## Return of Organization Exempt From Income Tax

Under section $501(\mathrm{c}), 527$, or 4947 (a)(f) of the Intemal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public. - Go to wwwirs.gov/Form990 for instructions and the latest information.


| D Employer Identification number |
| :--- |
| $33-0858261$ |
| E Telephone number |
| (858) $875-3333$ |



Part I Summary


## Part 11 Signatuie Block

Under penatitez of periury, I declare thiz itheve examinad this return, including accompanying schedules and statements, and ta the best of my knowledge
and belief, it is true, oorrect, and complete. Declaration of preparer (other than officer) is based on all informaton of whloh preparer has any knowledge.


## Part lli

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1 Briefly describe the organization's mission:
Our Mission is to connect and activate funders to learn, lead and invest in our community

2 Did the organization undertake any significant program services during the year which were not listed on the pricr Form 990 or $990-E Z$ ?
If "Yes," describe these new services on Schedule O.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule 0 .
4 Describe the organization's program service accomplishments for each of its three largest programmerves, 共 measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of gints ald allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code
) (Expenses $\$ \ldots, 2,083,433$ including grants of $\$$


Catalyst of San Diego \& Imperial Counties (Catalyst) is a nonprofit network of more than
76,734/) (Revenue \$
117,938)
organizations, giving circles, individual funders and impact investors seeking to ime ve outcomes
for residents of San Diego and imperial Counties. Catalyst connects and activatis funk rs to
learn, lead and invest in our community through learning opporlunities, collaboran wa cr naking
funds and fiscal sponsorship support to mission-aligned social impact initial ves orye vin of
Catalyst is an equitable, collaborative, and impactiul social change ectsyste that improves the
lives of all residents in San Diego and Imperial Counties

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

4d Other program services (Describe on Schedule O.) \{Expenses \$ 0 including grants of $\$$

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (c)(3) or 4947 (a)(1) (other than a private foundation)? if "Yes, " complete Schedule A.
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Ves," complete Schedule C, Part!
4 Sectlon 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section $501(\mathrm{~h})$ election in effect during the tax year? If "Yes, " complete Schedule C, Part If
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 Schedute C, Part III.
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which gongrs have the right to provide advice on the distribution or investment of amounts in such funds or account? "Yes," complete Schedule D, Part I
7 Did the organization receive or hold a conservation easement, including easements to preserves pen sace, the environment, historic land areas, or historic structures? if "Yes," complete Schedule
8 Did the organization maintain collections of works of art, historical treasures, or other si ilar ass" s? "ff "Yes," complete Schedule D, Part III.
9 Did the organization report an amount in Part $X$, line $2 \uparrow$, for escrow or custodial account liawiserve 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 Scheduie $D$ Part IV.
10 Did the organization, directly or through a related organization, hold assets in donkeres hed endowments or in quasi endowments? If "Yes, "complete Schedule D, Part $V$
11 If the organization's answer to any of the following questions is "Yes," then toplete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.
a Did the organization report an amount for land, buildings, and equiphent ${ }^{2}$ Pat $X$, line 10 ? If "Yes," complete Schedule D. Part VI.
b Did the organization report an amount for investments-othe- ecr- fies in ${ }^{\text {Fart }} \mathrm{X}$, line 12 , that is $5 \%$ or more of its total assets reported in Part X , line 16 ? If "Yes," complete' , Peduie D. Part VII
c Did the organization report an amount for investments - program reked in Part $X$, line 13 , that is $5 \%$ or more of its total assets reported in Part X, line 16 ? /f "Yes," confote Scheduie D, Part VII.
d Did the organization report an amount for other ass ws in Qart $X$ line 15 , that is $5 \%$ or more of its total assets reported in Part $X$, line 16 ? If "Yes," complete Scheduter, $\operatorname{Hit} I X$.
e Did the organization report an amount for other lial ditingitort $X$, line 25 ? 1 " "Yes, "complete Schedule D, Part $X$.
f Did the organization's separate or consolidated finartw state thents for the tax year include a footnote that addresses the organization's liability for uncertain tax positiguriodetr|N 48 (ASC 740) 7 If "Yes," complete Schedule D, Part X
12 a Did the organization obtain separate, indepe dent "udited financial statements for the tax year? /f "Yes," complete Schedule D, Parts XI and XII. .
b Wes the organization included in corthidating independent audited financial statements for the tax year? If "Yes," and if the organization answered "Notting 2 2a, then compieting Schedule D, Farts $X I$ and $X I I$ is optional.
13 Is the organization a school descrifed in fection $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{i})$ ? if "Yes," complete Schedule $E$.
14a Did the organization maintain an on \&e of inployees, or agents outside of the United States?
b Did the organization have ag eqtit revenues or expenses of more than $\$ 10,000$ from grantmaking, fundraising, business, ifestrit, ind program service activites outside the United States, or aggregate

15 Did the organizatif refort on IX, column (A), iine 3, more than $\$ 5,000$ of grants or other assistance to or for any foreign orgatafition7/f "Yes," complete Schedule F. Parts II and IV.
16 Did the organization rep fon Part $\mid X$, column (A), line 3, more than $\$ 5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedue F. Parts II and IV
17 Did the organization report a total of more than $\$ 15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11 e$ ? If "Yes," complete Schedule G, Part I. See instructions.
18 Did the organization report more than $\$ 15,000$ total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.
19 Did the organization report more than $\$ 15,000$ of gross income from gaming activities on Part VIll, line 9a? If "Yes," complete Schedule G, Part ${ }^{\text {I }}$
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than $\$ 5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1 ? If "Yes," complete Schedule I, Parts I and II

|  | Yas | No |
| :---: | :---: | :---: |
| 1 | X |  |
| 2 | X |  |
| 3 |  | X |
| 4 | x |  |
| 5 |  | X |
| 6 |  | $x$ |
| 7 |  | X |
| 8 |  | X |
| 9 |  | X |
| 10 |  | x |
| 11a | $x$ |  |
| 11b |  | x |
| 11c |  | X |
| 11d |  | $x$ |
| 11e |  | X |
| 11 f |  | $x$ |
| 12a | X |  |
| 12b |  | $x$ |
| 13 |  | X |
| 14a |  | X |
| 14b |  | X |
| 15 |  | X |
| 16 |  | X |
| 17 |  | X |
| 18 |  | x |
| 19 |  | $x$ |
| 20a |  | X |
| 20b |  |  |
| 21 | X |  |

22 Did the organization report rnore than $\$ 5,000$ of grants or other assistance to or for domestic individuals on Fart IX, colurtm (A), line 2? If "Yes," complete Schedule I, Perts I and III.
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule $J$.
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $\$ 100,000$ as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines $24 b$ through $24 d$ and complete Schedvie K. If "No, "go to line 25a.
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account ather than a refunding escrow at any time duringthe, uear, to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the yot R *. . .
$25 a$ Section $501(\mathrm{c})(3), 501(\mathrm{c})(4)$, and $501(\mathrm{c})(29)$ organizations. Did the organization engage in andecest wenefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pagtikta
b Is the organization aware that it engaged in an excess benefit fransaction with a disquaf fied persen in a prior year, and that the transaction has not been reported on any of the organization's pir Formg 990 or 990-EZ? If "Yes, " complete Schedule L, Part I.
26 Did the organization report any amount on Part X, line 5 or 22, for reaivables from fr payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contrib 4 tor, or $35 \%$ controlled entity or family member of any of these persons? If "Yes," complete Sc, todult t, Part $N$.
27 Did the organization provide a grant or other assistance to any current or for feteref dector, trustee, key employee, creator or founder, substantial contributor or employee theref, at ant stiection committee
 persons? If "Yes, "compiete Schedule L, Part ill
28 Was the organization a party to a business transaction with oneff the rypwig parties (see the Schedule $L$, Part IV, instructions for applicable filing thresholds, conditions(fnd/ficeptions):
a A current or former officer, director, trustee, key employee, create \&or founder, or substantial contributor? if "Yes," compiete Scheduie L, Part iV.
b A family member of any individual described in line 28a? ${ }^{\text {H/4es " compiete Schedule L, Part IV, }}$
c A $35 \%$ controlled entity of one or more individuals addor ergantiations described in line 28a or 28 b ? if "Yes," complete Schedule L, Part IV.
29 Did the arganization receive more than $\$ 25,000$ infompash contributions? It "Yes, "complete scheduie M.
30 Did the organization receive contributions of art, Htoricalt treasures, or other similar assets, or qualified

31 Did the organization liquidate, terminate, or "ssolv" and cease operations? If "Yes, "complete Schedule N, Part I
32 Did the organization sell, exchange, dispa de dram transer more than $25 \%$ of its net assets? If "Yes," complete Schediule N, Part II
33 Did the organization own $100 \%$ of andthe dis regarded as separate from the organization under Regulations sections 301.7701-2 and $301.770 / 3$ ? If4es. "complete Schedule R, Part I
34 Was the organization related to andextempt or taxable entity? of "Yes," complete Schedule R, Part $H_{2}$ WI or V , and Part V/ line 1
35a Did the organization had a drolld entity withim the meaning of section $512(\mathrm{~b})(13)$ ?
b If "Yes" to line 35a, did the danlzation receive any payment from or engage in any transaction with a controlled entity within the muning of section 512(b)(13)? if "Yes," complete Schedule R, Part V, line 2
36 Section $501(c)(3)$ bangizafons. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," "d pplete Schedule R, Part V, ifne 2
37 Did the organization conduct more than $5 \%$ of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? if "Yes, "complete Schedule R, Part V/I.
38 Did the organization complete Schedule O and provide explanations on Schedule $O$ for Part V , lines 11b and 19? Note: All Form 990 filers are required to complete Schedule 0.

|  | Yes | Ho |
| :---: | :---: | :---: |
| 22 | X |  |
| 23 |  | X |
| 24a |  | X |
| 24b |  | X |
| 24c |  | $x$ |
| 24d |  | X |
| 25a |  | $x$ |
| 25b |  | X |
| 26 | x |  |
| 27 |  | X |
| 28 a |  | $x$ |
| 28b |  | X |
| 28 c |  | $x$ |
| 29 |  | X |
| 30 |  | $x$ |
| 31 |  | X |
| 32 |  | X |
| 33 |  | x |
| 34 |  | X |
| 35a |  | X |
| 35b |  |  |
| 36 |  | X |
| 37 |  | X |
| 38 | X |  |

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V
1a Enter the number reported in box 3 of Form 1096. Enter -0-if not applicable.
b Enter the number of Forms W -2G included on line 1a. Enter -0-if not applicable .

|  |  |  | Yes | No |
| :---: | :---: | :---: | :---: | :---: |
| 1a | 33 |  |  |  |
| 1b | 0 |  |  |  |
|  |  | 1 c | X |  |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)
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.


3a

Did any taxable party notify the organization that it was or is a party to a prohibited t
If "Yes" to line 5 or or 5 b , did the organization file Form $8886-\mathrm{T}$ ?. . . .
Does the organization have annual gross receipts that are normally greater than $\$ 100$
organization solicit any contributions that were not tax deductible as charitable contritu
If "Yes," did the organization include with every solicitation an express statement tha
gifts were not tax deductible?. . . . . . . . . . . . . . . .
Organizations that may receive deductible contributions under section 170 (c).
Did the organization receive a payment in excess of $\$ 75$ made partly as a contribut
b Did any taxable party notify the organization that it was or is a party to a prohibited t
c If "Yes" to line 5 a or 5 b , did the organization file Form 8886 -T?
6a Does the organization have annual gross receipts that are normally greater than $\$ 100$
organization solicit any contributions that were not tax deductible as charitable contr
b If "Yes," did the organization include with every solicitation an express statement tha
gifts were not tax deductible?. . . . . . . . . . . . . .
7 Organizations that may receive deductible contributions under section 170 (c).
a Did the organization receive a payment in excess of $\$ 75$ made partly as a contribution
a Did the organization receive a payment in excess of $\$ 75$ made partly as a contributipn and partly for goods and services provided to the payor?.
b Gross income from other sources (DOThen nemounts due or paid to other sources against amounts due or received form therlith . the organization is licemeg to issue qualified health plans.
c Enter the amount of reserves on hand.

$$
a
$$

b If "Yes," did the organization notify the donor of the value of the goods or service trovist?
Did the organization sell, exchange, or otherwise dispose of tangible personftagetyffor which it was required to file Form 8282?.
d If "Yes," indicate the number of Forms 8282 filed during the year .
Did the organization receive any funds, directly or indirectly, to patogefthems a personal benefit contract?
f Did the organization, during the year, pay premiums, directly og diretw onsa personal benefit contract?.
9 If the organization received a contribution of qualified intellectual ofpert did the arganization file Form 8899 as required? . .
If the organization received a contribution of cars, boats, airplanes, tedher vehicles, did the organization file a Form 1098-C?
Sponsoring organizations maintaining donor advised funds. Dha a donor advised fund maintained by the sponsoring organization have excess business holdings 喽斯y time during the year?
Sponsoring organizations maintaining donor adyise fundy
Did the sponsoring organization make any taxable distrblthent under section 4966?.
b Did the sponsoring organization make a distributiofted dunor, donor advisor, or related person?
Section 501(c)(7) organizations. Enter:

Gross receipts, included on Form 990, Part TIII, lifip 12, for public use of club facilities


Section 501 (c)(29) qualifiedacnptofit health insurance issuers.

Did the organization receive any payments for indoor tanning services during the tax year?.
If "Yes," has it filed a Form 720 to report these payments? If "No, "provide an expianation on Schedule 0. Is the organization subject to the section 4960 tax on payment(s) of more than $\$ 1,000,000$ in remuneration or excess parachute payment(s) during the year If "Yes," see the instructions and file Form 4720, Schedule N.
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2 a is greater than 250 , you may be required to e-file. See instructions.
Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year? . If "Yes," has it filed a Form 990 -T for this year? If "No" to line 3b, provide an explanation on Schedule 0 .
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)? See instuctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBenR). activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953 ?
 response to line $8 a, 8 b$, or $10 b$ below, describe the circumstances, processes, or changes on Schedule 0 . See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

## Section A. Governing Body and Management

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 execulive committee or similar committee, explain on Schedule 0 .

b Enter the number of voting members included on line 1a, above, who are independent. | $1 a$ |  |
| :---: | ---: |
|  |  |
|  |  |
| $1 b$ |  |

2 Did any officer, director, trustee, or key employee have a famity relationship or a business relationship with any other officer, director, trustee, or key employee?
3 Did the organization delegate control over management duties customarily performed by or under htedireth supervision of officers, directors, trustees, or key employees to a management company or other persote. .
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was hikd?
5 Did the organization becorne aware during the year of a significant diversion of the orgapisementsets?
6 Did the organization have members or stockholders?.
7a Did the organization have members, stockholders, or other persons who had the powefty elect $/$ appoint one or more members of the governing body?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written ationgt dertaken during the year by the following:
a The governing body?
b Each committee with authority to act on behalf of the goveming bod火\%
9 Is there any officer, director, trustee, or key employee listed in Partill, ", <cion $A$, who cannot be reached at the organization's mailing address? If "Yes, "provide the nam and adotwses on Schedule 0 .

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
| 2 |  | $X$ |
| 3 |  | $X$ |
| 4 |  | $X$ |
| 5 |  | $X$ |
| 6 |  | $X$ |
| $7 a$ |  | $X$ |
| $7 b$ |  | $X$ |
| $7 b$ |  | $X$ |
|  |  |  |
| $8 a$ | $X$ |  |
| $8 b$ | $X$ |  |
|  |  |  |
| 9 |  | $X$ |

## Section B. Policies (This Section B requests information as ouffolictes not required by the internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?.
b If "Yes," did the organization have written policies and prgwtures governing the activities of such chapters, affiliates, and branches to ensure their operations ape cd sistery with the organization's exempt purposes? .
11a Has the organization provided a complete copy of this Forfige wall members of its governing body before filing the form?.
b Describe on Schedule $O$ the process, if any, used dethe siganization to review this Form 990.
12a Did the organization have a written conflict of inta gest p\% cy? 1 "No, "go to ine 13
b Were officers, directors, or trustees, and key emplosees efequired to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consister (yy mot tor and enforce compliance with the policy? If "Yes," describe on Schedule $O$ how this was
13 Did the organization have a written whist "encwer policy?
14 Did the organization have a written defemelletetention and destruction policy?
15 Did the process for determining coAtipergition of the following persons include a review and approval by independent persons, comparabilk dath and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Exequtye Witector, or top management official.
$b$ Other officers or key employe of of he organization.
If "Yes" to line 15a open 50, descipe the process on Schedule O. See instructions
16a Did the organization invest in, tontribute assets to, or participate in a joint vemture or similar arrangement with a taxable entidy fing the year?
b If "Yes," did the orgaritatisth follow a written policy or procedure requiring the organization to evaluate its participation in joint ventüre arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

|  | $Y$ Ys | No |
| :---: | :---: | :---: |
| $10 a$ |  | $X$ |
| 10 b |  |  |
| $11 a$ | $X$ |  |
| $12 a$ | $X$ |  |
| $12 b$ | $X$ |  |
| 12 c | X |  |
| 13 | $X$ |  |
| 14 | $X$ |  |
|  |  |  |
| $15 a$ | $X$ |  |
| $15 b$ | $X$ |  |
|  |  |  |
| $16 a$ |  | $X$ |
|  |  |  |
| $16 b$ |  |  |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990 , and $990-\mathrm{T}$ (section 501 (c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website $\quad \square$ Another's website $\quad \mathrm{X}$ Upon request $\quad \square$ Other (explain on Schedule O)
19 Describe on Schedule $O$ whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter - 0 - in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See 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) fif 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 Wharecetved more than $\$ 100,000$ of reportable compensation from the organization and any related arganizations.
- List all of the organization's former directors or trustees that received, in the capacity as a fordfer dirtwor or trustee of the organization, more than $\$ 10,000$ of reportable compensation from the organization and any relatediog ateations. 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 cazent of cer, director, or trustee.



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



Section 501 (c)(3) and 501 (c)(4) organizations must complete all columns. All other organizations must complete column (A)
Check if Schedule O contains a response or note to any line in this Part IX .
Do not include amounts reported on lines 6b, 7b, $8 b, 9 b$, and $10 b$ of Part VII.
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21
2 Grants and other assistance to domestic
individuals. See Part IV, line 22
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16
4 Benefits paid to or for members
5 Compensation of current afficers, birectors, trustees, and key employees
6 Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(\mathrm{c})(3)(\mathrm{B})$.
7 Other salaries and wages .
8. Pension plan accruals and contributions (include section $401(\mathrm{k})$ and $403(\mathrm{~b})$ employer contributions)
9 Other employee benefits
10 Payroll taxes.
11 Fees for services (nonemployees):
a Management.
b Legal.
c Accounting
d Lobbying
e Professional fundraising services. See Part IV, line 17.
f Investment management fees
g Other, (If line 11 g amount exceeds $10 \%$ of line 25 , column (A), amount, list line 11 g expenses on Schedule O.).

12 Advertising and promotion
13 Office expenses
14 Information technology
15 Royalties
16 Occupancy
17 Travel
18 Payments of travel or enterfainment explases for any federal, state, or local publichticials,
19 Conferences, conventions, and medtingse
20 Interest.
21 Payments to affiliates
22 Depreciation, depletion, and finfination.
23 Insurance.
24 Other expenses. Ite fize expenses not covered above. (List miscgfanedis expenses on line 24e. If line 24 e amount e k us $1 \mathrm{f} \%$ of ine 25 , column (A), amount, list line 244 wipenses on Schedule O.)
a Books. Dues and Subscriptions
b Annual Conference
c Sponsorships
d Bank and credit card fees
e All other expenses
25 Total functional expenses. Add lines 1 through 24e
26 Joint costs. Complete this tine only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here $-\square$ if following SOP 98-2 (ASC 958-720)

## Part X Balance Sheet

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

\begin{tabular}{|c|c|c|c|c|c|}
\hline \& \& \& \begin{tabular}{l}
(A) \\
Beginning of year
\end{tabular} \& \& \begin{tabular}{l}
(B) \\
End of year
\end{tabular} \\
\hline \multirow{17}{*}{} \& 1 \& Cash-non-interest-bearing \& 1,116,369 \& 1 \& 2,688,823 \\
\hline \& 2 \& Savings and temporary cash investments \& 4,195,703 \& 2 \& 3,917,667 \\
\hline \& 3 \& Pledges and grants receivable, net \& 1,125,167 \& 3 \& 357,680 \\
\hline \& 4 \& Accounts receivable, net \& 0 \& 4 \& 0 \\
\hline \& \& 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 \& \\
\hline \& 6
7 \& Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \& \& 6 \& \\
\hline \& 7 \& Notes and loans receivable, net . \& \& 7 \& 0 \\
\hline \& 8 \& Inventories for sale or use \& 0 \& \(B\) \& \\
\hline \& 9 \& Prepaid expenses and deferred charges \& 8.155 \& 9 \& 6,789 \\
\hline \& 10a \& Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \& \& \& \\
\hline \& b \&  \& 29,681 \& 10 c \& 25,284 \\
\hline \& 11 \& Investments-publicly traded securities \& 509,662. \& 11 \& 697,506 \\
\hline \& 12 \& Investments-other securities. See Part IV, line 11. \& 0 \& 12 \& 0 \\
\hline \& 13 \& Investments-program-related See Part IV, tine 11 \& 0 \& 13 \& 0 \\
\hline \& 14 \& Intangible assets \& 68,055 \& 14 \& 44,722 \\
\hline \& 15 \& Other assets. See Part IV, line 11 \& 31,124 \& 15 \& 0 \\
\hline \& 16 \& Total assets. Add lines 1 through 15 (must equal line 33) \& 7,083,916 \& 16 \& 7,738,471 \\
\hline \multirow{11}{*}{} \& \multirow[t]{5}{*}{17
18
19
20
21} \& Accounts payable and accrued expenses \& 125,135 \& 17 \& 106,597 \\
\hline \& \& Grants payable. \& 0 \& 18 \& 93,750 \\
\hline \& \& Deferred revenue \& 195,000 \& 19 \& 175,000 \\
\hline \& \& Tax-exempt bond liabilities \& 0 \& 20 \& \\
\hline \& \& Escrow or custodial account liability. Complete Part IV of Schedicle D \& 0 \& 21 \& \\
\hline \& \& Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantiztcontifoutor, or \(35 \%\) \& \& \& \\
\hline \& \multirow[t]{5}{*}{22
23
24
25

26} \& controlled entity or family member of any of these persons \& 106,500 \& 22 \& 0 <br>
\hline \& \& Secured mortgages and notes payable to untelatedthit parties \& 0 \& 23 \& 0 <br>
\hline \& \& Unsecured notes and loans payable to unrelad third parties \& 587,500 \& 24 \& 674,000 <br>
\hline \& \& Other liabilities (including federal incomptax payables to related third parties, and other liabilities not included कn lines 17-24). Complete Part X of Schedule D \& 31,124 \& 25 \& 0 <br>
\hline \& \& Total liabilitles. Add lines 17 thitugh 岛, \& 1,046,259 \& 26 \& 1,049,347 <br>

\hline \multirow[t]{9}{*}{} \& \multicolumn{2}{|l|}{\multirow[t]{9}{*}{| Organizations that follow FAsB ASC858, check here |
| :--- |
| and complete lines 27, 28, 傦, and 33 . |
| 27 Net assets without donorderdictorn . |
| 28 Net assets with donor retrictions. |
| Organizations that 40 noteffow FASB ASC 958, check here $-\square$ |
| and complete fines 29 through 33. |
| 29 Capital stockor trust primeipal, or current funds. |
| 30 Paid-in or capitursurp/ts, or land, building, or equipment fund |
| 31 Retained eamings, fidowment, accumulated income, or other funds. |
| 32 Total net assets or fund balances |
| 33 Total liabilities and net assets/fund balances . |}} \& \& \& <br>

\hline \& \& \& 2,173,581 \& 27 \& 2,153,797 <br>
\hline \& \& \& 3,864,076 \& 28 \& 4,535,327 <br>
\hline \& \& \& \& \& <br>
\hline \& \& \& 0 \& 29 \& <br>
\hline \& \& \& 0 \& 30 \& <br>
\hline \& \& \& 0 \& 31 \& <br>
\hline \& \& \& 6,037,657 \& 32 \& 6,689,124 <br>
\hline \& \& \& 7,083,916 \& 33 \& 7,738,471 <br>
\hline
\end{tabular}

## Part XI Reconciliation of Net Assets

$$
\text { Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . . . } \mathrm{X}
$$



## Public Charity Status and Public Support

Complate if the organization is a section $501(\mathrm{cks} 3$ ) organization or a section 4947(a)(1) nonexempt charitable trust.

- Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

- Go to www.Irs.gov/Formg90 for instructions and the latest information.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
$1 \square$ A church, convention of churches, or association of churches described in section $170(b)(1)(A)(i)$.
$2 \square$ A school described in section 170(b)(1)(A))(ii). (Attach Schedule E (Form 990).)
$3 \square$ A hospital or a cooperative hospital service organization described in section $\mathbf{1 7 0 ( b ) ( 1 ) ( A ) ( i i i ) .}$
 hospital's name, city, and state:
$5 \square$ An organization operated for the benefit of a college or university owned or operated by a goy entientain unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
$6 \square$ A federal, state, or local government or governmental unit described in section $170(\%) /(A)$,
7 X An organization that normally receives a substantial part of its support from a govern pental t or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
$8 \quad \square$ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
$9 \square$ An agricultural research organization described in section $1 \mathbf{7 0 ( b ) ( 1 ) ( A ) ( i x )}$ opfateswin conjunction with a land-grant college or university or a non-iand-grant college of agriculture (see instructions). Ente the $n$ 青e, city, and state of the college or university:
$10 \square$ An organization that normally receives (1) more than $331 / 3 \%$ of its suph fromporifibutions, membership fees, and gross receipts from activities related to its exempt functions, subject to ceitaig e faptions; and (2) no more than $331 / 3 \%$ of its support from gross investment income and unrelated business tak whement (less section 511 tax) from businesses


11
12 An organization organized and operated exclusively to test th phlictafety. See section 509(a)(4). An organization organized and operated exclusively for the ${ }^{2}$, fit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Q etion $^{509(a)(1)}$ or section $509(a)(2)$. See section $509(a)(3)$. Check the box on lines $12 a$ through 12d that describes the type $\%$ suppoting organization and complete lines $12 \mathrm{e}, 12 \mathrm{f}$, and 12 g
a $\square$ Type I. A supporting organization operated, supen sed, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to refular appgnt or elect a majority of the directors or trustees of the supporting

b $\square$ Type II. A supporting organization superviseforfitwolled in connection with its supported organization(s), by having control or management of the supporting anizan vested in the same persons that control or manage the supported

c $\square$ Type III functionally integrated. A su porthity organization operated in connection with, and functionally integrated with, its supported organization(s) (see indthetion ). You must complete Part IV, Sections A, D, and E.
d $\square$ Type III non-functionally integra d. A supporting organization operated in connection with its supported organization(s) that is not functionally integratoo Therganization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) Youmpst complete Part IV, Sections A and D, and Part V.
e $\square$ Check this box if the organif ftion eceived a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or The ill pon-functionally integrated supporting orgenization.
f Enter the number of suppofequrganizations .
g Provide the followinguinfor 1 fon, bout the supported organization(s).

| (i) Name of supported orgagizatiout 4, 48 <br> (A) | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)\} | (iv) Is the organization \||sled in your governing document? |  | (v) Ampunt of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Yes | No |  |  |
|  |  |  |  |  |  |  |
| (B) |  |  |  |  |  |  |
| (C) |  |  |  |  |  |  |
| (D) |  |  |  |  |  |  |
| (E) |  |  |  |  |  |  |
| Total |  |  |  |  | 0 | 0 |

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

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5,7 , or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)
## Section A. Public Support

Calendar year (or fiscal year beginning in)
1 Gifts, grants, contributions, and membership fees received. (חlo not inciude any "unusual grants.")
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.
3 The value of services or facilities furnished by a governmental unit to the organization without charge
4 Total. Add lines 1 through 3
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds $2 \%$ of the amount shown on line 11, column (f).
6 Public support Subtract line 5 from line 4

## Section B. Total Support

Calendar year (or fiscal year beginning in)
7 Amounts from line 4.
8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .
10 Other income. Do not include gain or ioss from the sale of capital assets (Explain in Part VI.) .
11 Total support. Add lines 7 through 10.
12 Gross receipts from related activities, etc (see instriations)

| - | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1,587,658 | 4,564,554 | 2,723,394 | 5,441,095 | 2,666,617 | 16,983,318 |
|  |  |  |  |  | + | 0 |
|  |  |  |  |  |  | 0 |
|  | 1,587,658 | 4,564,554 | 2,723,394 | 5444095 | 2,666,617 | 16,983,318 |
|  |  |  |  |  | $4$ | 6,840,321 |
|  |  |  |  |  |  | 10,142,997 |
|  |  |  |  |  |  |  |
| - | (a) 2017 | (b) 2018 | (ep $2019^{\circ}$ | (d) 2020 | (e) 2021 | (f) Total |
|  | 1,587,658 | 4,564,55 | $2.723,394$ | 5,441,095 | 2,666, 617 . | 16,983,318 |
|  | $\begin{array}{r}1 \\ 8.52 \\ \hline\end{array}$ |  | $14,864$ | $17,752$ | $28,538$ | 73,633 |
|  | 4 |  |  |  |  | 0 |
|  |  |  |  |  |  | 0 |
|  |  |  |  |  |  | 17,056,951 |
| (see instruations) |  |  | . . . . | * | 12 | 629,131 |

13 First 5 years. If the Form 990 is for the organizath "n's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here

## Section C. Computation of Public Spponpercentage


 and stop here. The organizgtionemanimens a publicly supported organization
b $331 / 3 \%$ support test- 20 . 4 the 万, iganization did not check a box on line 13 or 16 a, and line 15 is $331 / 3 \%$ or more, check this box and stop here. Thengafizatigf qualifies as a publicly supported organization.
17a 10\%-facts-and-circumstartengest-2021. If the organization did not check a box on line $13,16 a$ or 16 b , and line 14 $10 \%$ or more, and if the organization meets the facts-and-circurnstances 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 $\mathbf{t 0 \%}$-facts-and-circumstances test-2020. If the organization did not check a box on line $13,16 \mathrm{a}, 16 \mathrm{~b}$, or 17a, and line 15 is $10 \%$ or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circurnstances test. The organization qualifies as a publicly supported organization.


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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 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.)

## Section A. Public Support

Calendar year (or fiscal year beginning in)
1 Gifis, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .
3 Gross receipts from activities that are not an unrelated trade or business under section 513
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.
5 The value of services or facilities furnished by a governmental unit to the organization without charge .
6 Total. Add lines 1 through 5
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.
b Amounts included on lines 2 and 3 received from other than disqualified persons that excesd the greater of $\$ 5,000$ or $1 \%$ of the amount on line 13 for the year
c Add lines 7a and 7b.
8 Public support (Subtract line 7c from line 6.)

## Section B. Total Support

## Calendar year (or fiscal year beginning in)

9 Amounts from line 6.
10a Gross income from interest, dividends, payments received on securities loants, rents, royaties, and incorne from sirnilar sources
b Untelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
c Add lines 10a and 10b.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).

13 and 12.).
Total support. (Add lines $\$ 10 \mathrm{c}$,

(d) 2020
(d) 2020

## 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 12 b , Part I, complete Sections $A$ and $C$. If you checked box 12 c , 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 suppoted organizations listed by name in the organization's governing documents? If "No," describe in Part 17 how the supported organizations are designated. If designated by class or purpose, describe the designation. If histonc 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 suphorted' organization was described in section 509 (a) (1) or (2).
 lines $3 b$ and $3 c$ below.
b Did the organization confirm that each supported organization qualified under section 501 (c) ( 6 , ( 5 ), , 4 (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part V/ymentatyow the organization made the determination.
c Did the organization ensure that all support to such organizations was used exclusive for seg fon 170(c)(2) (B) purposes? If"Yes," explain in Part $\mathrm{V} /$ what controls the organization put in place to esmatesuch use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or $12 b$ in Part $l$, answer lines $4 b$ and $4 c$ belc/
b Did the organization have ultimate control and discretion in deciding whether to , akg, , ants to the foreign supported organization? if "Yes," describe in Part $V /$ how the organization *tu drch cemfrol and discretion despite being controlled or supervised by or in connection with its suppofachorganizations.
c Did the organization support any foreign supported organization trtut dot nothave an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? if "Yes," explain jh Partedwht controls the organization used to ensure that all support to the foreign supported organizatig\% was tudexciusively for section 170(c)(2)(B) purposes.
$5 a$ Did the organization add, substitute, or remove any supportedfranizations during the tax year? If "Yes," answer lines $5 b$ and $5 c$ below (if applicable). Also, provide detail 角Part VI, including (i) the names and EIN numbers of the supported organizations added, substivith gr removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizeg of fume $\frac{y}{}$ authorizing such action; and (iv) how the action was accomplished (such as by amendment to the ofsepting document).
b Type I or Type II only. Was any added or substivitsutported organization part of a class already designated in the organization's organizing dothent's:
c Substitutions only. Was the substitution the fitef an event beyond the organization's control?
6 Did the organization provide support (whe her in he form of grants or the provision of services or facilities) to anyone other than (i) its supported orghizanas, (ii) individuals that are part of the charitable class benefited by one or more of its supported or renizetens, or (iii) other supporting organizations that also support or benefit one or more of the filing orpantatiot's supported organizations? |f "Yes, "provide detail in Part VI.
7 Did the organization provide a ofant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958 (c) $3 / 4 \mathrm{c}$ ) , family member of a substantial contributor, or a $35 \%$ controlled entity with regard to a substantiaktopigulor? if "Yes," complete Part l of Schedule L (Form 990).
8 Did the organization fake warto a disqualified person (as defined in section 4958) not described on line 7 ? If "Yes, " complete Fart / \% \$ichedule L (Form 990).
Ga Was the organi, tioneontrolled directly or indirectly at any time during the tax year by one or more disqualified persing as gfined in section 4946 (other than foundation managers and organizations described in section sp (a) (1) or (2))? If "Yes," prowide 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 detall 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)? /f "Yes, " answer inne 100 below.
b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)


11 Has the organization accepted a gift or contribution from any of the following persons？
a A person who directly or indirectly controls，either alone or together with persons described on lines 11b and 11 c below，the governing body of a supported organization？
b A family member of a person described on line 11 a above？
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．


## Section B．Type I Supporting Organizations

1 Did the governing body，members of the governing body，officers acting in their offcial capacity，or membership of ofe or more supported organizations have the power to 火egularly appoint or elect at least a majority of the organization＇s offerers， directors，or trustees at all times during the tax year？If＂No，＂describe in Part VI how the supported orgentatiph（thin＊ effecfively operated，supervised，or controlled the organization＇s activities．If the organization had more than dhuppgited organization，describe how the powers to appoint andor remove officers，directors，or trustees were allotecuending the supported organizations and what conditions or restrictions，if any，applied to such powers during 拘盆能tar
2 Did the organization operate for the benefit of any supported organization other than th／suppord organization（s）that operated，supervised，or controlled the supporting organization？if Yes，＂ex dain in Part VI how providing such benefit carried out the purposes of the supponed organization（s）whet pred， supervised，or controlled the supporting organization．


## Section C．Type II Supporting Organizations

1 Were a majority of the organization＇s directors or trustees during the tax yearade waydy of the directors or trustees of each of the organization＇s supported organization\｛s）？If＂No＂Feschme if 4 art VI how control or management of the supporting organization was vested in the same prst that controlled or managed the supported organization（s）．
 Section D．All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizatar foy the last day of the fifth month of the organization＇s tax year，（i）a written notice describing the type ankemount 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 datrof no ification，to the extent not previously provided？
2 Were any of the organization＇s officers，directors，of trustixe fer（i）appointed or elected by the supported organization（s）or（ii）serving on the governing body of＂fypported organization？If＂No，＂explain in Part VI how the organization maintained a close and continug s Wheghty relationship with the supported organization（s）．
By reason of the relationship described on line 2， 3 The organization maintained a close and continug swedinty relationship with the supported organization（s）． a significant voice in the organization＇s inve fithent income or assets at all times during the tax war？$Y$＂Yes，＂describe in Part VI the roie the organization＇s supported organizations played in this re prol．



## Section E．Type III Functionally Intequted Supporting Organizations

1 Check the box next to the method that the grganization used to satisfy the Integral Part Test during the year（see instructions）．
a $\square$ The organization satisfied the ctiviths Test．Complete line 2 below
b $\square$ The organization is the pquestof edth of its supported organizations．Complete line 3 below．
c $\square$ The organization supportadf gevernmental entity．Describe in Part VI how you supported a governmental entity（see insinuctions）．
2 Activities Test．Anster linet $2 a$ and $2 b$ below．
a Did substantially H l $^{\text {of the organization＇s activities during the tax year directly further the exempt purposes of }}$ the supported orgat ${ }^{\text {ationd }}$ ，to which the organization was responsive？if＂Yes，＂then in Part VI identify those supported organdzations and explain how these activities directly furthered their exempt purposes， how the organization was responsive to those supported organizations，and how the organization defermined that these activities constituted substantially all of its activities．
b Did the activities described on line $2 a$ ，above，constitute activities that，but for the organization＇s involvement， one or more of the orgarization＇s supported organization（s）would have been engaged in？if＂Yes，＂explain in Part V／the reasons for the organization＇s position that its supported organization（s）would have engaged in these activities but for the organization＇s involvement
3 Parent of Supporied Organizations．Answer lines 3a and 3b below．
a Did the organization have the power to regularly appoint or elect a majority of the officers，directors，or trustees of each of the supported organizations？if＂Yes＂or＂No，＂provide details in Fart Vl．
b Did the organization exercise a substantial degree of direction over the policies，programs，and activities of each of its supported organizations？If＂Yes，＂describe in Part VI the role plaved by the organization in this regard．



Type ill Non-Functionally Integrated 509(a)(3) Supporting Organizations
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20,1970 (explein in Part Vi). See instructions. All other Type III non-functionally integrated suppoting organizations must complete Sections A through E .

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
| :---: | :---: | :---: | :---: |
| 1 Net shor-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 |  |  |
| 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 |  | (f) Prise Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |  |  |  |
| a Average monthly value of securities | 4 |  |  |
| $b$ Average monthly cash balances 4 b |  |  |  |
| c Fair market value of other non-exempt-use assets Ac |  |  |  |
| d Total (add lines 1a, 1b, and 1c) |  | 0 | 0 |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): |  |  |  |
| 2 Acquisition indebiedness applicable to non-exempt-use assels * 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 feat amotht, 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 pricr-year distributions <br> B Minimum Asset A mount (add line 7 to line 6) | 7 | 0 | 0 |
|  | 8 | 0 | 0 |
| Section C - Distributable Amount |  |  | Current Year |
| 1 Adjusted net income for prior year (from Seclent lin 8 , column A) | 1 |  | 0 |
| 2 Enter 0.85 of line 1. <br>  | 2 |  | 0 |
|  | 3 |  | 0 |
| 4 Enter greater of line 2 or line 3 . | 4 |  | 0 |
| 5 Income tax imposed in prior year <br> 6 Distributable Amount. Subtract the 5 forime line unless subject to emergency temporary reduction (ste ing 橎uctions). | 5 |  |  |
|  | 6 |  | 0 |

[^0]
## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)



Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Ill, line 12; Patt 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 $\mid V$, 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, 5r and 6. Also complete this part for any additional information. (See instructions.)
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Department of the Treasury Intermal Revenue Service

\author{

# Political Campaign and Lobbying Activities 

 <br> For Organizations Exempt From Income Tax Under section 501 (c) and section 527 <br> - Complete if the organization is described below. * Attach to Form 990 or Form 990-EZ. <br> - Go to wwwirs.gov/Form990 for instructions and the latest information.}

If the organization answerad "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 l-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 gemplete Part II-B.
- Section 501 (c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do pt complete Part II-A.

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

## Open to Public Inspection

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

Name of organization
Catalyst of San Dlego \& Imperial Counties

* Emproyer identification number

1 Provide a description of the organization's direct and indirect political campaign activities e Part. Wee instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions



3 Volunteer hours for political campaign activities. See instructions
Part l-B Complete if the organization is exempt under section 50tchet
1 Enter the amount of any excise tax incurred by the organization under gection 495 . . . .
2 Enter the amount of any excise tax incurred by organization manage tuter stion 4955 . . . \$
3 If the organization incurred a section 4955 tax, did it file Form 472 , for theyt? . ....... . . $\square$ Yes
4a Was a correction made?
b If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under fection 501 (c), except section 501 (c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
2 Enter the amount of the filing organization's funds ofintrit ted thother organizations for section 527 exempt function activities

- \$

3 Total exempt function expenditures. Add lines 1 ard 2 , fitt here and on Form 1120-POL, lime 17b......................................... \$

4 Did the filing organization file Form 1120-Pq 4 神
5 Enter the names, addresses and employef ic thtififition number ( $E \| \mathbb{N}$ ) of all section 527 political organizations to which the filing organization made payments. For each - yantzuon listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions l/wive that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or anglitidection committee (PAC). If additional space is needed, provide information in Part IV.


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

A Check $\square$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check $\quad \square$ if the filing organization checked box A and "limited control" provisions apply.


4-Year Averaging Pe, od /hdersection 501(h)
(Some organizations that made a section $\mathbf{5 0 1 ( h )}$ elecith do not have to complete all of the five columns below.
See the separate instructiontupr lines 2a through 27 .)


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



## Part IV Supplemeptal" formeation

Provide the descriptiongfequifed "' 2 (See instructions); aft P\% II--2, Aline 1. Also, complete this part for any additional information.

- 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.

Department of the Treasury
Internal Revenue Service

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


## 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 6.1 Total number at end of year .
2 Aggregate velue of contributions to (during year).
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year.
(a) Donor advised funds

5 Did the organization inform all donors and donor advisors in writing that the assets held in donogadyised funds are the organization's property, subject to the organization's exclusive legal control? .
6 Did the organization inform all grantees, donors, and donor advisors in writing that grantatads ceat be used only for charitable purposes and not for the benefit of the donor or donor advisor, or fof any oth 4 purpose conferring impermissible private benefit?

## Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that fiplyfe
Preservation of land for public use (for example, recreation or education) $\square$ F Feser, wh of a historically important land area Protection of natural habitat
Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements .
c Number of conservation easements on a certified historic strut te included in (a)
d Number of conservation easements included in (c) acquired after $\%$ e5/06, and not on a historic structure listed in the National Register

## (c)

Number of conservation easements modified, trancferrad, rel exsed, extinguished, or terminated by the organization during the tax year -
4 Number of states where property subject to conspmation pasement is located
-
5 Does the organization have a written policy regt fling the periodic monitoring, inspection, handing of violations, and enforcement of the conservation e eqenments it holds?
$\square$ Yes $\square$ No
6 Staff and volunteer hours devoted to monitorind irspaging, handling of violations, and enforcing conservation easements during the year -
7 Amount of expenses incurred in monitprigit thpecting, handing of violations, and enforcing conservation easements during the year - \$

8 Does each conservation easemerthepotion on line 2(d) above satisfy the requirements of section $170(\mathrm{~h})(4)(\mathrm{B})(\mathrm{i})$ and section 170(h)(4)(B)(i)? .
ocg balance sheet, and includefoff fotcable, the text of the footnote to the organization's financial statements that describes the organization's account fig for thentervation easements.
Part III Organizatig'ts Malinaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete ${ }^{4}$ theforgapization answered "Yes" on Form 990 , Part IV, tine 8
1a If the organization Wcted as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical deasures, or other similar assets held for public exhibition, education, or research in furtherance of public sevice, 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:
(i) Revenue included on Form 990, Part VIII, line 1. . . . . . . . . . . . . . . . . . \$
(II) Assets included in Form 990, Part X . . . . . . . . . . . . . . . . . . . . . . . . . . \$

```
$
```

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990 , Part Vill, line 1. . . . . . . . . . . . . . . . . . . . . . $\$$
b Assets included in Form 990, Part X . . . . . . . . . . . . . . . . . . . . . . . . . \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3 Using the organization's acquisition, accession, and other records, check any of the fallowing that make significant use of its collection items (check all that apply):
a $\square$ Public exhibition
b Scholarly research
d Loan or exchange program
 other Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of ant, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
Fart IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reporteadandupunt on Form 990, Part X, line 21
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other fisets Fin , included on Form 990, Part $X$ ?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year .
e Distributions during the year
f Ending balance


2a Did the organization include an amount on Form 990, Part X, line 21, for es fow tacususial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanating ha peen provided on Part XIII

## Part V Endowment Funds.



|  |  | (a) Current year | 新year | (c) Two years back | (d) Three years beck | (e) Four years back |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 a | Beginning of year balance | 0 | 0 | 0 | 0 | 0 |
| b | Contributions. . |  |  |  |  |  |
| c | Net investment earnings, gains, and losses |  |  |  |  |  |
| $d$ | Grants or scholarships . |  |  |  |  |  |
| - | Other expendifures for facilities and programs. |  |  |  |  |  |
| f | Administrative expenses . . . | Hix |  |  |  |  |
| $g$ | End of year balance. . | ${ }^{4} 0$ | 0 | 0 | 0 | 0 |

2 Provide the estimated percentage of the griwhty far balance (line 1g, column (a)) held as:

b Permanent endowment
$\%$
c Term endowment


The percentages on lines 2a, 2 b, , ad 2 , should equal $100 \%$.
3a Are there endowment funds fith the possession of the organization that are held and administered for the organization by:
(i) Unrelated orgagzation
(ii) Related orgatzzations
b If "Yes" on line 3atuke the thelated organizations listed as required on Schedule R?

|  | Yes | No |
| :---: | :---: | :---: |
| 3a(i) |  |  |
| 3a(II) |  |  |
| 3b |  |  |

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

## Part VI Land, Buildings, and Equipment.

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

| Description of property | (9) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreclation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land. | 0 | 0 |  | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements. | 0 | 0 | 0 | 0 |
| d Equipment. | 0 | 30,780 | 5,496 | 25,284 |
| - Other | 0 | 0 | 0 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part $X_{\text {, column (B) , line 10c.) }}$ |  |  | - | 25,284 |

## Part VII Investments-Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Sook value | (c) Method of valuation: Cost or end-of-year manket value |
| :---: | :---: | :---: |
| (1) Financial derivatives | 0 |  |
| (2) Closely held equity interests | 0 |  |
| (3) Other |  |  |
| --.-(A) |  |  |
| (B) |  |  |
| (C) |  |  |
| (D) |  | 1 |
| --.-(E) |  |  |
| ...(F) |  | + |
| .-. (G) |  | 4 |
| (H) |  |  |
| Total. (Column (b) musi equal Form 990, Part X, coil. (B) /ine 12). | 0 |  |
| $\begin{array}{ll}\text { Part VIII } & \text { Investments-Program Related. } \\ \text { Complete if the organization answered }\end{array}$ | on Form 990, | c. fee Form 990, Part |
| (a) Description of investment | (b) Book value | (c) Methoc of valuation: Cost or end-cf-year market walue |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| (4) |  |  |
| (5) | 4 |  |
| (6) |  |  |
| (7) |  |  |
| (8) |  |  |
| (9) |  |  |
| Total. (Column (b) must equal Form 990, Fart $X$, col. (B) line 13) - | 40 |  |
| Part IX Other Assets. |  |  |

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

|  |  |  | (b) Book value |  |
| :---: | :---: | :---: | :---: | :---: |
| (1) | + ${ }^{4}$ |  |  |  |
| (2) | 41 |  |  |  |
| (3) | 4. |  |  |  |
| (4) | + |  |  |  |
| (5) | + |  |  |  |
| (6) | 4-4 |  |  |  |
| (7) |  |  |  |  |
| (8) | 7 |  |  |  |
| (9) | + |  |  |  |
| Tota | 80, Part $\times$, col. (B) /ine 15.) | - |  | 0 |

$\begin{array}{ll}\text { Part X } & \text { Other Liabilties. } \\ \text { Completejf the } \\ & \text { line 25. }\end{array}$ 1.
(a) Description of liability
(1) Federal income taxes
(2) Fiscal Agent Funds
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990 , Part ${ }^{2}$, col. (B) line 25.)
(b) Book value
4)
5)
)
()

| (b) Book value |  |
| :--- | ---: |
|  |  |
|  |  |
|  |  |
|  |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liabiilty for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. <br> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.



## Fart XII Reconciliation of Expenses per Audited Financial Statements Withtexpenters per Return. Complete if the organization answered "Yes" on Form 990, Part IV, lii e 12a.

1 Total expenses and losses per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities.
b Prior year adjustments.
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on li
a Investment expenses not included on Form 990, Part VIII, II
b Other (Describe in Part XIII.)
c Add lines 4 a and 4 b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990 , Patt i, ine f8)


## Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3. 5, anc 9; art IV, lines 1 a and 4; Part V , lines 1 b and 2 b ; Part V , line 4 ; Part $\overline{\mathrm{X}}$, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b, Als acomplete this part to provide any additional information.

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

Grants and Other Assistance to Organizations,



## $\mathrm{O}_{\mathrm{N}} \square \sin \mathrm{x}$

- 

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

| (d) Amount of cash | (e) Amount of non- | (f) Method of valuation | (g) Desoription of | (h) Purpose of grant |
| :---: | :---: | :---: | :---: | :---: |

Predevelopement work of affordable housing

As fiscal sponsor to
 roepg fof youew
of Josuods jeasy sy Hoddns ןereues
 For Eviction

Prevention
As fiscal sponsor to _ Hoddns ןejeueg Settlement of the Kouen fo əlezso Support women and
girls, payment $1 / 2$ Support women and
girls, payment $1 / 2$ girs, payment $1 / 2$
Catalyst of San Diego \& Imperial Counties
Page 2
Continuation Sheet for Schedule I (Form 990)

| Continuation of Grants and Other Assistance to Governments and Organizations in the United States |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (a) Name and adicress of organization or government | (b) ENN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of moncash assistance | (f) Melhod of valuation (bock, FMV, appraisal, other) | (9) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (133) Free to Thrive <br> San Diego, CA 92103 | $0860894$ | 50163 | 10,000 |  |  |  | General support |
| (14) Home Starting <br> San Diego, CA 92108 | 138268 | 501 c 3 | 15,000 |  |  |  | Support women and girls payment 2/2 |
| (152 IAM,GEEN $\qquad$ San Diego, CA 92113 | $\begin{array}{r} 18 \\ 48 \end{array}$ | 501 c 3 | 10,000 |  |  |  | General support |
| 1162 International Rescue Committee, Inc. .Naw York, NY 10168 |  | $010^{3}$ | 15,000 |  |  |  | Support women and girls payment $2 / 2$ |
| 317) Johr Lyous Foundation mat- <br> San Diego, CA 92108 | 3-0024301 | $40$ | 10,000 |  |  |  | As fiscal sponsor to Homework |
| (18) obstirn Jue For Foster Youth (V) San Diego, CA. 92138 | 0-5448416 | $501 \mathrm{cs}$ | $15,000$ |  |  |  | Support women and girls payment 2/2 |
| (19) Lived Experiance Advisers LLO <br> San Diego, CA 92105 | 2-2556871 |  |  |  |  |  | General support |
| (20) OMission Edge San Diego for Mid-City CA San Diego, CA 22112 | 7-2938491 | 50163 |  |  |  |  | Settlement of the estate of Nancy |
| 3214, Noth County ififine Inc. Oceanside CA 92056 | 5-2794253 | 50103 | 7,500 |  |  |  | Support women and girts, payment $1 / 2$ |
| ${ }^{32} 12$. North Gounty Lifeline. Inc Oceanside, CA 92056 | 5-2794253 | 501 c 3 | 10,000 |  |  |  | General support |
| 473 Particsiniptor the Advancement of Now San Diego, CA 92105 | 7-5299457 | 50103 | 10,000 |  |  |  | General support |
| (24) Peace Resource Centar of San Diego San Diego, CA 92105 | 7-0439301 | 501 c 3 | 10,000 |  |  |  | As fiscal sponsor to the Dede McClure Bai |
| r25 PHATCROPS <br> La Mesa, CA91941 | 5-1037125 | 501 c 3 | 10,000 |  |  |  | General support |
| 126) Bilitino Wrakers Perte of Southern Cali Los Angeles, CA 90026 | $7-0439304$ | 504 c 3 | 10,000 |  |  |  | As fiscal sponsor to the Asian Solidarity |
| 527, Pillars of the Community. San Diego, CA. 92114 | 5-2323183 | 501c3 | 10,000 |  |  |  | General support |
| (3) Project New Village $\text { San Diego, CA } 92105$ | 7-1306157 | 501 c 3 | 10,000 |  |  |  | General support |
|  San Diego, CA 92114 | 7-1583475 | 501 c 3 | 10,000 |  |  |  | As fiscal sponsor to Youth Will |

Continuation Sheet for Schedule I (Form 990)

Continuation Sheet for Schedule I (Form 990)
Page 1 of 1
Employer identification number
$33-0868261$

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

Catalyst of San Diego \& Imperial Counties

Employer identification number
33-0868261


| 1 | (a) Name of disqualifee person | (b) Relationship tetween disqualified person and organization | (c) Description of transaction | (\$1) Comectar? |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Yes | No |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  | \% |  |  |
| (5) |  |  |  |  |  |
| (6) |  |  |  |  |  |
| 2 | Enter the amount of tax incurred by the organization managers or disqualified personduring under section 4958. |  |  |  |  |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . Wemmen |  |  |  |  |

## Part II

Loans to andior From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, lins8a offrim 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (2) Name of interested person | (b) Relationship with organization | (c) Purpase of | (d) Loan to or from the organization? |  |  |  | (f) Balance due | (9) In default? |  | (h) Approved by boand or committer? |  | (i) Written agreement? |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | To | Fg\% |  |  |  | Yes | No | Y安 | No | Yes | No |
| (1) Debbie McKeon | former PresideWELF |  | X |  |  | 10,000 |  |  | X | $\times$ |  | X |  |
| (2) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (5) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (6) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (7) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (8) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (9) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (10) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total . . . . . . . . . . . . . \% \% . . . . . . . . . . . . \$ \$ 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |


| (a) Name of interested person | (b) R <br> ) Relonshiperferen interested per on and de organization | (c) Amaum of assistance | (d) Type of assisitance | (e) Purpose of assititance |
| :---: | :---: | :---: | :---: | :---: |
| (1) | mitaz |  |  |  |
| (2) |  |  |  |  |
| (3) | \% |  |  |  |
| (4) | 4 |  |  |  |
| (5) | ${ }^{\text {c }}$ |  |  |  |
| (6) |  |  |  |  |
| (7) |  |  |  |  |
| (8) |  |  |  |  |
| (9) |  |  |  |  |
| (10) |  |  |  |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. |  |  |  | Schadula L (Form 990) 2 |

## Part IV Business Transactions Involving Interested Persons.

 Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28 c .
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

| SCHEDULE O | Supplemental Information to Form 990 or 990-EZ <br> Complete to provide information for responses to specific questions on Form 990 or 990 -EZ or to provide any additional information. <br> - Attach to Form 990 or Form 990-EZ. <br> Go to wwwirs.gow/Fom990 for the latest information. | OMB No. 1545-0047 |
| :---: | :---: | :---: |
| (Form 990) |  | $2021$ |
| Department of the Treasury Intemal Revenue Servica |  | Open to Public Inspection |
| Name of the organization ${ }^{\text {Catalvst of San Diego \& Imperial Counties }}$ |  | Employer Identifictation number |
|  |  |  |

Form 990, Part VI Section B, Line 11b: The Form 980 is reviewed by the President $\&$ CEO and $\qquad$
the board of directors is provided a copy prior to submission.
Form 990, Part V1, Section B, Line 12c: All Board members are required to annually acknowledge and sign the Confict of Interesi Statement If a confict 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 o
Directors meeting the Chair presents formal review and recommended compensation endustment,

 framework for the recommendation.

Form 990 , Part VI, Section C Line 19: Governing documents, oflicfor interest policy, and reviewed financial statements are available to the public upon request
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$


[^0]:    $7 \quad \square$ Check here if the culreft ${ }^{7}$ ath the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

