REGION-WIDE

4c (Code:) (Expenses $ 2,544,051. including grants of $ 638,548.) (Revenue $ 430,923.)
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

4d Other program services (Describe in Schedule O.)
(Expenses $ 2,904,131. including grants of $ 238,000.) (Revenue $ 320,623.)

4e Total program service expenses ▶ 16,922,297.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	78		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

DONNA PINA ROBINSON - 617-338-6035
ONE FEDERAL STREET, BOSTON, MA 02110

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE S. VILLERS PRESIDENT/DIRECTOR	36.00 4.00	X		X				0.	0.	0.
(2) DIANE MACDONALD TREASURER/DIRECTOR	0.50	X		X				0.	0.	0.
(3) 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						0.	0.	0.
(8) AMY WHITCOMB SLEMMER DIRECTOR	0.50	X						0.	0.	0.
(9) KAREN HICKS DIRECTOR	0.50 0.50	X						0.	0.	0.
(10) KAVITA PATEL DIRECTOR	0.50	X						0.	0.	0.
(11) DAN MCGRATH DIRECTOR	0.50 0.50	X						0.	0.	0.
(12) ANTON GUNN DIRECTOR (APPOINTED 10/21/14)	0.30	X						0.	0.	0.
(13) ROBERT RESTUCCIA EXECUTIVE DIRECTOR	40.00			X				200,811.	0.	20,406.
(14) ROSEMARIE BOARDMAN DIRECTOR OF FINANCE & OPER	40.00			X				135,911.	0.	13,522.
(15) JACQUIE ANDERSON COO	40.00					X		129,647.	0.	21,433.
(16) SUSAN T. SHERRY DEPUTY DIRECTOR	40.00					X		136,383.	0.	15,528.
(17) MARCIA HAMS RXP DIRECTOR	40.00					X		113,012.	0.	14,857.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALBERT YEE SENIOR PROJECT ADVISOR	28.00					X		134,096.	0.	10,696.
(19) MICHAEL MILLER DIRECTOR OF RESEARCH	40.00					X		120,632.	0.	21,332.
1b Sub-total ▶								970,492.	0.	117,774.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								970,492.	0.	117,774.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EMERALD CITIES COLLABORATIVE, 1140 CONNECTICUT AVE NW SUITE 1210, WASHINGTON,	PROGRAM CONSULTANTS	1,172,754.
SPITFIRE STRATEGIES, 1800 M STREET NW SUITE 300 NORTH, WASHINGTON, DC 20036	COMMUNICATION CONSULTANTS	169,800.
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 ▶ 3

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	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	14,048,308.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f		14,048,308.			
Program Service Revenue			**Business Code**				
	2a	CONSULTING FEES	541900	1,065,495.	1,065,495.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		1,065,495.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,513.			6,513.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	233,145.				
	b	Less: rental expenses	0.				
	c	Rental income or (loss)	233,145.				
	d	Net rental income or (loss)		233,145.	233,145.		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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.		15,353,461.	1,298,640.	0.	6,513.

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 X

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	7,462,607.	7,462,607.		
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	370,650.	237,216.	133,434.	
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	4,202,799.	3,359,933.	656,876.	185,990.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,357.	135,589.	11,158.	8,610.
9 Other employee benefits	459,249.	376,773.	64,211.	18,265.
10 Payroll taxes	360,712.	286,246.	59,694.	14,772.
11 Fees for services (non-employees):				
a Management				
b Legal	11,211.		11,211.	
c Accounting	20,570.		20,570.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,506,002.	2,201,208.	171,530.	133,264.
12 Advertising and promotion	2,542.	1,757.	160.	625.
13 Office expenses	123,903.	81,109.	36,744.	6,050.
14 Information technology	74,740.	59,579.	12,250.	2,911.
15 Royalties				
16 Occupancy	735,377.	330,949.	404,428.	
17 Travel	553,093.	530,557.	17,331.	5,205.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	494,771.	454,360.	36,127.	4,284.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,175.		18,175.	
23 Insurance	25,589.	3,318.	22,271.	
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 EQUIPMENT RENTAL AND MA	116,274.	61,209.	53,004.	2,061.
b ADMINISTRATIVE FEES	94,353.	79,413.	12,809.	2,131.
c ADMINISTRATIVE ALLOCATI	0.	1,288,966.	-1,390,700.	101,734.
d COMMUNICATION ALLOCATIO	0.	-28,492.		28,492.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	17,787,974.	16,922,297.	351,283.	514,394.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	121,357.
	2	Savings and temporary cash investments		5,024,205.	2	2,870,829.
	3	Pledges and grants receivable, net		10,910,209.	3	9,437,886.
	4	Accounts receivable, net		581,621.	4	934,894.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		250,403.	9	240,671.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 567,892.			
	b	Less: accumulated depreciation	10b 126,916.	6,571.	10c	440,976.
	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		114,534.	15	35,488.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,887,543.	16	14,082,101.
Liabilities	17	Accounts payable and accrued expenses		1,098,707.	17	751,184.
	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		95,522.	25	72,116.
	26	**Total liabilities.** Add lines 17 through 25		1,194,229.	26	823,300.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,858,497.	27	1,994,467.
	28	Temporarily restricted net assets		13,834,817.	28	11,264,334.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		15,693,314.	33	13,258,801.
	34	Total liabilities and net assets/fund balances		16,887,543.	34	14,082,101.

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	15,353,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,787,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,434,513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,693,314.
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	13,258,801.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

7 ☒ 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 or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,698,596.	10,679,147.	8,163,212.	20,672,870.	14,048,308.	65,262,133.
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	11,698,596.	10,679,147.	8,163,212.	20,672,870.	14,048,308.	65,262,133.
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)						35,561,379.
6 **Public support.** Subtract line 5 from line 4.						29,700,754.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	11,698,596.	10,679,147.	8,163,212.	20,672,870.	14,048,308.	65,262,133.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	452,818.	479,947.	475,849.	463,349.	239,658.	2,111,621.
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						67,373,754.

12 Gross receipts from related activities, etc. (see instructions) ▶ 12 3,980,500.

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 2014 (line 6, column (f) divided by line 11, column (f)) 14 44.08 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 48.24 %

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
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 I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined 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.**	9b		
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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (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.*	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).*

			Yes	No
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.*	2a		
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.*	2b		
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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

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

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.*

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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 organization	Employer identification number
COMMUNITY CATALYST, INC.	04-3355127

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

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-.

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)	140,952.	
c Total lobbying expenditures (add lines 1a and 1b)	140,952.	
d Other exempt purpose expenditures	17,647,022.	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,787,974.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	625,086.	684,244.	896,383.	1,000,000.	3,205,713.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,808,570.
c Total lobbying expenditures	81,453.	86,089.	123,237.	140,952.	431,731.
d Grassroots nontaxable amount	156,272.	171,061.	224,096.	250,000.	801,429.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,202,144.
f Grassroots lobbying expenditures	5,288.	157.			5,445.

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

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

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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" to Form 990, Part IV, line 7.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	13,834,817.	7,072,983.	8,375,409.	7,585,517.	3,383,628.
b Contributions	14,009,206.	20,364,107.	8,025,399.	10,537,613.	11,521,301.
c Net investment earnings, gains, and losses					1,256.
d Grants or scholarships	7,462,607.	6,543,253.	3,225,350.	2,651,611.	1,524,349.
e Other expenditures for facilities and programs	9,117,082.	7,059,020.	6,102,475.	7,096,110.	5,796,319.
f Administrative expenses					
g End of year balance	11,264,334.	13,834,817.	7,072,983.	8,375,409.	7,585,517.

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ 100.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		452,580.	11,604.	440,976.
d Equipment		89,549.	89,549.	0.
e Other		25,763.	25,763.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				440,976.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	72,116.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	72,116.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	15,453,461.
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	15,353,461.
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	15,353,461.

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

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

1	Total expenses and losses per audited financial statements			1	17,887,974.
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	17,787,974.
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	17,787,974.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE TERM ENDOWMENTS WILL BE USED FOR THE FOLLOWING PROGRAMS:

VOICES FOR BETTER HEALTH	$	294,102
NEW ENGLAND ALLIANCE FOR CHILDREN'S HEALTH	$	409,425
EXTERNAL AFFAIRS	$	220,102
ROADMAPS TO HEALTH	$	88,553
STATE CONSUMER ADVOCACY PROGRAMS	$	6,827,870
DENTAL ACCESS PROJECT	$	743,133
ORGANIZATIONAL DEVELOPMENT	$	495,767
SUBSTANCE USE	$	2,185,382
TOTAL TEMPORARILY RESTRICTED AT 12/31/2014	$	11,264,334

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS TAKEN ON RETURNS FOR OPEN YEARS AND THOSE EXPECTED TO BE TAKEN ON RETURNS FOR THE YEAR ENDED DECEMBER 31, 2014. IT IS MANAGEMENT'S BELIEF THAT SUCH TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS. TAX RETURNS FOR TAX YEARS BEGINNING WITH THOSE FILED FOR 2011 ARE OPEN TO EXAMINATION.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: COMMUNITY CATALYST, INC.

Employer identification number: 04-3355127

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION WESTERN AND CENTRAL WASHINGTON STATE CHAPTER - 100 WEST HARRISON STREET, STE N200 - SEATTLE, WA	91-1075926	501(C)(3)	132,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARISE CITIZENS POLICY PROJECT 207 MONTGOMERY ST., STE 900 MONTGOMERY, AL 36104	63-1186365	501(C)(3)	17,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARIZONA ALLIANCE OF COMMUNITY HEALTH CENTERS INC - 700 E JEFFERSON ST., STE 100 - PHOENIX, AR 85034	86-0494702	501(C)(3)	340,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES - 1400 W.MARKHAM ST. STE 306 - LITTLE ROCK, AR 72201	71-0492205	501(C)(3)	61,200.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ASIAN PACIFIC AMERICAN NETWORK OF OREGON - PO BOX 6552 - PORTLAND, OR 97208	80-0252850	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ASIAN SERVICES IN ACTION, INC. 730 CARROLL ST AKRON, OH 44304	34-1798850	509(A)(2)	19,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 80.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BORDER INTERFAITH COALITION 201 3RD AVE NW ROSEAU, MN 56751	38-3681635	501(C)(3)	19,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
BOSTON CENTER FOR INDEPENDENT LIVING INC. - 60 TEMPLE PLACE 5TH FLOOR - BOSTON, MA 02111	04-2546595	501(C)(3)	75,000.	0.	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)	425,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE - PO BOX 861766 - LOS ANGELES, CA 90086	26-2213868	509(A)(2)	6,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CAMPESINOS SIN FRONTERAS PO BOX 423 SOMERTON, AZ 85350	86-0944114	170(B)(1)(A)(VI)	19,000.	0.	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)	363,800.	0.	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)	56,250.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001	52-0895622	170(B)(1)(A)(VI)	61,000.	0.	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)	80,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CONSUMER HEALTH INITIATIVE - 1536 WYNKOOP ST. SUITE101 - DENVER, CO 80202	84-1145452	509(A)(1)	112,500.	0.	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)	10,000.	0.	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)	143,925.	0.	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)	127,500.	0.	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)	67,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
CONSUMERS FOR AFFORDABLE HEALTHCARE - PO BOX 2490 - AUGUSTA, ME 04338	01-0453248	501(C)(4)	9,000.	0.	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)	7,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ECONOMIC PROGRESS INSTITUTE 600 MT PLEASANT AVE PROVIDENCE, RI 02908	32-0295517	170(B)(1)(A)(VI)	25,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ENROLL AMERICA 1001 G ST NW 8TH FLOOR WASHINGTON, DC 20001	27-1661221	170(B)(1)(A)(VI)	50,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERTHRIVE ILLINOIS 1256 W. CHICAGO AVE CHICAGO, IL 60642	36-3651051	170(B)(1)(A)(VI)	10,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FAITH IN FLORIDA PO BOX 677458 ORLANDO, FL 32867	59-3579615	509(A)(2)	19,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FEMINIST WOMEN'S HEALTH CENTER 106 EAST E STREET YAKIMA, WA 98901	91-1083929	509(A)(2)	12,000.	0.	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)	303,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
FOUNDATION COMMUNITIES 3036 S. FIRST LANE AUSTIN, TX 78704	74-2563260	501(C)(3)	445,750.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
GATEWAY TO CARE 3611 ENNIS ST HOUSTON, TX 77004	20-3946677	170(B)(1)(A)(VI)	19,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
GEORGIA WATCH 55 MARIETTA ST NW STE 903 ATLANTA, GA 30303	16-1639971	170(B)(1)(A)(VI)	5,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
GEORGIANS FOR HEALTHY FUTURE INC 100 EDGEWOOD AVE NE STE 815 ATLANTA, GA 30303	26-3695851	501(C)(3)	122,900.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH ACCESS FOUNDATION 1127 11TH ST, STE 234 SACREMENTO, CA 95814	93-0957949	501(C)(3)	68,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH ACTION NEW MEXICO PO BOX 460 BERNALILLO, NM 87004	85-0481860	509(A)(1)	17,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110	04-3071598	501(C)(3)	60,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH COUNCIL OF SOUTH FLORIDA 8095 NW 12TH ST STE 300 DORAL, FL 33126	59-2268478	170(B)(1)(A)(VI)	410,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HEALTH LAW ADVOCATES, INC. ONE FEDERAL STREET BOSTON, MA 02110	04-3298116	501(C)(3)	18,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
HISPANIC SERVICES COUNCIL, INC 2902 N ARMENIA AVE TAMPA, FL 33607	59-3198934	170(B)(1)(A)(VI)	19,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
ILLINOIS MATERNAL & CHILD HEALTH COALITION - 1256 W CHICAGO AVENUE - CHICAGO, IL 60642	36-3651051	501(C)(3)	17,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM COURT STE 108 LOUISVILLE, KY 40223	27-4557052	170(B)(1)(A)(VI)	63,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
KOREAN COMMUNITY SERVICES OF METROPOLITAN NY, INC - 3556 159TH ST - FLUSHING, NY 11358	23-7348989	509(A)(2)	19,000.	0.	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)	6,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MA SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 3815 WASHINGTON ST, STE 2 - JAMAICA PLAIN, MA 02130	04-2103596	170(B)(1)(A)(VI)	78,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL STREET AUGUSTA, ME 04330	04-3346273	509(A)(1)	118,977.	0.	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)	112,385.	0.	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)	178,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MHP, INC. PROMOVIENDO VIDAS SALUDABLES - 2111 GOLFSIDE STE 2B - YPSILANTI, MI 48197	38-3092194	170(B)(1)(A)(VI)	19,000.	0.	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)	132,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MICHIGAN LEAGUE FOR HUMAN SERVICES 1223 TURNER STREET STE G-1 LANSING, MI 48906	38-1360557	170(B)(1)(A)(VI)	16,548.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHINE DRIVE LANSING, MI 48917	38-2294018	501(C)(3)	340,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
MONTANA WOMEN VOTE 547 RIMROCK RD BILLINGS, MI 59102	81-0300536	501(C)(4)	99,200.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NARAL PRO-CHOICE MN FOUNDATION 1156 15TH ST SUITE 700 WASHINGTON, DC 20005	52-1100361	170(B)(1)(A)(VI)	5,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD SUITE 2850 LOS ANGELES, CA 90010	95-4539765	170(B)(1)(A)(VI)	50,000.	0.	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)	67,250.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NEW HAMPSHIRE VOICES FOR HEALTH 4 PARK ST SUITE 403 CONCORD, NH 03301	27-4348113	501(C)(3)	59,145.	0.	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)	101,500.	0.	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)	6,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
NORTHWEST BRONX COMMUNITY AND CLERGY COALITION INC - 103 E 196TH ST - BRONX, NY 10468	13-2806160	170(B)(1)(A)(VI)	15,000.	0.	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)	8,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OHIO ASSOCIATION OF FOODBANKS 10 EAST TOWN ST.,STE 540 COLUMBUS, OH 43215	34-1677838	501(C)(3)	340,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON FOUNDATION FOR REPRODUCTIVE HEALTH - PO BOX 40472 - PORTLAND, OR 97214	93-0803636	170(B)(1)(A)(VI)	11,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OSPIRG FOUNDATION INC 1536 SE 11TH AVE PORTLAND, OR 97214	93-1150763	501(C)(3)	99,983.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
OUTFRONT MINNESOTA COMMUNITY SERVICES - 310 38TH ST EAST STE 204 - MINNEAPOLIS, MN 55409	36-3550489	170(B)(1)(A)(VI)	22,458.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305	42-0727488	170(B)(1)(A)(VI)	161,000.	0.	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)	170,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
RHODE ISLAND KIDS COUNT 1 UNION STATION PROVIDENCE, RI 02903	06-1485449	509(A)(2)	7,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
RHODE ISLAND ORGANIZING PROJECT 134 MATTHEWSON S PROVIDENCE, RI 02903	05-0482387	170(B)(1)(A)(VI)	100,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
SENIOR AGENDA COALITION OF RHODE ISLAND - 70 BATH STREET - PROVIDENCE, RI 02908	74-3261256	170(B)(1)(A)(VI)	38,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
SISTER SONG INC 1237 RALPH D ABERNATHY BLVD SW ATLANTA, GA 30310	51-0544927	509(A)(2)	8,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT CORPORATION - 915 BROADWAY, 17TH FLOOR - NEW YORK, NY 10010	13-2875743	501(C)(3)	340,000.	0.	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)	110,589.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
TEXAS ORGANIZING PROJECT EDUCATION PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	509(A)(2)	38,000.	0.	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)	8,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
THIRD SECTOR DEVELOPMENT 165 COURTLAND AVE STE A-231 ATLANTA, GA 30303	58-2421574	170(B)(1)(A)(VI)	5,000.	0.	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)	268,297.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
UNEMPLOYMENT INFORMATION CENTER 112 N BROAD STREET FLOOR 11 PHILADELPHIA, PA 19102	23-2000486	170(B)(1)(A)(VI)	8,000.	0.	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)	179,250.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
VIRGINIA INTERFAITH CENTER FOR PUBLIC POLICY - 1716 EAST FRANKLIN STREET - RICHMOND, VA 23223	54-1362857	509(A)(2)	17,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR VIRGINIA'S CHILDREN 701 E. FRANKLIN STREET, #807 RICHMOND, VA 23219	54-1726265	170(B)(1)(A)(VI)	58,500.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WAITE HOUSE -PILLSBURY UNITED COMMUNITIES - 125 WEST BROADWAY AVENUE - MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WASHINGTON COMMUNITY ACTION NETWORK - 220 S.RIVER STREET, STE 11 - SEATTLE, WA 98108	91-1206728	501(C)(4)	100,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WEST VIRGINIA FREE INC 100 CAPITOL ST STE 1005 CHARLESTON, WV 25301	55-0715930	170(B)(1)(A)(VI)	9,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY
WOMEN WITH A VISION, INC 300 GUN RANGE RD DALLAS, GA 30132	80-0457456	170(B)(1)(A)(VI)	5,000.	0.	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)	9,000.	0.	N/A	N/A	SUPPORT HEALTH ISSUES AND ADVOCACY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number

04-3355127

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT RESTUCCIA	(i)	200,811.	0.	0.	10,041.	10,365.	221,217.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JACQUIE ANDERSON	(i)	129,647.	0.	0.	6,482.	14,951.	151,080.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN T. SHERRY	(i)	136,383.	0.	0.	6,819.	8,709.	151,911.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

2014

Open to Public Inspection

Name of the organization: COMMUNITY CATALYST, INC.

Employer identification number: 04-3355127

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

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.

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

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

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

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).

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

FURTHER INTEGRATE IT INTO THE EXISTING HEALTH CARE DELIVERY SYSTEM. AT THE STATE LEVEL, COMMUNITY CATALYST WORKS WITH LOCAL ADVOCATES TO

Name of the organization: COMMUNITY CATALYST, INC.

Employer identification number: 04-3355127

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.

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

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

EXPENSES $ 276,941. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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

EXPENSES $ 2,028,424. INCLUDING GRANTS OF $ 238,000. REVENUE $ 292,053.

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.

Name of the organization: COMMUNITY CATALYST, INC.

Employer identification number: 04-3355127

EXPENSES $ 598,766. INCLUDING GRANTS OF $ 0. REVENUE $ 28,570.

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.

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

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

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

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

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

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

IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, IT MAY APPOINT A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES. AFTER EXERCISING DUE DILIGENCE, THE BOARD MUST DETERMINE, BY A MAJORITY

Name of the organization: COMMUNITY CATALYST, INC.

Employer identification number: 04-3355127

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

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM CONSULTING:

PROGRAM SERVICE EXPENSES	2,107,342.
MANAGEMENT AND GENERAL EXPENSES	7,047.
FUNDRAISING EXPENSES	128,841.

Name of the organization: COMMUNITY CATALYST, INC.

Employer identification number: 04-3355127

TOTAL EXPENSES	2,243,230.
IT SERVICES:	
PROGRAM SERVICE EXPENSES	59,185.
MANAGEMENT AND GENERAL EXPENSES	105,406.
FUNDRAISING EXPENSES	2,000.
TOTAL EXPENSES	166,591.
TEMP SERVICES & CONTRACT STAFFING:	
PROGRAM SERVICE EXPENSES	34,681.
MANAGEMENT AND GENERAL EXPENSES	59,077.
FUNDRAISING EXPENSES	2,423.
TOTAL EXPENSES	96,181.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,506,002.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

COMMUNITY CATALYST, INC.

Employer identification number

04-3355127

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

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

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

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

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

Schedule R (Form 990) 2014

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY CATALYST ACTION FUND INC	Q	37,500.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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