Form 990

Return of Organization Exempt From Income Tax

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2021 calendar year, or tax year beginning and ending C Name of organization Check if applicable: Catalyst of San Diego & Imperial Counties Employer Identification number Address change Number and street (or P.O. box if mail is not delivered to street address) 33-0868261 Name change 5060 Shoreham Place 350 Telephone number Initial return City or town ZIP code (858) 875-3333 San Diego CA 92122 Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return 2,813,093 Grose seceipes \$ F Name and address of principal officer: Application pending H(a) is this a group reform for subordinates? Yes X No Megan Thomas 5060 Shoreham Place 350, San Diego, CA 92122 H(b) Are at subordinates included? If "No attach a list. See instructions X 501(c)(3) 4947(a)(1) or Tax-exempt status) (insert no.) Website: www.catalystsd.org X Corporation Form of organization: Association M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: (New Mission is to connect and activate **Governance** funders to learn, lead and invest in our community. if the organization discontinued its operations of disposed more than 25% of its net assets. Check this box ▶ Activities & 14 Total number of individuals employed in calendar year 2021 (Part V, the Za) 9 5 Total number of volunteers (estimate if necessary) . . . 6 40 Total unrelated business revenue from Part VIII, column (C), Jine 12. 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 5,441,095 2,666,617 9 Program service revenue (Part VIII, line 2g) . 🐞 84,827 97,056 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 10 17,752 28,538 11 30,750 20,882 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,574,424 2,813,093 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,648,571 976,734 14 Benefits paid to or for members (Part IX column (A), line 4) . . . 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10). 1,086,412 698,027 Professional fundraising fees (Part D. column (A), line 11e) 16a Đ Total fundraising expenses (Part 1%, column (D), line 25) Other expenses (Part IX, column (A), wies 11a-11d, 11f-24e) 17 767,718 616,952 Total expenses. Add fines 13 17 (mist equal Part IX, column (A), line 25) . . . 18 4,502,701 2,291,713 Revenue less expenses strattine 18 from line 12 19 1,071,723 521,380 Beginning of Current Year End of Year Total assets (Part X, tine (6) 20 7,083,916 7.738.471 Total liabilities (Part X, The 26). 21 1.046,259 1,049,347 22 Net assets or fund balances. Subtract line 21 from line 20 6,037,657 6,689,124 Signature Block Under penalties of perjury, I declare that there 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 11/14/22 Sign Signature of officer Date Here Megan Thomas President & CEO Type or print name and title Print/Type preparer's name Preparer's signature Paid Leonard C Sonnenberg Leonard C Sonnenberg 8/18/2022 self-employed P00287581 Preparer Sonnenberg & Company CPAs Firm's EIN > 95-3749711 Use Only Firm's address ► 5190 Governor Dr. #201, San Diego, CA 92122 858-457-5252 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form	990 (2021)	Catalyst of San Diego & Imperial Co	ounties	33-0868261	Page 2
Pa	rt III	Statement of Program Service A	Accomplishments		
		Check if Schedule O contains a re	esponse or note to any line in this Part III		
1	Briefly	describe the organization's mission:	-		
	Our Mi	ssion is to connect and activate funders to	learn, lead and invest in our community.		
		· · · · · · · · · · · · · · · · · · ·			
2			ogram services during the year which were not list	ed on	
			· <u>·</u> · · · · · · · · · · · · · · · · ·	· · · · · · · Yes	X No
_		describe these new services on Schedule			
3			significant changes in how it conducts, any progra	m _	
		s?		Yes Yes	X No
4		describe these changes on Schedule O.			
4	Descri	e the diganization's program service acco	omplishments for each of its three largest programizations are required to report the amount of grant	services, as measured by	
		es. Section 50 ((c)(3) and 50 ((c)(4) organi I expenses, and revenue, if any, for each p		s and allocations to others,	
	une tota	respenses, and revenue, it any, for each p	program service reported.		
4a	(Code:) (Expenses \$ 2,08	83,433 including grants of \$ \(76,7347 \)	(Revenue \$ 117,	938)
701			yst) is a nonprofit network of more than 150		
	organiz	ations, giving circles, individual funders an	nd impact investors seeking to improve outcomes		
	for resi	lents of San Diego and Imperial Counties.	Cotobat connects and activate five are to		
	learn, le	ead and invest in our community through le	earning opportunities, collaborative or in haking	,=	
	funds,	and fiscal sponsorship support to mission-	oliopod popial import initial too. The views of		
	Catalys	t is an equitable, collaborative, and impact	tful cooled change account to that improves the		
	lives of	all residents in San Diego and Imperial Co	ounting		
					
46	(Cada:) (Expenses \$	The relies are not a fifth	/D	
4b	(Code.) (Expenses a		(Revenue \$	
			—		
				**	
4c	(Code:		including grants of \$) ((Revenue \$)
				*	

4d	Other p	ogram services (Describe on Schedule O.	.)		
_	(Expens		·	0)	
<u>4e</u>		agram service expenses	2.083.433		

33-0868261 Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." Х 1 is the organization required to complete Schedule B, Schedule of Contributors? See instructions Х 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 4 X 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 Х Did the organization receive or hold a conservation easement, including easements to preserve upon space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule Description X Did the organization maintain collections of works of art, historical treasures, or other signilar asses? 8 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liameters 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 Х Did the organization, directly or through a related organization, hold assets in don't cresi or in quasi endowments? If "Yes," complete Schedule D, Part V or in quasi endowments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 10 Х VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment a Part X, line 10? If "Yes," complete Х 11a | **b** Did the organization report an amount for investments—other recurries in Part X, line 12, that is 5% or more Х 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabants in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Х f Did the organization's separate or consolidated finance statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions and FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. Was the organization included in controlled d, independent audited financial statements for the tax year? If "Yes," Х 12a and if the organization answered "No. to "re. 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school descriped in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... Х Х b Did the organization have agree ite revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, in estimat, and program service activities outside the United States, or aggregate foreign investments valued \$\$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х Х Did the organization representation 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 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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.

			Yes	No
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	22	┼^-	\vdash
	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		1	
	\$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	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			,,
А	to defease any tax-exempt bonds?	24c	-	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	-	X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Page	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqual fied person in a		i –	L.
	prior year, and that the transaction has not been reported on any of the organization's ptor Form 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from ar payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Sci. edule 1. Part II.	26	X	
27	Did the organization provide a grant or other assistance to any current or for the ficer director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a sant selection committee member, or to a 35% controlled entity (including an employee thereof, or it saily 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 lowing parties (see the Schedule L,	-	100.1	^
	Part IV, instructions for applicable filing thresholds, conditions and exceptions):			1
а	A current or former officer, director, trustee, key employee, creats or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? **Jes, ** complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or arganizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV.	28c	<u> </u>	X
29 30	Did the organization receive more than \$25,000 in for cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, the torical treasures, or other similar assets, or qualified	29	_	Х
30	conservation contributions? If "Yes," complete specific M	30		×
31	Did the organization liquidate, terminate, or assolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispute dispute dispute more than 25% of its net assets? If "Yes,"	ļ .		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entry disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.770 3? If Eyes, "complete Schedule R, Part I	33		Х
34	Was the organization related to any ax- empt or taxable entity? If "Yes," complete Schedule R, Part II,			
35a	Ill, or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
ooa h	If "Yes" to line 35a, and the expanization receive any payment from or engage in any transaction with a controlled	35a		Х
~	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		Х
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Pari			Г	\neg
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1006. Enter 0. If not applicable.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 9	90 (2021) Catalyst of San Diego & Imperial Counties 33-086	8261	P	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 on Schedule O	3b		Х
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 (FB&R).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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 lid the			
	organization solicit any contributions that were not tax deductible as charitable contribution	6a		Ιx
b	If "Yes," did the organization include with every solicitation an express statement that such continuations or	-		<u> </u>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		10
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provide 1?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible person, it is openly for which it was	75		
•	required to file Form 8282?	7c		x
d				
e	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly of indirectly of a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual a open, did the organization file Form 8899 as required?	7g		Ĥ
h	If the organization received a contribution of cars, boats, airplanes, organization received a contribution of cars, airplanes, organization received a contribution of cars, airplanes, airplan	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	(1)		
•	sponsoring organization have excess business holdings afterny time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution as a dispor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	311		
а	Initiation fees and capital contributions included on Part VIII, line 12.			
b	Gross receipts, included on Form 990, Part (III, III) 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do Not net amounts due or paid to other sources			
	against amounts due or received from them?)	т.		
12a	Section 4947(a)(1) non-exempt oparitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of px sempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified penpiorit health insurance issuers.	-01		
a	Is the organization ligensed 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.	100	-	
b	Enter the amount of paserves the organization is required to maintain by the states in which			
_	the organization is licenced to issue qualified health plans		-	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-717	\dashv	
	excess parachute payment(s) during the year	45		v
		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	11 =0		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	10	12 17	

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other personal 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was mad? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization 5 6 6 Did the organization have members, stockholders, or other persons who had the power elect 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions to dertaken during the year by the following: The governing body?.

Each committee with authority to act on behalf of the governing body?

The governing body? Х Х 8b at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Х Section B. Policies (This Section B requests information a sout solicies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 Has the organization provided a complete copy of this Fore 990 wall members of its governing body before filing the form? . Describe on Schedule O the process, if any, used the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12b describe on Schedule O how this was do e 12c Did the organization have a written whisting lower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a 15b If "Yes" to line 15a or 15b, sesone the process on Schedule O. See instructions. 16a Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed

CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 Megan Thomas

5060 Shoreham Place 350, San Diego, CA 92122

Catalyet	of San	Diego	2. I	mperial	Counties
Caldivst	ui oai	i Dieuo (αı	mbenar	Counties

33-0868261

age 7

Form 990 (2021) Part VII

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 was received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Check this box if neither the organization nor an	y related organiz	ation	con	npe	nşaı	eo ar	ıy o	arrent atricer, air	ector, or trustee.	
				(C)			Salar Salar		
					ition					
(A) Name and title	(B) Average	(do	not ch	neck	more	tham o	ne	(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	hours					r/true		compensation	compensation	of other
	per week	오글	3	Q		空事	34	from the	from related	compensation
	(list any hours for	홍	Institution	귷		홍종	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	individual flustee or director	懂。	1		8 R	~	1099-NEC)	1099-NEC)	related organizations
	organizations below] 	- E	P.C.	100	Ě				
	dotted line)	8		and a	900	- 				
	6	1	*	4	1	heet compensated plowe				
(1) Megan Thomas, Dec	40.00	1		\vdash	\vdash	\dashv				
President&CEO	0.00	~	10-	x				129,218		13,946
(2) Kathleen Janowiak	40.00		\vdash	h	Н			128,210		15,840
	0.00	3				х		100 000		44 600
VP Communications and Impact	2.00	107	\vdash	\vdash	Н		_	108,695		11,620
(3) Warren Ruis			Į l	U						
Chair	0.00	-	\vdash	Х	H					
(4) Jeremy Pearl	2.00									
Chair elect	0.00	Х	-	Х				_		
(5) Shreya Shah Sasaki	2.00	١		l						
Treasurer	0.00	Х		Х		-				
(6) Nelli Garton	2.00									
Secretary	0.00	Х	Ш	Х						
(7) Emest Borunda	1.00									
Director	0.00	Х	Ш		Ш					
(8) Peter Callstrom	1.00									
Director	0.00	Х								
(9) Julia Dorfman	1.00									
Director & A	0.00	Х								
(10) Ian Gordon	1.00									
Director	0.00	Х								
(11) Kyra Greene	1.00									
Director	0.00	Х								
(12) Jesse Mills	1.00									
Director	0.00	Х			il					
(13) Macy Olivas	1.00				П					
Director	0.00	Х								
(14) Kim Phillips Boehm	1.00									
Director	0.00	х								
			_							-

P	art VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	1 HI	ghes	t C	ompensated Em	ployees (contin	ued)
(A) Name and title		(B) Average hours	(C) Position (do not check more than box, unless person is bot officer and a director/fus					n an Reportable		(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employea	Former		from related organizations (W-2/1099-MISC/1099-NEC)	compensation from the organization and related organizations
(15) Direc	Sara Vaz	1.00 0.00						Г	4	1	
	Sarah Lyman	1.00								5	<u>-</u>
Direct (17)	otor Jeff Kim	0.00 1.00	_	-		H					
Dire	stor	0.00	1					4			
(18)											
(19)							-				
(20)											
(21)				4	1	1					
(22)						2	*				
(23)					1						
(24)				l)							
(25)											
1b	Subtotal	The state of the s	, .					>	237,913	0	25,566
C	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)			, ,	,			A	237,913	0	25,566
d 	Total number of individuals (including but not in	nited to those lis	ted a	bov	e) w	/ho	recei	_			20,000
	reportable compensation from the organic ation										Yes No
3	Did the organization list any former office dire	ctor, trustee, key	emp	oloye	e, e	or h	ighes	st co	ompensated		Tes No
	employee on line 1a? If "Yes," cort plete Sched									· 2 22 2	3 X
4	For any individual listed on line 1a, 1star sum of the organization and related organizations great	of reportable con iter than \$150,00	npens 00? If	atic "Ye	оп а: ·S, " «	na c com	otner Iplete	con Sc	npensation from thedule J for such	,	
	individual										4 X
5	Did any person listed on line to receive or accr for services rendered to the organization? If "Ye									idual	5 X
Sec	tion B. Independent Contractors	-								'	- , ,
1	Complete this table for your five highest compe compensation from the organization. Report co										ax vear.
	(A) Name and business addr					,			(B) Description of serv		(C) ompensation
											0
_								_			0
											0
_	T-1-1	diameter and the contract of t		41-		_,_					C
2	Total number of independent contractors (include more than \$100,000 of compensation from the			tuo:	se II	\$(0 0	apo	ve) 0	who received		

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or	note to any line in	n this Part VIII			\square
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512-514
晉	ь		1b	165,591				
Contributions, Gifts, Grants and Other Similar Amounts	C		1c	100,001	-			
	ď	Related organizations	1d	ň				
	e	Government grants (contributions)	1e	177,800				
g E	f	All other contributions, gifts, grants, and		177,000			4	
P P		similar amounts not included above	1f	2,323,226		4		12 11 11 11 11
호	g	Noncash contributions included in		2,020,220		1		
걸	"	lines 1a–1f	1g	\$ 1,180				
ŭ ä	h	Total. Add lines 1a–1f			2,666,617		90 0	
	 			Business Code	2,000,011			
9	2a	Conference Attendee Fees		900099	19,056	19,056		
Ž.	b	Membership dues		900099	78,000	78,000		
iram Sen Revenue	c				0			·
E	d				0			
20	e				(Part 10)			
Program Service Revenue	f	All other program service revenue			0.0			
_	g	Total. Add lines 2a-2f			97,056	11		
	3	Investment income (including dividends, inte			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		other similar amounts)		🛼	28,538			28,538
	4	Income from investment of tax-exempt bond	d pro	ceeds🗆	0			
	5	Royalties			0			
		(i) Real		(ii) Personal	-			
	6a	Gross rents 6a		49.0				
	þ	Less: rental expenses . 6b						
	C	Rental income or (loss) 6c	0	0		- 1		
	_ d	Net rental income or (loss)	28		0			
	7a	Gross amount from (i) Securiti	1 0 S	CD Offier				
		sales of assets	Service Service					
•		other than inventory	U	U				
Revenue	þ	Less: cost or other basis and sales expenses 7b	1	₽				
8	_	and sales expenses	200	<u> </u>				
ř	ď		y U	0	0			
her	8a	Net gain or (loss) Gross income from fundraising events (not including \$			U			
Š		events (not including \$			11.00			
		of contributions reported on the 1c						
		See Part IV, line 18	8a	o				
	b	Less: direct expenses	8b	0				
	С	Net income or (loss) from fundraising events	۶		0			
	9a	Gross income from garring activities.						7 7 7 7 7 7
		1700 AP AP	9a	0		1 1		
	b		9b	0				- 1 - 1
	¢	Net income or (loss) from gaming activities_			0			
	10a	Gross sales of inventory, less						
		F	10a	0				
			îОЬ	0				
	С	Net income or (loss) from sales of inventory	· · ·		0			
5	44	Marray Free	ļ	Business Code	10.00			17 1
9		Management Fees		900099	10,250	10,250		
cellaneous Sevenue		Other		900099	10,632	10,632		
Revenue	C C	All other rayonus		,	0			
	d	All other revenue	l		20.892			
	12	Total revenue. See instructions.			20,882	117,938	Ö	00.500
		read referred Occ mondollons			<u></u>	117,530	U	28,538

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 (D) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 956,734 956,734 2 Grants and other assistance to domestic individuals. See Part IV. line 22 20,000 20,000 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 5 Compensation of current officers, directors, 143,164 9,306 7,874 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 448,191 29,132 24,651 Pension plan accruals and contributions (include В section 401(k) and 403(b) employer contributions) . . . 22.653 19,935 1.473 1.245 35,661 1.382 2,318 1,961 9 48.35 3.143 2,660 10 Fees for services (nonemployees): 11 b 67.866 Accounting С Professional fundraising services. See Part IV, line 17. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 292,463 280,827 5,669 5,967 (A), amount, list line 11g expenses on Schedule O.) 26.692 Advertising and promotion 26,692 12 2,760 2,759 13 Office expenses 5,519 14 Information technology 42,844 37,703 2,785 2,356 15 Royalties 0 41,292 2,581 46,923 3.050 16 290 18 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public decials. Conferences, conventions, and meetings 11,046 10,194 599 253 19 13,747 13,747 20 Depreciation, depletion, and amortization. 21 0 27,730 24,403 1.802 1,525 22 Insurance 12,817 12,817 23 Other expenses. Itemize expenses not covered 24 above. (List miscolane dis expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 246 expenses on Schedule O.) Books, Dues and Subscriptions 29,209 25,704 1,899 1,606 20,823 Annual Conference 20,823 Sponsorships 8,000 8,000 Bank and credit card fees 10.944 10.944 All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 2,291,713 2,083,433 155,583 52,697 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

•	11 K	Check if Schedule O contains a response or note to any line in this Part	x		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,116,369	1	2,688,823
	2	Savings and temporary cash investments	4,195,703	2	3,917,667
	3	Pledges and grants receivable, net	1,125,167	3	357,680
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined	4.40	1	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
\$3	7	Notes and loans receivable, net	0	, 7 ⁽⁰⁾	0
Assets	8	Inventories for sale or use	0	8	
4	9	Prepaid expenses and deferred charges	8,155	9	6,789
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 30,78	0		
	ь	Less: accumulated depreciation	29,681	10c	25,284
	11	Investments—publicly traded securities	509,662	11	697,506
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, fine 11	0	13	0
	14	Intangible assets	68,055	14	44,722
	15	Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 33).	31,124	15	. 0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,083,916	16	7,738,471
	17	Investments—program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 33). Accounts payable and accrued expenses.	125,135	17	106,597
	18	Grants payable	0	18	93,750
	19	Deferred revenue	196,000	19	175,000
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
8	22	Loans and other payables to any current or former officer, director,			
Ž		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	106,500	22	0
Ï	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	587,500	24	674,000
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	31,124	25	0
	26	Total liabilities. Add lines 17 through 25	1,046,259	26	1,049,347
60		Organizations that follow FASB ASC 958, check here ► X			
JCe		and complete lines 27, 28, 32, and 33.			
뼕	27	Net assets without donor restrictions	2,173,581	27	2,153,797
õ	28	Net assets with donor restrictions	3,864,076	28	4,535,327
밀	-	Organizations that to not follow FASB ASC 958, check here			
Ţ		and complete times 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
100	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
*	32	Total net assets or fund balances		32	6,689,124
ž	33	Total liabilities and net assets/fund balances	7,083,916	33	7,738,471
	_				

Form **990** (2021)

Form	990 (2021) Catalyst of San Diego & Imperial Counties	3	3-0868261	Page 12	
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	<u>,8</u> 13,093	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	291,713	
3	Revenue less expenses. Subtract line 2 from line 1	3		521,380	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	130,087		
6	Donated services and use of facilities	6		_25,000	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-25,000	
10	Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32) column (B))				
	column (B))	0	6,	689,124	
Part	XII Financial Statements and Reporting	€0			
	Check if Schedule O contains a response or note to any line in this Part XII.				
1	Accounting method used to prepare the Form 990: Cash X Accrual Open If the organization changed its method of accounting from a prior year or checked "Other explain on Schedule O.			fes No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent a countant?	53	2b	X	
3a	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process of selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ev i	2c	X	
b	the Single Audit Act and OMB Circular A-133?	25 35 1	3a	X	
	required audit or audits, explain why on Schariff Q and describe any steps taken to undergo such audits		3h		

Form **990** (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

 Go to www.lrs.gov/Form990 for instructions and the latest information. Name of the organization

Employer Identification number Catalyst of San Diego & Imperial Counties 33-0868261 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 150(b) ស់ii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(1)(A)(1)(A)(1) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from complutions, membership fees, and gross receipts from activities related to its exempt functions, subject to cenain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business tax itle is one (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a) (2), (Somplete Part III.) An organization organized and operated exclusively to test or public efety. See section 509(a)(4). 11 An organization organized and operated exclusively for the endfit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in stion 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 2 and B. Type II. A supporting organization supervise (a 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.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instruction). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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.

Check this box if the organization requirement and an attentive determination for the supported organization of the supported organization operated in connection with its supported organization(s). Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III con-functionally integrated supporting organization. Enter the number of supported organizations . . 0 Provide the following inforting ion about the supported organization(s). (i) Name of supported orga (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

0

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,587,658	4,564,554	2,723,394	5,441,095	2,666,617	16,983,318
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		i				0
4 5	Total. Add lines 1 through 3	1,587,658	4,564,554	2,723,394	5,441,095	2,666,617	16,983,318
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			^			6,840,321
6	Public support. Subtract line 5 from line 4						10,142,997
	ction B. Total Support				J.		
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,587,658	4,564,554	2,723,394	5,441,095	2,666,617	16,983,318
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from		4				
	similar sources	852	11, 327	14,864	17,752	28,538	73,633
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(0
11	Total support. Add lines 7 through 10			اليواديان			17,056,951
12	Gross receipts from related activities, etc. (see	ee instructions)				12	629,131
13	First 5 years. If the Form 990 is for the orga organization, check this box and stop here	X . N			section 501(c)(3)		
	tion C. Computation of Public S	-					
	Public support percentage for 2021 (line 8 co					14	59.47%
15	Public support percentage from 2020	A, Part II, line 1	4		<u>[</u>	15	56.51%
	33 1/3% support test—2021. If the preanil and stop here. The organization suanilar as						. X
b	33 1/3% support test—2/20. If the organiza						
17a	box and stop here. The organization qualifies as a publicly supported organization. 7a 10%-facts-and-circumstants seest—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2020. 15 is 10% or more, and if the organization me in Part VI how the organization meets the factorganization.	eets the facts-and-o ts-and-circumstand	circumstances test ces test. The organ	, check this box an iization qualifies as	d stop here . Expia a publicly support	ain ed	«· « » « ▶ □
18	Private foundation. If the organization did n instructions			•		9 8888 .	, . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	;	_				0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				0.00		0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge			1			0
6	Total. Add lines 1 through 5	0	0.	0	0	0	0
	Amounts included on lines 1, 2, and 3		Ü			ı i	
7 0	received from disqualified persons						0
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		•				0
С	Add lines 7a and 7b	0	• Q	0	0	D	0
8	Public support (Subtract line 7c from	1					
	line 5.)		1. 11	-95			0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	, 0	0	0	0	0
10a	Gross income from interest, dividends,	4:					
	payments received on securities loans, rents,	1			i		
	royalties, and income from similar sources.	and the same					0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	- A	`				0
c	Add lines 10a and 10b	C man ()	0	0	0	0	0
11	Net income from unrelated business	7					
• •	activities not included on line 10b, whether 1.						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or			i		-	
	loss from the sale of capital assets						
	(Explain in Part VI.)	-				İ	0
13	Total support. (Add lines, 10c, 1						
15	and 12.)	n	اه	٥	o	0	0
14	First 5 years. If the Formaco is for the organ	ization's firet secu			- 1	U	
17	organization, check this box and stop here.						
Sac	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8, co			₽/)	<u> </u>	15	0.009/
	Public support percentage from 2020 Schedul				1	16	0.00%
16 Sec	tion D. Computation of Investment					10 (0.00%
	Investment income percentage for 2021 (line			olumn (f\)		17	0.000/
17 18	Investment income percentage for 2021 (line				Г	18	0.00%
	33 1/3% support tests—2021. If the organize	, ,					0.00%
190	not more than 33 1/3%, check this box and sto				·		
5	33 1/3% support tests—2020. If the organization		•		-		
	line 18 is not more than 33 1/3%, check this be						
20	Private foundation. If the organization did no		_	-	•		

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If as, "answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(d) (5), and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** years and how the organization made the determination.
- 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 example such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization rate such so tirol and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization thit document have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part 1, what controls the organization used to ensure that all support to the foreign supported organization was all ad exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported granizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organization document).
- was accomplished (such as by amendment to the oignizing document).
 b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the substitution the organization's control?
- 6 Did the organization provide support (whener in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, lean, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(c)), family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization frake i foan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete earl i o Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified person, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
30	-	
3a		
3b		
20		
3с		
4a		
41.		
4b		
4c		
5a		
E la		
5b 5c	+	_
6		
<u>. </u>		
7		
8		
9a		
9b		
9c		
10a		
10b		
dulo A /E	orm 990	2021

Page 5

Part i	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		17.5	5
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity.		71	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		11 1	ł
	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 officers, directors, or trustees were all categories and 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) and partial organization			
	supervised, or controlled the supporting organization.	2		
Section	on 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," lesching in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		24	
			Yes	No
1	Did the organization provide to each of its supported organization, by the last day of the fifth month of the			21.
	organization's tax year, (i) a written notice describing the type and mount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, of trust as either (i) appointed or elected by the supported		1	
	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 we king relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, hove, 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 lear? If "Yes," describe in Part VI the role the organization's			
C = -41	supported organizations played in this repart.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 ,	Check the box next to the method that the ganization used to satisfy the Integral Part Test during the year (see inst	uction	5).	
a į	The organization satisfied the activities Test. Complete line 2 below.			
ь [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 governmental entity (se	e instruct	ions).	
,	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		[CO	140
а	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	60		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		12	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			16
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		- 1	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or the deposition or generation of the too, deposition in a set of the project of the organization in the regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		(A) Filor real	(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	0	0
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	The state of the s	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		N	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	12		
b Average monthly cash balances	.16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):	į.		
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for creat of amount,	_		
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A. In 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract the 5 from line 4, unless subject to	1		
emergency temporary reduction (See instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally	v inte	egrated Type III supporting o	
instructions).	,	23L+ aakka A	. 3

Part	V Type III Nол-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supporte	d	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	orovide details in Part V	7) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		6.7	0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI). See instructions.		The state of the s	
9	The state of the s		9)	0
10	Line 8 amount divided by line 9 amount		10	0.000
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		No. of the second	0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See	Ph		
	instructions.			
3	Excess distributions carryover, if any, to 2021	A 40		
а	From 2016 0	7 47 3		
b	From 2017			
Ç	From 2018	4 9 9 1		
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e	0		
	Applied to underdistributions of prior years		0	
h_	Applied to 2021 distributable amount			0
i_	Carryover from 2016 not applied (see instructions)	<u> </u>		
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3g, 3h, and 3i from	0		
4	Didition of the Lot in the			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2021 distributable amount			0
	Remainder. Subtract lines 4a and 4b f am the	0		
5	Remaining underdistributions for years yior to 2021, if			
	any. Subtract lines 3g and 4a from the 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions ft 202 Subtract lines 3h			
	and 4b from line 1. For regular reater than zero, explain		1 X 4 X 4	
	in Part VI. See instruction			0
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.	0		
8	Breakdown of the A			
a	Excess from 2017			
ь	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020 0			
е	Excess from 2021 0			

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) of Form 990, Part IV, line 35c (Proxy Tax) (See separate Instructions), then

	Section 501(c)(4), (5), 07 (6) (organizations: Complete Part III.			
_	ne of organization			Employe	er identification number
Cata	alyst of San Diego & Impe				33-0868261
Pa		the organization is exempt und			
1	-	the organization's direct and indirect p	political campaign	activities . Part V. See ins	tructions for
	definition of "political can			A	
2		ty expenditures. See instructions		\$	
3		cal campaign activities. See instruction			
Pa		the organization is exempt und			
1		excise tax incurred by the organization			
2		excise tax incurred by organization m			
3	If the organization incurre	ed 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.			
Pa	rt I-C Complete if	the organization is exempt und	left section 501	(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 exe	empt function	
2	Enter the amount of the f	filing organization's funds contributed	to other organizat	ions for section	
	527 exempt function activ	vities		\$ S	
3	Total exempt function exp	penditures. Add lines 1 ard 2. Enter h	ere and on Form	1120-POL.	
	line 17b				0
4	Did the filing organization	n file Form 1120-PO for his year? .			Yes No
5		ses and employer it entification numb			ons to which the filing
		ents. For each a panization listed, en			
		entributions relived that were promp			
	as a separate segregated	d fund or a political action committee	(PAC). If additiona	il space is needed, provide i	information in Part IV.
	(a) Name	(b Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds, If none, enter -0	contributions received and
	A.	(/)		funus, ir none, enter -0	promptly and directly delivered to a separate
	• "				political organization. If none, enter -0
					none, enter-o
(1)					
117					
(2)	*	· · · · · · · · · · · · · · · · · · ·			
·- <i>,</i>	·				
(3)					
·- /					
(4)					
(5)		}			
					<u> </u>
(6)		ļ			

0

Schedule C (Form 990) 2021

Р	art II-A Complete if the organizat	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (elec	tion
	under section 501(h)).					
Α	Check ▶ if the filing organization	belongs to an	affiliated group (a	nd list in Part IV	each affiliated grou	p member's
	name, address, EIN, ex	penses, and sl	nare of excess lot	bying expenditur	es).	,
В	Check ▶ if the filing organization					
	Limits on Lo	bbying Expendi	tures	· ·	(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	s paid or incurred.)	+	organization's totals	group totals
1a	Total lobbying expenditures to influence pr	ublic opinion (gra	assroots lobbying).			
b	Total lobbying expenditures to influence a				4 114	
С	Total lobbying expenditures (add lines 1a				114	(
ď	Other exempt purpose expenditures				1,599	(
e	Total exempt purpose expenditures (add li	ines 1c and 1d) .			2,29 1,713	
f	Lobbying nontaxable amount. Enter the ar	mount from the fo	ollowing table in bot	h		
	columns.			1775	264,586	(
ĺ	If the amount on line 1e, column (a) or (b) is	s: The lobbyli	ng nontaxable amou	ınt is:	No. of the last	
	Not over \$500,000	20% of the a	amount on line 1e.		lead that the same of	
	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess o	over \$42, 90,000.		
\Box	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25%	,			66,147	(
h	Subtract line 1g from line 1a. If zero or les				0	(
ĺ	Subtract line 1f from line 1c. If zero or less				0	(
j	If there is an amount other than zero on ei			ation file Form 472	0 reporting	¬ —
	······································				· · · <u>· · · · </u>	Yes No
			Period Under Sec			
	(Some organizations that made a				of the five columns b	elow.
	See t	he separate ins	tructions for lines	2a through 2f.)		
_	Labbu	ing Evpandit	no Diffring 4 Vees A	versaine Devied		
_	Lobby	ing Expenditu	es Dûring 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
	beginning in)					
		4 4				
2a	Lobbying nontaxable amount	080047	283,513	075 405		
			7864 4141			4 400 404
b	Laborate and the second	259,247	200,010	375,135	264,586	1,182,481
	Lobbying ceiling amount (150% of line 2a, column(e))	243,241	200,010	375,135	264,586	
_	(150% of line 2a, column(e))	245,241	200,010	3/5,135	264,586	1,182,481 1,773,722
С						1,773,722
_	(150% of line 2a, column(e)) Total lobbying expenditures	178	322	375,135	264,586	
c	(150% of line 2a, column(e))	178	322	88	114	1,773,722 702
_	(150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount					1,773,722
ď	(150% of line 2a, column(e)) Total lobbying expenditures	178	322	88	114	1,773,722 702
ď	(150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount	178	322	88	114	1,773,722 702 295,621

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d Fori	n 5768	3	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	.4
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:	No	A	moun	it
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\vdash			
C	Media advertisements?	\vdash			
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?	1			
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar mans?				
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 504(c)(3)?	Ш			
þ	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 significant incurred by organization managers under significant incurred by organization managers under significant formula and the filter formula and				
d Por	If the filing organization incurred a section 4912 tax, did it file Form 4720 fg, this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)				
rai	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6).	, or se	euon		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by hambers?				
2	Did the organization make only in-house lobbying expenditures \$2,000 or less?		2		<u> </u>
3	Did the organization agree to carry over lobbying and political campaion activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)				
Fari	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part IJ-A, lines 1 and 2, are answered "No" OR (b)	, or se	III-A	line	3. is
	answered "Yes."	,			0, 10
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	12.5			
_	political expenses for which the section 527(f) ax was paid).				
a	Current year	2a			
D	Carryover from last year	2b			
С 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c			0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible				
	lobbying and political expenditore fiest year?	4			
5	Taxable amount of lobbying and political expenditures. See instructions	5			0
Part					
	de the descriptions required to Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); F	art II-A	, lines	1 and	1
2 (Se	e instructions); and Part II-Batine 1. Also, complete this part for any additional information.				
		n 			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Catalyst of San Diego & Imperial Counties Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant trads can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Pleser in of a historically important land area reserve on of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified contervation 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 . c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after \$25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation pasement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring aspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the occasion 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 followerservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Completed the organization answered "Yes" on Form 990, Part IV, line 8. If the organization sected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical wasures, 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 FASB 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: 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 FASB ASC 958 relating to these items: b Assets included in Form 990, Part X.

Leasehold improvements 0 0 0 0 0 30,780 5,496 25,284 Other. Ö 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).

d

e

Part VII Investments—Other Securities.	IV # = 000		
Complete if the organization answered	"Yes" on Form 990, T	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	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(8)			
(C)			
(D)		•	
(E)			
(F)			
(G)	<u>.</u>		
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII Investments—Program Related.			
	Yes" on Form 990. I	Part IV, line 11c. See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	<u>. </u>
(1)		Section of your marrier value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		-	
(8)		<u> </u>	
(9)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	0		
Complete if the examination engaged ID		B-484 B-444 B	_
Complete if the diganization answeres.	Yes on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 1	<u>5</u>
(a) Descrip	20	(b) Book value	
(1)			
(2)			
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Fo m 30, Part X, col. (B) lin	<u>e 15.) .</u>	<u> </u>	0
Part X Other Liabilities.			
Complete of the organization answered "\	(es" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Part X,	
line 25.		<u> </u>	
1. (a) Description	n of liability	(b) Book value	
(1) Federal income taxes			0
(2) Fiscal Agent Funds			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		0
2. Liability for uncertain tax positions. In Part XIII, provide the text			
organization's liability for uncertain tax positions under FASB ASC	740. Check here if the t	text of the footnote has been provided in Part XIII	\neg

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1	Total revenue, gains, and other support per audited financial statements	1 2,968,180
2	Amounts included on fine 1 but not on Form 990, Part VIII, line 12:	2,300,100
а	Net unrealized gains (losses) on investments	No.
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
9	Add lines 2a through 2d	2e 155,087
3	Subtract line 2e from line 1	3 2,813,093
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b.	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	6 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,813,093
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ro	eturn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
2	Total expenses and losses per audited financial statements	1 2,316,713
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a b	Donated services and use of facilities	
C	Prior year adjustments	
ď	Advantage of the control of the cont	
	A did linear On Hannough Out	05.000
3	Subtract line 2e from line 1	2e 25,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	2,291,713
a	Investment expenses not included on Form 990, Part VIII, lip 7b	
b	Other (Describe in Part XIII.)	
C	Add foes de and de	4c 0
5		5 2,291,713
Part	XIII Supplemental Information.	2,291,713
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Lart II), lines 1a and 4; Part IV, lines 1b and 2b; Part V XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	on.
		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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

2021	Open to Public Inspection

OMB No. 1545-0047

2 N × Yes Employer identification number 33-0868261 to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and rants or assistance? **Grants and Assistance** Catalyst of San Diego & Imperial Counties General Information Does the organization maint

2 Describe in Part IV the organization, presedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance, to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	990, Part IV, line 21, for any egiptorm at received more than \$5,000. Part II can be duplicated if additional space is needed.	AN 88-41-4 - Cont 11-4
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the selection criteria used

Partil

	The state of the s						
1 (a) Name and address of organization or government	(b) EIN	(c) IB, section (if Apilio	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Bethel A.M.E. San Diego, CA 92102	52-1919338	501c3	000'09				Predevelopement work of affordable housing
(2) Call Blackline San Diego, CA 92115	83-4625415	501c3	10,000				As fiscal sponsor to Black Lives Matter Sar
(3) Call Blackline San Diego, CA 92115	83-4625415	501c3	15,000	~			As fiscal sponsor to March for Black
(4) Casa Comella Law Center San Diego, CA 92103	33-0719221	50103	10,0 J				General support
(5) Central San Diego Black Chamber San Diego, CA 92114	46-1984639	50163	45,636				Return balance of Black Business Relief
(6) City Heights Community Developm San Diego, CA 92105	95-3661177	501c3	25,000				For Eviction Prevention
(7) Camite Civico del Valle, Inc Brawley, CA 92227	33-0411322	50163	10,000),			As fiscal sponsor to Universidad Popular
(8) Community Advocates for Just and San Diego, CA 92103	83-4222460	501c3	10,000)			General support
(9) CPI San Diego, CA 92108	33-0824881	501c3	109,799				Settlement of the estate of Nancy
(10) Detour 404 Euclid Ave San Diego, CA 92114	27-3517509	50103	12,500				Support women and girls, payment 1/2
(1) ElderHelp of San Diego 100	95-2880426	50103	7,500			1	Support women and girls, payment 1/2
(12), EldarHelp, af San Diego-+-1	95-2880426	501c3	10,000				General support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiz	ations listed in the line	1 table		•	39

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

33-0868261

Schedule I (Form 990) 2021

Part III Grants and Other

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	omestic Individu	ials. Complete if the	organization answe	red "Yes" on Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed	l space is neede		•		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of vafuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Genera 1	General support	2	20.000			
2						
m						
4			:	i		
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g.						
7						
Part IV	Supplemental Information, Provide the information red	the information	equir d in Part I, line	2; Part III, column	2; Part III, column (b); and any other additional information	ional information.
Part I Line	Part I Line 2 Grants are monitored through written or verbal updates from the grantees to	erbal updates from	he grantees to Convist	staff. These updates are also	are also	
provided to	provided to any pooled fund contributors.					
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						Schedule I (Form 990) 2021

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o & Imperial Counties nuation of Grants are ess of organization							
Catalyst of San Diego & Imperial Counties Part II Continuation of Grants and (a) Name and address of organization or government (3) Free to Thrive.						Employer Identification number	ation number
Nam (50)						33-0868261	
anization	Other Assi	stance to Gove	ernments and Or	ganizations in the	ne United States		
	(a)	(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
San Diego, CA 92103	82_0860894	501c3	10,000				General support
	28268	501c3	15,000				Support women and girls payment 2/2
(12) JAM GREEN San Diego, CA 92113	A 200 A 20	501c3	10,000				General support
coue Committee, Inc.	13-5660870	60103	15,000				Support women and girls payment 2/2
กูปสู่มีวามพะ 4023	33-0024301	50103	10,000				As fiscal sponsor to Homework
oster Youth (V)	20-5448416	501c3	15,000				Support women and girls payment 2/2
Advisers, LLC	82-2556871	501c3	23,75				General support
n Diego for Mid-City CA	27-2938491	501c3	160,798				Settlement of the estate of Nancy
line, Inc.	95-2794253	501c3	7,500				Support women and girls, payment 1/2
(22) North County Lifeling, Inc. Oceanside, CA 92056	95-2794253	50103	10,000		ß		General support
e Advancement of New	47-5299457	501c3	10,000		E STORY OF THE STO		General support
Center of San Diego	77-0439301	501c3	10,000)			As fiscal sponsor to the Dede McClure Bai
7	85-1037125	501c3	10,000				General support
(25) Chilping, Workers Centler of Southern Calif Los Angeles, CA 90026	77-0439301	501c3	10,000				As fiscal sponsor to the Asian Solidarity
unity	45-2323183	501c3	10,000				General support
Ale-to-	27-1306157	50103	10,000				General support
Hership Institute of San C	47-1583475	501c3	10,000				As fiscal sponsor to Youth Will

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Name of the organization Catalyst of San Diego & Imperial Counties						Employer Identification number	fication number
Part II Continuation of Grants and Other Assistance to	ind Other As:		ernments and Or	danizations in t	Governments and Organizations in the United States	1979000-00	
(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisat,	(g) Description of	(h) Purpose of grant
(30), San Diego Center For Children San Diego, CA 92111	95_1661089	501c3	15.000		(Jaino		Support women and oirls payment 2/2
33) දින Diego Housing Federation San Diego, CA 92104	32.0522932	50103	20,000				To support the Homeless-Experience
333, San Diego Housing Federation San Diego, CA 92104	Service Control	50103	20.000				To support the Homeless-Experience
เลง SHOE DRIVE WORLDWIDE San Disgo, CA 92174	82-5142511	0163	10.000				As fiscal sponsor to
(34) Somali Family Service of San Diego 5348 University Ave UNIT 203 San Diego, CA	91-2065038	5010	12,500				Support women and girls, payment 1/2
級別 Soythwasten College Foundation Chula Vista, CA 91910	95-3794927	501cs	15.000				As fiscal sponsor to San Diego and
(36) United Women's East African Support Te San Diego, CA 92115	80-0516550	50163	10.00				General support
(37) Voiges of Our City Choir, Inc. San Diego, CA 92112	82-2363154	501c3	Ve				To support Voices of Dignity - Our Voices
(38) Voices of Our City Choir, Inc.	V 3 4 0 0 0 0 0	i i					To support Voices of
(38)	+G15057-70	00100	nnaine				Page - Our voices
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Catalyst of San Diego & Imperial Counties Part III	Sistance to Individ (b) Number of recipients	uals in the Uni			33-0868261
	Number of recipients	uals in the Unit			
/>3		(c) Amount of	ted States	j	
		cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Catal	yst of San Diego & Im	perial Counties						33-0	86826	11				
Par	Excess Benef Complete if the	it Transactions e organization a	s (section 501(d inswered "Yes"	c)(3), si on For	ection 50 m 990, P	1(c)(4), a art IV, lin	nd secti e 25a o	on 501(c)(29) o	roaniz	ations	only) V, line	e 40b.		
1	(a) Name of disqualif	ind narrow	(b) Relationship b			person and		4.3.5					(d) Cor	Tected
	(a) Name of disquain	led person		organiza	ation			(c) Description	on of tra	nsaction	1		Yes	No
(1)							\top							
(2)					·					-				
(3)					·-			•	4	L				
(4)						_								
(5)									A. A.	, 40				
(6)									4					
3	Enter the amount of under section 4958. Enter the amount of		4 4 7 7 7					ons during the y	ear		▶ \$			
Part	Loans to and/o Complete if the organization re	organization a	nswered "Yes"	on Fori 0, Part	m 990-EZ X, line 5,	, Part V, 6, or 22.	line 38a	ok Form 990, F	Part IV,	line 2		if the		
(2) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro.	oan to or m the nization?	e (e) e principal s	inal argunt	(f) Balance due	(g) In (default?	by bo	proved and or nittee?	(i) W agreei	ritten ment?
				То	Form				Yes	No	Yes	No	Yes	No
	Debbie McKeon	former Preside	WELF	Х			10,000			X	X		Х	
(2)	<u> </u>								_					
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Total .							.▶ \$				200			
Part I		stance Benefit organization a	ing aterested veres "Yes" o	Person on Forn	n s. n 990, Pa	nt IV, line	,							
(a)	Name of interested person	(b) Relations	hio between interest nd te organization	sted (c) Amount of		1	i) Type of assistance	9	{e) Purpo	se of as	sístano	e
(1)														
(2)														
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75)	4	E A					1							

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

Schedule L (Form 990) 2021

(6) (7) (8) (9) (10)

- Part IV		inswered "Yes" on Form 990, P				
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorgani rever	
(4)					Yes	No
(1)				<u> </u>		
(2)						_
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(10)	Consistent left					
Part V	Supplemental Information. Provide additional information	for responses to questions on :	Schedule I. (see in	uctions		
	Tishes seates half information	Tot Teaporises to questions of	Schedule E (See IIIs	Detions :		
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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

33-0868261

Name of the organization

Catalyst of San Diego & Imperial Counties

Form 990, Part VI, Section B, Line 11b: The Form 990 is reviewed by the President & CEO and the board of directors is provided a copy prior to submission. Form 990, Part VI, Section B, Line 12c: All Board members are required to annually acknowledge and sign the Conflict of Interest Statement. If a conflict arises the person with a conflict is not allowed to vote on the proposed transaction. Form 990, Part VI, Section B, Line 15c: Annually, during Executive session of the Board of Directors meeting, the Chair presents formal review and recommended compensation adjustment, if any, to the Board for approval. Comparability data is presented and shared with the members of the Board during both the executive session and regular board me tings to provide framework for the recommendation Form 990, Part VI, Section C, Line 19: Governing documents, of fligt of interest policy, and reviewed financial statements are available to the public upon request Form 990, Part XI, Line 9: Other changes in net assett or fitted balances: The Organization received \$25,000 in donated use of facilities and this amount was properly exluded for federal income tax purposes Form 990, Part IX, Line 11g: Fees for Serv of \$292,463 is for consulting services related to communications, DEI, programs policy, and YIGBY.