

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print RF CATALYTIC CAPITAL, INC. 85-2150251 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 420 FIFTH AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10018-2702 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DOMINICK J. IMPEMBA, TREASURER The books are in the care of ► 420 FIFTH AVENUE - NEW YORK, NY 10018-2702 Telephone No. ▶ 212-852-8361 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning __ , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

<u>A</u>	ror u	e 2021 calendar year, or tax year beginning and e	enaing	-					
В	Check if applicat	C Name of organization		D Employer ident	ification number				
	Addr								
	Name Chan	Doing business as		85-215025	1				
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per				
F	Final	420 FIFTH AVENUE	,						
	termi ated			G Gross receipts \$	246,273,218.				
	Amer returi			H(a) Is this a group	return				
	Appli tion	F Name and address of principal officer: STEVEN VANKOEKED		for subordinat	es? Yes X No				
	pend	SAME AS C ABOVE		H(b) Are all subordinates					
ī	Tax-ex	rempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach	a list. See instructions				
J	Webs	te: ▶ SEE SCHEDULE O		H(c) Group exempt	tion number				
K	Form c	f organization: X Corporation Trust Association Other	L Year	of formation: 2020	M State of legal domicile; DE				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: TO FOST	ER AND F	ROMOTE THE					
Activities & Governance		GENERAL WELLBEING OF HUMANITY THROUGHOUT THE WORLD.							
r	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	assets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			1 0				
90	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 0				
įį	6	Total number of volunteers (estimate if necessary)			0				
Ę	7 a			7	0.				
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		7	b 0.				
				Prior Year	Current Year				
ø)	8	Contributions and grants (Part VIII, line 1h)		6,750,000	. 246,254,000.				
Ž	9	Program service revenue (Part VIII, line 2g)		0	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,286	19,218.				
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	•				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,751,286	246,273,218.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 12,575,418.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0.				
y.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.				
X	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0	·				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0	, , ,				
	19	Revenue less expenses. Subtract line 18 from line 12		6,751,286	232,793,041.				
Net Assets or	9		Ве	ginning of Current Yea					
sset	20	Total assets (Part X, line 16)		7,251,286					
A A	21	Total liabilities (Part X, line 26)		500,000					
		Net assets or fund balances. Subtract line 21 from line 20		6,751,286	239,544,327.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is				
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.					
		Signature of officer		 Date					
Sig		'		Date					
He	re	DOMINICK IMPEMBA, TREASURER Type or print name and title							
			Tr	Date Check	PTIN				
Da!	_	Print/Type preparer's name Preparer's signature Preparer's signature	I		D00504100				
Pai		DANIEL ROMANO COPY - DO N	NO I TI						
	parer	Firm's name GRANT THORNTON LLP		Firm's EIN	20-003330				
USE	Only	Firm's address 757 THIRD AVENUE, 3RD FLOOR		Dhama 11	212) 599-0100				
	41	NEW YORK, NY 10017-2013		Phone no. (4					
ivia	y tne I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

	Check if Schedule O contains a	response or note to any line in this Part III		X
1	Briefly describe the organization's mis			
	SEE SCHEDULE O			
2	Did the organization undertake any sig	gnificant program services during the year	which were not listed on the	
_		grant program cornect during the year		Yes X No
	If "Yes," describe these new services			····
3	Did the organization cease conducting	g, or make significant changes in how it co	nducts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4		service accomplishments for each of its the		
		zations are required to report the amount of	of grants and allocations to others, the to	tal expenses, and
 4а	revenue, if any, for each program serv	7,021,809. including grants of \$	7 021 809) (Daviesia ©	0.)
40	(Code:) (Expenses \$	including grants of \$,, 011, 000) (Revenue \$	
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	4 , 9 9 9 , 6 4 8 including grants of \$	4,299,609.) (Revenue\$	0.)
				,
	SEE SCHEDULE O			
4c	(Code:) (Expenses \$	1,254,000. including grants of \$	1,254,000.) (Revenue \$	0.
	SEE SCHEDULE O			
	Other and an area and a second	Calcadula (C.)		
4d	Other program services (Describe on 3 (Expenses \$ 204,72	Schedule O.) O including grants of \$	0.) (Revenue \$	0.)
4e	Total program service expenses	13,480,177.	·) (Revenue \$	··)
	. Sta. program on vido experiedo	, ,		Form 990 (2021)

85-2150251

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			 _v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
р 31	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	20b		\vdash
21		21	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	41		

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Part IV Checkli	st of Required Schedules (continued)		

	i (continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
2E ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	305		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	Λ	

Part 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						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
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		Х				
b	b If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	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		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			Х				
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_		Λ				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
С	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70						
e	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 or indirectly, on a personal benefit contract?	7f		Х				
g								
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	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							
	excess parachute payment(s) during the year?	15		Х				
If "Yes," see the instructions and file Form 4720, Schedule N.								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	<i>_</i> -						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	4		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	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 person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	.,	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	v	
•	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>		
	(I'nis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe 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 with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0			
18	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)	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website	ا	اماد	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ı tınanı	Jial	
00	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 DOMINICK J. IMPEMBA, TREASURER - 212-852-8361			
	420 FIFTH AVENUE, NEW YORK, NY 10018-2702			
	·			

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) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizat (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
Name and title	hours per	(do	not c	heck	more	than o	one	compensation	compensation	amount of
	week	offi	cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				_		organization	(W-2/1099-MISC/	from the
	related	e or	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l ta		/ee	m per		1099-NEC)	1000 1120)	and related
	below	dualt	rtio na	_	oldu	st co	_	10001120,		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			5.ga _
(1) STEVEN VANROEKEL	1.00		-		_	1 0				
PRESIDENT		х		х				0.	634,287.	93,129
(2) MARIA SANTOS VALENTIN	17.50								, -	,
SECRETARY		х		х				0.	509,217.	96,068
(3) DOMINICK IMPEMBA	5.00								, -	,
TREASURER	30.00	х		х				0.	467,000.	111,339
										-
		-								
		-								
		-								
		-								
		-								
			_		_	_				
		1								
		-	\vdash		\vdash					
	-	$\frac{1}{2}$								
		-								

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average				C)			(D) Reportable	(E) Reportable		(F) Estima	tod
	ivanie and title	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensatio	on amount of		t of			
		week (list any hours for		the organization (M.2/1000 MI)		from related organization (W-2/1099-MIS	s co	othe ompens from t	ation he				
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela rganiza	ited
			=	=	0	<u>×</u>	Ξ &						
1b	Subtotal								0.	1,610,	504.	300,536.	
	Total from continuation sheets to Part VI							>	0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	0.	1,610,		300	,536.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;		0
	compensation from the organization											Yes	_
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	loye	e, or	hiq	ghest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									з		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4	. Х	
5	Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." complete Schedule J for such person 5							Х						
	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensation	from	
	(A) Name and business	address							(B) Description of s	services	Com	(C) pensatio	on
MCCH	RYSTAL GROUP LLC, 333 N FAIRFAX								OPERATIONS SUPPORT	-COVID			
STRE	ET, STE 100, ALEXANDRIA, VA 2231	4						- 1	TESTING PROGRAM			700	,039.

(A) Name and business address	(B) Description of services	(C) Compensation
MCCHRYSTAL GROUP LLC, 333 N FAIRFAX	OPERATIONS SUPPORT-COVID	
STREET, STE 100, ALEXANDRIA, VA 22314	TESTING PROGRAM	700,039.
IKEA FOUNDATION	INITIAL PROJECT COSTS FOR	
DELLAERTWEG 9, LEIDEN, NETHERLANDS 2316 ZL	GEAPP	204,720.
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	

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		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ર છ	1 8	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c					
ifts,			40,000,000.				
nila nila		e Government grants (contributions) 1e	, ,				
Sir		f All other contributions, gifts, grants, and					
ber her			06,254,000.				
햦		g Noncash contributions included in lines 1a-1f 1g \$, ,				
Sor		n Total. Add lines 1a-1f	•	246,254,000.			
			Business Code				
ø	2 8	a					
Program Service Revenue		b					
Ser							
an Sve		d					
gr. Re		e					
Pr	1	All other program service revenue					
		Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	▶	19,218.			19,218.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	b Less: rental expenses 6b					
	(Rental income or (loss)					
	(d Net rental income or (loss)	>				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	b Less: cost or other basis					
nue		and sales expenses					
Ver	(Gain or (loss) 7c					
Re	(d Net gain or (loss)	>				
Other Revenue	8 8	a Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ŀ	b Less: direct expenses 8b					
		Net income or (loss) from fundraising events	>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
SI		-	Business Code				
eor Te	11 a						
Miscellaneous Revenue	ŀ						
sce Re	(C					
ž		d All other revenue					
	12	Total. Add lines 11a-11d		246,273,218.	0.	0.	19,218.
	14	I ULAI I EVEITUE. OEE III SU UUUUU S		,_,_,_,	٠.		

132009 12-09-21

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) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,575,418. 12,575,418 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 904,759 904,759 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses 0. 13,480,177 0 Total functional expenses. Add lines 1 through 24e 13,480,177 25 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)

Form 990 (2021) Part X Balance Sheet

RF CATALYTIC CAPITAL, INC.

		Check if Schedule O contains a response or no	ote to any line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	7,251,286.	2	240,329,582.	
	3	Pledges and grants receivable, net		0.	3	1,250,000.
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe			6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
	l	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0.	15	23,452.	
	16	Total assets. Add lines 1 through 15 (must eq		7,251,286.	16	241,603,034.
	17	Accounts payable and accrued expenses		, ,	17	, ,
	18	Grants payable	0.	18	1,808,707.	
	19	Deferred revenue		0.	19	250,000.
	20	Tax-exempt bond liabilities			20	,
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, subs				
ij		controlled entity or family member of any of the	· ·		22	
Ë	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line				
		·		500,000.	25	0.
	26	Total liabilities. Add lines 17 through 25		500,000.	26	2,058,707.
		Organizations that follow FASB ASC 958, ch	eck here 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.	· —			
Fund Balances	27			1,286.	27	20,504.
Bai	28	Net assets with donor restrictions	T T	6,750,000.	28	239,523,823.
b		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.				
Net Assets or	29	Capital stock or trust principal, or current funds	s		29	
sets	30	Paid-in or capital surplus, or land, building, or e			30	
As	31	Retained earnings, endowment, accumulated i			31	
ě	32	Total net assets or fund balances	r	6,751,286.	32	239,544,327.
_	33	Total liabilities and net assets/fund balances		7,251,286.	33	241,603,034.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	246	,273,	218.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,480,	177.
3	Revenue less expenses. Subtract line 2 from line 1	3	232	,793,	041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,751,	286.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	239	,544,	327.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both:				1
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection
Employer identification number

RF CATALYTIC CAPITAL INC. 85-2150251 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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 170(b)(1)(A)(iii). 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(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar 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.")				6,750,000.	246,254,000.	253,004,000.
2	Tax revenues levied for the organ-						
	ization'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				6,750,000.	246,254,000.	253,004,000.
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)						231,629,020.
6	Public support. Subtract line 5 from line 4.						21,374,980.
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
7	Amounts from line 4				6,750,000.	246,254,000.	253,004,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				1,286.	19,218.	20,504.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						253,024,504.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 50	01(c)(3)	
	organization, check this box and stop	here			•		X
Sec	tion C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	ıblicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, che	ck this box and s	top here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qu	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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	ndar 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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 "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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 had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer 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 organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined 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		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
مار	10b	n 990)	2004
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	A family member of a person described on line 11a above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations	1.10		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
000	tion of Type it oupporting organizations		.,	· ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount 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, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu		•	•		
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets		4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	5				
_6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
<u>e</u>	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2021 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
<u>a</u>	Excess from 2020 Excess from 2021					

Schedule A (Form 990) 2021

Dort VI	in different subjects to the subject		
Part VI	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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

1	RF CATALYTIC CAPITAL, INC.	85-2150251
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i EZ, line 1. Complete Parts I and II.	nd that received from any one
	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	
literary, or educ	ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, s ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I n (b) instead of the contributor name and address), II, and III.	
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled a er here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because if able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P illing requirements of Schedule B (Form 990).	• • • • • • • • • • • • • • • • • • • •
LHA For Paperwork Redu	action Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 2 Employer identification number Name of organization RF CATALYTIC CAPITAL, INC. 85-2150251

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		\$ 100,000,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		\$ 5,000,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 250,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Name, aud 655, and 21F + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 2 Name of organization Employer identification number RF CATALYTIC CAPITAL, INC. 85-2150251

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIF + 4	\$(Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Hame, audi 655, anu ZiF + 4	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Tullioj addi ocoj alia Eli TT	\$\$	Person X Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

RF CATALYTIC CAPITAL, INC.

85-2150251

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, und 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number RF CATALYTIC CAPITAL, INC. 85-2150251

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** RF CATALYTIC CAPITAL, INC. 85-2150251 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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 not complete Part II-A.

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

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

Name of o	ganization	ionor completo i divini		Empl	oyer identification number
		IC CAPITAL, INC.			85-2150251
Part I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2 Politic	cal campaign activity expendit	ation's direct and indirect politic ures gn activities		 ▶\$	
Part I-E	Complete if the org	anization is exempt und	er section 501(c)(3).	
1 Enter	the amount of any excise tax	incurred by the organization und	der section 4955	<u></u> ▶\$	
2 Enter	the amount of any excise tax	incurred by organization manag			
3 If the	organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	a correction made?				Yes No
	s," describe in Part IV.	·			1(0)
Part I-C		anization is exempt und			
	• •	by the filing organization for se	•		
		ization's funds contributed to ot	-	. .	
	· · · · · · · · · · · · · · · · · · ·	. Add lines 1 and 2. Enter here a			
		1120-POL for this year?			
		nployer identification number (El			
	,	tion listed, enter the amount pai	,	•	0 0
	• •	omptly and directly delivered to	~ ~		· · · · · · · · · · · · · · · · · · ·
politic	al action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

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,	RF CATALYTI		,	- F04/a\/0\ and file		150251 Page 2
Part II-A Complete if the organization 501(h)).	anization is	s exer	npt under section	1 501(c)(3) and file	ea Form 5/68 (eie	ction under
			lists of success (see allist in	Doubly apple officiated		addings FINI
A Check if the filing organizate expenses, and share			iliated group (and list in	Part IV each amiliated	group member's name	e, address, Eliv,
. — '		, ,	. ,	viciono apply		
	s on Lobbying		nd "limited control" pro	visions apply.	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" mean	s amou	ınts paid or incurred.)		totals	totals
1a Total lobbying expenditures to influ	ence public o	oinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influ	ence a legislat	tive boo	dy (direct lobbying)		0.	
c Total lobbying expenditures (add lir	nes 1a and 1b)				0.	
d Other exempt purpose expenditure	s				13,480,177.	
e Total exempt purpose expenditures	add lines 1c	and 1c	l)		13,480,177.	
f Lobbying nontaxable amount. Ente	r the amount f	rom the	e following table in both	n columns.	824,009.	
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	er 25% of line	1f)			206,002.	
h Subtract line 1g from line 1a. If zero	or less, enter	-0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter	-0			0.	
j If there is an amount other than zer	o on either line	e 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	/ear?					Yes No
	4-Y	ear Av	eraging Period Under	Section 501(h)		
(Some organizations th			01(h) election do not l ate instructions for lir	-	of the five columns be	low.
	Lobbying	д Ехре	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	3	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount				0.	0.	
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures				0.	0.	
d Grassroots nontaxable amount				0.	0.	
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures				0.	0.	

Schedule C (Form 990) 2021

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)).

f the	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	-+	(1	b)
	lobbying activity.	Yes	No	,	Amo	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or					
-	local legislation, including any attempt to influence public opinion on a legislative matter					
(or referendum, through the use of:					
a \	Volunteers?					
b I	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?	_				
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	\ or	<u> </u>	tion	
			,, 0.	300		
	501(c)(6).			1	Yes	N
art	501(c)(6).			1	Yes	N
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	N
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 501(c)(5), or	2 3 Sec	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	prior year? 501(c)(5 No" OR (), or b) Pa	2 3 sec art II	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 Sec	tion	3, is
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 sec art II	tion	
art ! art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? I 501(c)(5 No" OR (), or b) Pa	2 3 sec art II	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art II	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 sec art II 1 2a 2b	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 sec art II	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 Sec art II 1 2a 2b 2c	tion	
art art art art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 Sec art II 1 2a 2b 2c	tion	
art l l l l l l l l l l l l l l l l l l l	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expension and political expension and political expension and political expension and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expension	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 Sec art II 1 2a 2b 2c	tion	
art 2 art b c c c c c c c c c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the summer of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 sec art II 1 2a 2b 2c 3	tion	

Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

RF CATALYTIC CAPITAL, INC. 85-2150251 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 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 advised funds 5 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, 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 the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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, inspecting, 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) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under 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 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:

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

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2021

Assets included in Form 990, Part X

		` ,	,	, , ,	, , ,	, ,	, ,
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr	ent year er	nd balanc	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment			%			
b	Permanent endowment	%					

c Term endowment

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

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

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

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

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	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	J Form 990 Part V colum	nn (P) lino 10c)		0.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
A) Phonocial destruction	(b) Book value	(c) Method of Valdation. Gost of Chd	or year market value
O) Olasak kalala awitu intawata			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B 1 11/11	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" of		•	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)		-	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) Dook volvo
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	0F \	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide ti			at reports the

Schedule D (Form 990) 2021

X

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

85-2150251

Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	247,930,245.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,657,027.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	9			2e	1,657,027.
3	Subtract line 2e from line 1			3	246,273,218.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	<u>.)</u>		5	246,273,218.
Pal	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1				1	15,137,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	4 655 005		
а	Donated services and use of facilities		1,657,027.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d		-	1 (55 005
	Add lines 2a through 2d			2e	1,657,027.
3	Subtract line 2e from line 1			3	13,480,177.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	12 490 177
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	<u> 18.)</u>		5	13,480,177.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	*		; Part X, I	ine 2; Part XI,
PART	YX, LINE 2:				
RFCC	RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF T	HOSE POSITIONS			
ARE	MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS	DETERMINED			
THAT	RFCC HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE	FINANCIAL			
RECO	OGNITION OR DISCLOSURE, RFCC IS SUBJECT TO EXAMINATIONS B	Y THE			
APPI	ICABLE TAXING JURISDICTIONS FOR PERIODS SINCE ITS INCEPT	ION.			

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" 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

Schedule I (Form 990) 2021

Name of the organization							Employer identification number
RF CATALYTIC C							85-2150251
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro-	substantiate the				-		
Part II Grants and Other Assistance to Description recipient that received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	4,717,630.	0.			PERIODIC TABLE OF FOOD
SAYARA MEDIA AND COMMUNICATION LLC 1875 CONNECTICUT AVE. NW., 10TH FL. WASHINGTON, DC 20009	47-5083432		1,254,000.	0.			AFGHANISTAN REFUGEE PROJECT
JOHNS HOPKINS UNIVERSITY 1101 E 33RD STREET, B001 BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,104,196.	0.			PARTNERSHIP TO SCALE COVID-19 TESTING
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	745,472.	0.			PERIODIC TABLE OF FOOD INITIATIVE
CALIFORNIANS DEDICATED TO EDUCATION FOUNDATION - 655 MONTGOMERY STREET, SUITE 490 - SAN FRANCISCO, CA 94111	45-0676449	501(C)(3)	722,000.	0.			PARTNERSHIP TO SCALE
FRIENDSHIP PUBLIC CHARTER SCHOOL INC - 1400 1ST STREET, NW. 3RD FLOOR - WASHINGTON, DC 20001	58-2398964	501(C)(3)	500,000.	0.			PARTNERSHIP TO SCALE COVID-19 TESTING
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations	•	-	ne line 1 table				8.

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
OVIDCHECK COLORADO, LLC 600 CALIFORNIA STREET, SUITE 1							PARTNERSHIP TO SCALE				
ENVER, CO 80202	85-1497348		499,860.	0.			COVID-19 TESTING				
MANCHESTER MEDICAL CENTER FOUNDATION LTD - P.O. BOX 2774 - MANCHESTER CENTER, VT 05255	82-1130319	501(C)(3)	499,398.	0.			PARTNERSHIP TO SCALE				
ALE UNIVERSITY 50 MUNSON STREET, 3RD FLOOR IEW HAVEN, CT 06520	06-0646973		448,716.	0.			PARTNERSHIP TO SCALE				
CESTING FOR AMERICA 501 GENOME WAY HUNTSVILLE, AL 35806	43-2059317		275,439.	0.			PARTNERSHIP TO SCALE				
,											
							Oakadala I/Farra				

Schedu	lle I (Form 990) 2021 RF CATALYTIC CAPITAL,	INC.				85-2150251	Page
Part l	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
Part l	Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART	I, LINE 2:						
GRANT	5 PROCEDURE						
RF CA	PALYTIC CAPITAL, INC. ("RFCC") INVITES TAX-EX	EMPT 501(C)(3	3)				
ORGAN	IZATIONS AND OTHER ORGANIZATIONS TO SUBMIT LE	TTERS OF INTE	ENT OR				
PROPO	SALS FOR GRANT FUNDS FOR INITIATIVES OR PROJE	CTS THAT RELA	ATE TO RFCC'S				
PRIOR	ITIES. SOME OF THE LETTERS OF INTENT WILL RES	ULT IN A REQU	JEST FOR				
PROPO	SALS TO PROVIDE A MORE IN-DEPTH DESCRIPTION O	F THE PROPOSE	D SCOPE OR				
WORK	AND THE PLANS FOR EVALUATING THE PROJECT'S AC	HIEVEMENT. IN	N ADDITION,				
THE P	ROPOSAL PROVIDES A DETAILED BUDGET SUPPORTING	THE REQUESTE	ED AMOUNT AND				

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RF CATALYTIC CAPITAL, INC.

Employer identification number 85-2150251

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958.6/c)?	a		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISocompensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVEN VANROEKEL	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	634,287.	0.	0.	43,500.	49,629.	727,416.	0.
(2) MARIA SANTOS VALENTIN	(i)	0.	0.	0.	0.	0.	0,	0.
SECRETARY	(ii)	505,315.	0.	3,902.	63,000.	33,068.	605,285.	0.
(3) DOMINICK IMPEMBA	(i)	0.	0.	0.	0.	0.	0,	0.
TREASURER	(ii)	465,639.	0.	1,361.	63,000.	48,339.	578,339.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
PROCESS FOR ESTABLISHING COMPENSATION
THE ROCKEFELLER FOUNDATION, THE SOLE MEMBER OF THE FILING ORGANIZATION,
USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S
DIRECTORS/OFFICERS:
-INDEPENDENT COMPENSATION CONSULTANT
-APPROVAL BY THE BOARD
-COMPENSATION SURVEY OR STUDY

SCHEDULE O (Form 990)

Department of the Treasury

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-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

RF CATALYTIC CAPITAL, INC. 85-2150251 FORM 990, HEADING, ITEM J: HTTPS://WWW.ROCKEFELLERFOUNDATION.ORG/RF-CATALYTIC-CAPITAL-INC/ FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF RF CATALYTIC CAPITAL, INC. (RFCC) IS TO FOSTER AND PROMOTE THE GENERAL WELLBEING OF HUMANITY THROUGHOUT THE WORLD, SPECIFICALLY, RFCC WILL WORK TO DEVELOP, SUPPORT AND/OR APPLY INNOVATIVE SOLUTIONS TO ADDRESS THE WORLD'S MOST INTRACTABLE SOCIAL AND ENVIRONMENTAL PROBLEMS IMPACTING VULNERABLE PEOPLE, COMMUNITIES AND ECOSYSTEMS, AND AGGREGATE, MANAGE AND DEPLOY CAPITAL TO FUND ACTIVITIES CONSISTENT WITH THE FOREGOING AND WHICH BUILD ON OR OTHERWISE STRENGTHEN OR EXPAND THE CHARITABLE PROGRAMS AND INITIATIVES OF RF AND OTHER LIKE-MINDED INSTITUTIONS. AS THOSE MAY BE ARTICULATED FROM TIME TO TIME. INCLUDING WITHOUT LIMITATION IN THE AREAS OF PUBLIC HEALTH FOOD SUSTAINABILITY AND SECURITY. ENDING ENERGY POVERTY AND PROMOTING RENEWABLE CLEAN ENERGY AND EXPANDING EQUITY AND ECONOMIC OPPORTUNITY. FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: PERIODIC TABLE OF FOOD INITIATIVE (PTFI) BRINGS FORWARD A VISION TO TRANSFORM CONTRIBUTIONS OF FOOD DIVERSITY TO HUMAN HEALTH AND AGRICULTURAL SUSTAINABILITY. PTFI WILL IDENTIFY FOOD COMPOSITION THROUGH DISTRIBUTION, RECEIPT AND ANALYSIS OF FOOD SAMPLE KITS USING MASS SPECTROMETRY. IN AN EFFORT TO DEMOCRATIZE INFORMATION AT GLOBAL SCALE, RESULTS WILL BE STORED IN A CENTRALIZE DATABASE AVAILABLE TO ANY INSTITUTION, PUBLIC LAB, OR PRIVATE LAB. PTFI AIMS TO CREATE A CENTRALIZED INFRASTRUCTURE FOR INSTITUTIONS AND LABS AROUND THE WORLD

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** RF CATALYTIC CAPITAL, INC. 85-2150251 TO SUPPORT RESEARCH AND INNOVATION IN THE FIELDS OF FOOD, DIET, HEALTH, NUTRITION AND ENVIRONMENT. FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: PARTNERSHIP TO SCALE COVID-19 TESTING: TO SUPPORT RAPID TESTING PILOT PROGRAMS AND EXPANSION OF TESTING TECHNOLOGIES. THIS PROGRAM AIMS TO PROMOTE THE DEVELOPMENT AND IMPLEMENTATION OF TESTING AND CONTACT TRACING INITIATIVES THAT ENABLE COMMUNITIES ACROSS THE U.S. AND OTHER GEOGRAPHIES RESPOND TO AND RECOVER FROM THE DEVASTATING HEALTH AND SOCIO-ECONOMIC IMPACTS OF COVID-19. FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE: AFGHANISTAN REFUGEE PROJECT (AFG) SUPPORTED THE COSTS OF ONE OR MORE CHARTER FLIGHTS TO EVACUATE VULNERABLE CIVILIANS OUT OF AFGHANISTAN IN SUPPORT OF EMERGENCY RELIEF EFFORTS IN AFGHANISTAN. THIS PROJECT PROVIDED RELIEF TO THE POOR, THE DISTRESSED, OR THE UNDERPRIVILEGED SUBGROUPS OF PERSONS.

THE ORGANIZATION WILL ENDEAVOR TO ACHIEVE ITS MISSION THROUGH A

COMPREHENSIVE APPROACH THAT INCLUDES RESEARCH, EDUCATION, PROGRAM

DEVELOPMENT, GRANTMAKING, EVALUATION, CHARITABLE/SOCIAL IMPACT

INVESTMENT AND THE DEVELOPMENT AND DEPLOYMENT OF INNOVATIVE FUNDING

MECHANISMS.

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

GLOBAL ENERGY ALLIANCE FOR PEOPLE AND PLANET (GEAPP) AIMS TO HARNESS

THE FULL POTENTIAL OF GREEN ENERGY TO CREATE A MORE SUSTAINABLE AND

EQUITABLE WORLD. CREATED IN OCTOBER 2021, GEAPP'S PRIMARY GOAL IS TO

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** RF CATALYTIC CAPITAL, INC. 85-2150251 BRING RELIABLE ELECTRICITY, POWERED BY MODERN RENEWABLE TECHNOLOGIES, TO A BILLION PEOPLE BY DECADE'S END AND IN DOING SO REDUCE ONE BILLION TONS OF GREENHOUSE GAS EMISSIONS. EXPENSES \$ 204,720. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART V, LINE 2B: RFCC DOES NOT HAVE ITS OWN EMPLOYEES; IT SHARES EMPLOYEES WITH ITS PARENT ORGANIZATION, ROCKEFELLER FOUNDATION (EIN# 13-1659629). ROCKEFELLER FOUNDATION'S DIRECTORS AND OFFICERS HAVE MADE A SIGNIFICANT CONTRIBUTION OF THEIR TIME TO DEVELOP RFCC AND ITS PROGRAMS. ALL W-2S AND REQUIRED EMPLOYMENT TAX RETURNS ARE FILED BY ROCKEFELLER FOUNDATION. NONE OF THE COMPENSATION PAID BY RF FOR THE PEOPLE PROVIDING ASSISTANCE TO RFCC IS ALLOCATED OR REIMBURSED BY RFCC AND THEY ARE DONATED SERVICES. FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIP SOME OF RFCC'S CURRENT OFFICERS AND DIRECTORS, AS REPORTED IN FORM 990 PART VII-A, ARE SERVING AS BOARD MEMBERS AND/OR OFFICERS OF ROCKEFELLER FOUNDATION, THE SOLE MEMBER OF RFCC. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS AND STOCKHOLDERS THE ORGANIZATION'S SOLE MEMBER IS THE ROCKEFELLER FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S SOLE MEMBER, THE ROCKEFELLER FOUNDATION, HAS THE EXCLUSIVE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** RF CATALYTIC CAPITAL, INC. 85-2150251 FORM 990, PART VI, SECTION A, LINE 7B: PURSUANT TO THE ORGANIZATION'S BYLAWS, THE FOLLOWING GOVERNANCE DECISIONS ARE SUBJECT TO THE APPROVAL OF THE ORGANIZATION'S SOLE MEMBER: INCREASING OR DECREASING THE NUMBER OF DIRECTORS ON THE BOARD; REMOVAL OF OFFICERS OR DIRECTORS OR FILLING BOARD VACANCIES; AND AMENDING THE ORGANIZATION'S BYLAWS FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S SENIOR MANAGEMENT AND FINANCIAL TEAM. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE AND LEGAL TEAMS OF THE ROCKEFELLER FOUNDATION, THE ORGANIZATION'S SOLE MEMBER. THE PROCESS IS ALSO INCLUSIVE OF A REVIEW BY EXTERNAL LEGAL COUNSEL. RFCC'S AUDIT COMMITTEE IS IN CHARGE OF OVERSEEING THE PRESENTATION OF AND REPORTING ON AUDITED FINANCIAL STATEMENTS AND THE FORM 990. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT COVERS ALL DIRECTORS, OFFICERS, EMPLOYEES, AND BOARD COMMITTEE MEMBERS, REQUIRING THEM TO ANNUALLY SUBMIT A STATEMENT TO THE SECRETARY OF THE BOARD TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. DIRECTORS MUST ALSO DISCLOSE POTENTIAL CONFLICTS OF INTEREST TO THE BOARD AS THEY ARISE. THE BOARD DETERMINES WHETHER A CONFLICT EXISTS BY MAJORITY VOTE, AND THE CONFLICTED PERSON MUST RECUSE HIMSELF/HERSELF FROM THE DISCUSSION AND VOTE ON SUCH MATTER.

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** RF CATALYTIC CAPITAL, INC. 85-2150251 FORM 990, PART VI, SECTION B, LINE 13-14: WHISTLEBLOWER POLICY THE ORGANIZATION HAS A WHISTLEBLOWER POLICY THAT IS APPLICABLE TO ALL EMPLOYEES, BOARD MEMBERS AND OTHER INDIVIDUALS AND PARTNERS WITH WHOM RFCC CONDUCTS BUSINESS. RFCC CONTINUES TO FOLLOW THE DOCUMENT RETENTION AND DESTRUCTION POLICY OF ITS SOLE MEMBER, THE ROCKEFELLER FOUNDATION. FORM 990, PART VI, SECTION B, LINE 15: RFCC DOES NOT COMPENSATE ANY OF THE OFFICERS AND DIRECTORS REPORTED ON PART VII OF ITS FORM 990. EACH LISTED INDIVIDUAL IS AN EMPLOYEE OF THE ROCKEFELLER FOUNDATION ("RF"). ALL DECISIONS PERTAINING TO THEIR COMPENSATION ARE REVIEWED AND APPROVED BY RF'S COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT TRUSTEES. ON A PERIODIC BASIS, THE RF DOES A THOROUGH REVIEW OF COMPENSATION FOR THE PRESIDENT AND THE EXECUTIVE TEAM. THIS REVIEW INCLUDES A COMPENSATION SURVEY BY AN INDEPENDENT COMPENSATION CONSULTANT. AND CONSIDERATION OF COMPARABILITY DATA OBTAINED FROM OTHER SOURCES. THE SURVEY AND DATA ARE CAREFULLY CONSIDERED BY THE RF'S COMPENSATION COMMITTEE TO ENSURE THAT COMPENSATION IS REASONABLE AND APPROPRIATE. SUBSTANTIATION OF THE DELIBERATION AND DECISION OF THE COMPENSATION COMMITTEE IS MAINTAINED IN THE MEETING MINUTES. IN ADDITION, EMPLOYEES OF RF UNDERGO A THOROUGH EVALUATION PROCESS AT THE END OF EACH YEAR. PERFORMANCE AND GOALS ARE CAREFULLY REVIEWED AND DOCUMENTED, THEN DISCUSSED WITH THE EMPLOYEE. MERIT INCREASES AND BONUS AWARDS ARE DETERMINED BASED ON THESE EVALUATIONS.

Schedule O (Form 990) 2021	Page 2
Name of the organization RF CATALYTIC CAPITAL, INC.	Employer identification number 85-2150251
	00 2200202
WHILE THE PROCESS FOR DETERMINING THE COMPENSATION OF THESE INDIVIDUALS	
INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA	
COMPTLED BY INDEPENDENT WITH DIRECT ME COMPTMOD NEGLEC DOCUMENTATION AS	
COMPILED BY INDEPENDENT THIRD PARTIES, AND CONTEMPORANEOUS DOCUMENTATION AS	
REQUIRED BY THE IRS, THIS PROCESS IS NOT UNDERTAKEN BY RFCC ITSELF AND THE	
ORGANIZATION IS REQUIRED TO ANSWER FORM 990, PART VI, LINE 15(A) AND 15(B)	
NO.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY,NC	
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	
THE ORGANIZATION MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS IN	
ADDITION TO POSTING IT ON THE ORGANIZATION'S WEBSITE. THE FORM 990 IS ALSO	
AVAILABLE ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND	
WHILE OF HIM, COLDED INC. ONC. THE ONCINE MILE OF COVERNING DOCUMENTS IND	
CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE	
PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RF CATALYTIC CAPITAL, INC.

Employer identification number 85-2150251

of disregarded entity PERIODIC TABLE OF FOOD INITIATIVE LLC - 86-1266242, 420 FIFTH AVENUE, NEW YORK, NY 10018-2702 GLOBAL ENERGY ALLIANCE FOR PEOPLE AND PLANET, LLC - 87-3377505, 420 FIFTH AVENUE, NEW YORK, NY 10018-2702 ECONOMIES ECONOMIES PANDEMIC PREVENTION INSTITUTE, LLC - 87-3413004, 420 FIFTH AVENUE, NEW YORK, NY REPRESENTATIVE NETWORK OF FOR PEOPLE AND SCALING INCLUSIVE ENERGY TRANSITIONS ACROSS EMERGING ECONOMIES DELAWARE 200,000,000. 199,795,200. INC. RF CATALYTIC CAPITALIZATION OF THE CREATION OF THE CATALYTIC CAPITALIZATION OF THE CATALYTIC CAPITALIZATION OF THE CREATION OF THE CREATIO	(a)	(b)	(c)	(d)	(e)	(f)
86-1266242, 420 FIFTH AVENUE, NEW YORK, NY 10018-2702 COMPOSITION & FUNC. OF FOOD DELAWARE COMPOSITION & FUNC. OF FOOD DELAWARE COMPOSITION & FUNC. OF FOOD DELAWARE 10,000,000. 4,728,191. INC. RF CATALYTIC CAPITALIZATION OF FOOD DELAWARE PLANET, LLC - 87-3377505, 420 FIFTH AVENUE, TRANSITIONS ACROSS EMERGING NEW YORK, NY 10018-2702 ECONOMIES DELAWARE 200,000,000. 199,795,200. INC. PANDEMIC PREVENTION INSTITUTE, LLC - TO BUILD AN EQUITABLE, REPRESENTATIVE NETWORK OF RF CATALYTIC CAPITALIZATION OF THE CATALYTIC CAPITALIZATION	, , , , , , , , , , , , , , , , , , , ,	Primary activity	,	Total income	End-of-year assets	
COMPOSITION & FUNC. OF FOOD DELAWARE 10,000,000. 4,728,191. INC. GLOBAL ENERGY ALLIANCE FOR PEOPLE AND SCALING INCLUSIVE ENERGY PLANET, LLC - 87-3377505, 420 FIFTH AVENUE, TRANSITIONS ACROSS EMERGING NEW YORK, NY 10018-2702 ECONOMIES DELAWARE 200,000,000. 199,795,200. INC. PANDEMIC PREVENTION INSTITUTE, LLC - TO BUILD AN EQUITABLE, REPRESENTATIVE NETWORK OF REPRESENTATIVE NETWORK OF	PERIODIC TABLE OF FOOD INITIATIVE LLC -	SUPPORT THE CREATION OF A				
GLOBAL ENERGY ALLIANCE FOR PEOPLE AND PLANET, LLC - 87-3377505, 420 FIFTH AVENUE, TRANSITIONS ACROSS EMERGING NEW YORK, NY 10018-2702 ECONOMIES DELAWARE 200,000,000. 199,795,200. INC. PANDEMIC PREVENTION INSTITUTE, LLC - TO BUILD AN EQUITABLE, 87-3413004, 420 FIFTH AVENUE, NEW YORK, NY REPRESENTATIVE NETWORK OF	86-1266242, 420 FIFTH AVENUE, NEW YORK, NY	PUBLIC DATABASE OF THE				RF CATALYTIC CAPITAL
PLANET, LLC - 87-3377505, 420 FIFTH AVENUE, TRANSITIONS ACROSS EMERGING NEW YORK, NY 10018-2702 ECONOMIES DELAWARE 200,000,000. 199,795,200. INC. PANDEMIC PREVENTION INSTITUTE, LLC - TO BUILD AN EQUITABLE, REPRESENTATIVE NETWORK OF REPRESENTATIVE NETWORK OF	10018-2702	COMPOSITION & FUNC. OF FOOD	DELAWARE	10,000,000.	4,728,191.	INC.
NEW YORK, NY 10018-2702 ECONOMIES DELAWARE 200,000,000. 199,795,200. INC. PANDEMIC PREVENTION INSTITUTE, LLC - TO BUILD AN EQUITABLE, REPRESENTATIVE NETWORK OF REPRESENTATIVE NETWORK OF	GLOBAL ENERGY ALLIANCE FOR PEOPLE AND	SCALING INCLUSIVE ENERGY				
PANDEMIC PREVENTION INSTITUTE, LLC - TO BUILD AN EQUITABLE, 87-3413004, 420 FIFTH AVENUE, NEW YORK, NY REPRESENTATIVE NETWORK OF RF CATALYTIC CAPIT	PLANET, LLC - 87-3377505, 420 FIFTH AVENUE,	TRANSITIONS ACROSS EMERGING				RF CATALYTIC CAPITAL
87-3413004, 420 FIFTH AVENUE, NEW YORK, NY REPRESENTATIVE NETWORK OF	NEW YORK, NY 10018-2702	ECONOMIES	DELAWARE	200,000,000.	199,795,200.	INC.
	PANDEMIC PREVENTION INSTITUTE, LLC -	TO BUILD AN EQUITABLE,				
10018-2702 PUBLIC HEALTH DATA SYSTEMS DELAWARE 35,000,000. 35,000,000. INC.	87-3413004, 420 FIFTH AVENUE, NEW YORK, NY	REPRESENTATIVE NETWORK OF				RF CATALYTIC CAPITAL
	10018-2702	PUBLIC HEALTH DATA SYSTEMS	DELAWARE	35,000,000.	35,000,000.	INC.
		_				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
THE ROCKEFELLER FOUNDATION - 13-1659629							l
420 FIFTH AVENUE	IMPROVE THE WELL-BEING OF						ł
NEW YORK, NY 10018-2702	PEOPLE THROUGH INNOVATION	NEW YORK	501(C)(3)	PF	N/A		Х
ROCKEFELLER FOUNDATION VOLUNTARY EMPLOYEE	TO FUND WELFARE AND						l
BENEFICIARY ASSOC 04-3691620, 420 FIFTH	MEDICAL BENEFITS FOR RF'S				THE ROCKEFELLER		l
AVENUE, NEW YORK, NY 10018-2702	EMPLOYEES AND RETIREES	NEW YORK	501(C)(9)	N/A	FOUNDATION		Х
GENERAL EDUCATION BOARD - 13-1659622	TO SUPPORT HIGHER						1
420 FIFTH AVENUE	EDUCATION AND MEDICAL				THE ROCKEFELLER		l
NEW YORK, NY 10018-2702	SCHOOLS IN THE U.S.	NEW YORK	501(C)(3)	PF	FOUNDATION		Х
							1
							<u> </u>

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

Schedule R (Form 990) 2021

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	amount in box	managin partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
PX VENTURE (A), LLC -											
84-1995535, 51 ASTOR PLACE,			THE								
10TH FLOOR, NEW YORK, NY	ALTERNATIVE		ROCKEFELLER								
10003	INVESTMENTS	NY	FOUNDATION	N/A	0.	0.		x	N/A	x	.00%
PX VENTURES (B) LLC -											
86-3100816, 51 ASTOR PLACE,	1		THE								
10TH FLOOR, NEW YORK, NY	ALTERNATIVE		ROCKEFELLER								
10003	INVESTMENTS	NY	FOUNDATION	N/A	0.	0.		x	N/A	x	.00%
	1										
	1										
-	1										
	1										
	1										
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

Х

Yes No

1a

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
					1d		Х
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ	()			11		X
	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
					1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered rela	tionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
		1) p 3 (c. 5)					
/ 4 \							
(1)							
(2)							
(2)							
(3)							
(0)							
(4)							
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(5)							
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(6)							
	11-17-21		<u> </u>	Schedule	R (For	n 990)	2021
		ГΛ			•	,	

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
•		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	'
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