Extended to November 15, 2021

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

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

Department of the Treasury Internal Revenue Service

ΑI	For the	e 2020 calendar year, or tax year beginning	and	ending				
В	Check if applicabl	C Name of organization			D Employer ide	ntific	ation number	
Г	Addre chang	SE CATCH Global Foundation	1					
F	Name chang				46-536	902	24	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone nu			
	Final return	PO Box 28282	,		855-50			
	termin ated	, , , , , , , , , , , , , , , , , , , ,	ZIP or foreign postal code		G Gross receipts \$		1,988,596.	
	Amen	Austin, IX 70734			H(a) Is this a gro	up ret		
	Application pendir	F Name and address of principal officer: Duite	can Van Dusen		for subordir	nates?	Yes X No	
		same as c above			H(b) Are all subordin	ates inc	cluded? Yes No	
			(insert no.) 4947(a)(1)	or 527	If "No," atta	ch a li	ist. See instructions	
		te: > www.catch.org	🗆		H(c) Group exen		·	
		organization,	sociation Other	L Year	of formation: 201	.4 M	State of legal domicile; TX	
Pa	art I	Summary			1 1	<u> </u>	h 1 + h	
ø	1	Briefly describe the organization's mission or most	significant activities: TO 1	mprove	cnilaren	S	neartn	
and		worldwide by developing, d						
Activities & Governance	2	Check this box if the organization discon	•			1 1	ets. 13	
é	3 4	Number of voting members of the governing body (I Number of independent voting members of the government)				4	11	
∞	5	Total number of individuals employed in calendar year				5	18	
ities	6	Total number of volunteers (estimate if necessary)				6	0	
ξ	7 a	Total unrelated business revenue from Part VIII, colu				7a	0.	
Ă	b	Net unrelated business taxable income from Form 9				7b	0.	
			,		Prior Year		Current Year	
a)	8	Contributions and grants (Part VIII, line 1h)			1,560,21		1,532,747.	
ž	9	Program service revenue (Part VIII, line 2g)			498,07		410,614.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		64,22	1.	44,235.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		1,11		1,000.	
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		2,123,62		1,988,596.	
	13	Grants and similar amounts paid (Part IX, column (A	N), lines 1-3)		71,29	-	21,428.	
	1	Benefits paid to or for members (Part IX, column (A)				0.	0.	
es	15	Salaries, other compensation, employee benefits (P			963,02	-	984,825.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	4 4			0.	0.	
X	_b	Total fundraising expenses (Part IX, column (D), line	'		1,574,58	-	1 200 007	
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			2,608,90		1,289,887.	
		Total expenses. Add lines 13-17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 1			-485,28		-307,544.	
_ i	19	nevertue less experises. Subtract line 16 from line 1	2	Re	ginning of Current Y		End of Year	
Assets or	20	Total assets (Part X, line 16)		БС	2,108,32		1,954,421.	
ASS	21	Total liabilities (Part X, line 26)			110,86		151,857.	
Net	-	Net assets or fund balances. Subtract line 21 from I	ine 20		1,997,46		1,802,564.	
Pa	art II	Signature Block		•	•			
Und	er pena	lties of perjury, I declare that I have examined this return, i	including accompanying schedules	s and stateme	ents, and to the best	of my l	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	nich preparer	has any knowledge.			
		2						
Sig	n	Signature of officer			Date			
Her	e	Duncan Van Dusen, Found	ler & CEO					
		Type or print name and title		1 г	Ooto I a		DTIN	
		Print/Type preparer's name	Preparer's signature	'	Date Che		PTIN	
Paid		Grant M. Alkire, CPA	T.O.		self-employed P01697927 Firm's EIN ▶ 46-4570451			
	parer	Firm's name Jay M. Johnson, I			Firm's EIN	1 🕨 4	±0-45/U45I	
บริย	Only	Firm's address > 25 Jefferson Way, Ketchikan, AK 999			Dhone	(ar	07) 220-9970	
\/\0\	, tho II	RS discuss this return with the preparer shown above			I Filotie no	. \ J U	X Yes No	
VIO	, iiie ii	TO CHARLES THIS TELLED WITH THE DIEDSTEF SHOWN SDOV	EL OCC HARIUGHOUS				144 162 140	

Pa	rt III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1	Brief	y describe the organization's mission:
	То	improve children's health worldwide by developing, disseminating,
	and	d sustaining the CATCH platform in collaboration with researchers at
	UTI	Health.
2	Did t	he organization undertake any significant program services during the year which were not listed on the
	prior	Form 990 or 990-EZ? Yes X No
	lf "Y€	es," describe these new services on Schedule O.
3	Did t	he organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Ye	es," describe these changes on Schedule O.
4	Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Sect	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	rever	nue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 532,380 . including grants of \$ 15,928 .) (Revenue \$ 90,335 .)
	Who	ole Child Health & Wellness. In 2020, CATCH Global Foundation
	COI	ntinued this program's focus on low-income urban communities. Major
	pro	ojects included ongoing work in schools in Edinburg TX (funded by a
	gra	ant from Valley Baptist Legacy Foundation) and Chicago (self-funded),
	a r	new project in Philadelphia (funded by a grant from Edna Kynett
	For	undation), and a statewide project in Michigan (funded by a grant
	fro	om Michigan Health Endowment Fund). In response to the COVID-19
		ndemic and school closures, CATCH developed virtual introductory
	tra	ainings and a new format for the full program entitled "Whole Child
	Gu	ded Journey", which divides training into shorter,
	asy	nchronous-synchronous hybrid modules with action steps in between.
	Th	is new model saves money and time, and makes the program more
4b) (Expenses \$
		sical Activity / Physical Education. In 2020, CATCH Global
		undation continued to bring physical activity and physical education
		ograms to youth around the country in both school and out-of-school
		tings. With COVID-related school closures preventing any in-person
		aining, we created a line-up of virtual sessions that focused on
		eping kids active at home and in remote or hybrid educational
		vironments. We also developed a portal with many free activities and
		ner materials entitled "CATCH Health @ Home". These offerings were
		ed by schools and individuals around the country, including large
		pjects in Michigan, New York State (in collaboration with the
		liance of NY State YMCAs), Cherokee Nation, and ongoing work with
		ny SNAP-Ed agencies (University of Nevada Cooperative Extension,
4c	(Code:) (Expenses \$ 1,249,047. including grants of \$ 5,500.) (Revenue \$ 266,899.)
		th Nicotine Prevention. In 2020, CATCH Global Foundation continued
		e rapid expansion of the CATCH My Breath Youth E-Cigarette & JUUL
		evention Program serving youth ages 11-18. We continued work with
		scovery Education (funded by CVS Health Foundation) updating and
		panding curricular materials, and delivered a new version of the
		ddle school program including supplemental modules for use in STEM
		humanities classrooms. We began work with the California Department
		Education to develop a training course for middle school educators
		tobacco use prevention. We were also awarded a grant from the
		ssissippi Department of Health for awareness and implementation in
		nools surrounding Take Down Tobacco Day in early 2021. Finally, a port from the Federal SAMHSA agency identified CATCH My Breath as the
4 -1		
40		r program services (Describe on Schedule O.)
4-	(Exper	0.045.615
46	TOTAL	program service expenses ► 2,047,617.

09421115 147611 1490-0001

Form 990 (2020) CATCH Global Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
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		X
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	<u> </u>		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
		144		
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form	990 (2020) CATCH Global Foundation 46-53	69024	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	I .		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٠,,
_	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			.
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
30		I		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	55		
	Check if Schoolule O contains a reappage or note to any line in this Dart V			

	Check if Schedule O contains a response or note to any line in this Part V						l
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				Ī
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10			

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Form **990** (2020)

CATCH Global Foundation 46-5369024 Page **5** Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 18 Х 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

X excess parachute payment(s) during the year?

14b

13a

Form 990 (2020)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

X

X

CATCH Global Foundation 46-5369024 Form 990 (2020) 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 Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup TXSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2020)

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

statements available to the public during the tax year.

PO Box 28282, Austin, TX

The Organization - 855-500-0050

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of structures	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Duncan Van Dusen, MPH	40.00							100.044	•	
Founder & CEO	20.00	Х		Х				133,941.	0.	0 .
(2) Peter Cribb, M.Ed	30.00	.		₩.				2 222	0	0
Program Director/ Secretar (3) Steve Kelder, PhD MPH	2.00	Х	\vdash	Х				2,222.	0.	0 .
Director	4.00	Х						0.	0.	0 .
(4) Ernest Hawk, MD, MPH	2.00	Λ						0.	0.	0.
Director	2.00	х						0.	0.	0 .
(5) Stefani Dawkins	2.00	T-								
Director		Х						0.	0.	0
(6) Priscila Garza, MS	2.00									
Director		Х						0.	0.	0 .
(7) Madeline Negron, PhD	2.00									
Director		Х						0.	0.	0.
(8) Shweta Patira, MS	2.00	1							_	
Director		Х						0.	0.	0
(9) Bill Potts-Datema	2.00								•	
Director	2.00	Х						0.	0.	0
(10) Kevin Ryan Director	2.00	Х						0.	0.	0 .
(11) Nicholas Saccaro	2.00	^						0.	0.	U ,
Director	2.00	Х						0.	0.	0
(12) Allison Schnieders, Esq.	2.00	-25						•	•	0
Director	2100	х						0.	0.	0
(13) Margo Wootan, DSc	2.00									
Director		Х						0.	0.	0
						_				
		1								
			_		_					
		-								
										5 000 (22)

Form 990 (2020)

	990 (2020) CATCH Glo	bal Fou	nd	lat	io	n				46-53	69024	. Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title Average hours per week (list any hours for related organizations below line)				ss per	nore frector	Highest compensated than o by the second that	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatior from related organizations (W-2/1099-MISO	cor C) or	(F) Estimate Imount of other Impensation from the Iganization ganization	of tion e ion ed
	Cubbatal							_	136,163.		0.		0.
С	Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A		·····))	<u> </u>	136,163.		0.		0.
3	compensation from the organization Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oyee	e, or	hig	hest compensated emp	oyee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable),000? If "Yes,	e co " <i>co</i>	mpe mple	ensat ete S	tion Sche	and dule	oth <i>J f</i> e	ner compensation from the compensation from	ne organization			X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors										5		Х
1	Complete this table for your five highest conthe organization. Report compensation for (A)											rom (C)	
	Name and business	address	NO	ONE	<u> </u>				Description of s	ervices		ensation	<u>1</u>
_													
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	· ·	ot lin	nited	to t	thos 0		ed	above) who received mo	ore than	Forn	ո 990 (Հ	2020)

Ра	rt VI	!!!			=			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
\$ 1	1 8	а	Federated campaigns1a					
rau		b	Membership dues1b					
, E	,	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	,		Related organizations 1d					
7, E	١,		Government grants (contributions) 1e					
Sig			All other contributions, gifts, grants, and					
ž Ę	· '	•		532,747.				
ë ë	١.	_	Noncash contributions included in lines 1a-1f	332,717.				
o d	!	_		b	1,532,747.			
<u>O</u> 6	<u>'</u>	<u>n</u>	Total. Add lines 1a-1f		1,332,747.			
			marainina Garasina	Business Code	410 (14	410 (14		
ce	2 8	а	Training Services	900099	410,614.	410,614.		
ē Ķ	l	b						
Sch	١ ،	С						
an eve	(d						
Program Service Revenue	•	е						
Δ.	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f	>	410,614.			
	3		Investment income (including dividends, interest					
			other similar amounts)	•	36,011.			36,011.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6 :	a	Gross rents 6a	, ,				
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Not worth in come or (local)					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	′ '	а	0.004	(ii) Other	-			
	_	_	, 		-			
4	'	b	Less: cost or other basis					
Revenue			and sales expenses					
š			Gain or (loss) 7c 8,224.		0.004	0 004		
	۱ ۱	d	Net gain or (loss)	<u></u>	8,224.	8,224.		
her	8 8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
	1	b	Less: direct expenses8b					
	(С	Net income or (loss) from fundraising events	>				
	9 8	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
	١,	h	Less: cost of goods sold 10th					
			Net income or (loss) from sales of inventory	1				
		_	The modifie of those from sales of five fitting	Business Code				
ns		_	Miscellaneous Revenue	900099	1,000.	1,000.		
ieo ne	'		mincerianeous vevenue	700099	1,000.	1,000.		
llan en	'	b						
Miscellaneous Revenue	'	C	All others resident					
Ž	'		All other revenue		1,000.			
		e_	Total Add lines 11a-11d		1,988,596.	419,838.	0.	36,011.
	12		Total revenue. See instructions	<u> </u>	<u>r,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	- , 0 - 0 - 0 - 0	ı .	1 20,011•

Form 990 (2020) CATCH Global Foundation Part IX Statement of Functional Expenses

Check if Schedule Contains a response or note to any line in this Part IX	Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
1 Grafts and other assistance to domestic organizations and domestic povernments. See Part IV, line 21 2, 908 12, 908		Check if Schedule O contains a respon	se or note to any line in									
and dimensitic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 12, 908. 12, 908. 12, 908. 12, 908. 12, 908. 12, 908. 12, 908		•	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising						
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations										
2 Grants and other assistance to domestic inclividuals. See Part N. Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part N. Ine 57 dan 16 4 Benefits paid to or for members 5 Compensation of current officiers, directors, trustees, and key employees 6 Compensation of inclividual above to disqualified persons (as other of the compensation) and the compensation of the compensation		and domestic governments. See Part IV, line 21	8,520.	8,520.								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on cinculated above to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(1) and 40(I) employee contributions (Include section 401) and 40(I) employee contributions (Include 401) and 40	2	Grants and other assistance to domestic										
3 Gards and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16		individuals. See Part IV, line 22	12,908.	12,908.								
individuals. See Part IV. lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on tincluded above to disqualified persons (as defined under section 4956(f(1)) and persons (ascribed in section 496(f(1)) and 493(f)) employer contributions (include section 49(f(1)) and 493(f)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 2,113. 2,113. 2,113. 2,113. b Legal 2,113. 2,113. 2,113. b Legal 2,113. 2,113. b Legal 2,113. c Accounting e Professional fund asing services. See Part IV, line 17 investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 9,600. 9,600. 10 Grice expenses 44,516. 32,859. 9,535. 2,122. 11 Information technology 19,179. 19,179	3	Grants and other assistance to foreign										
individuals. See Part IV. lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on tincluded above to disqualified persons (as defined under section 4956(f(1)) and persons (ascribed in section 496(f(1)) and 493(f)) employer contributions (include section 49(f(1)) and 493(f)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 2,113. 2,113. 2,113. 2,113. b Legal 2,113. 2,113. 2,113. b Legal 2,113. 2,113. b Legal 2,113. c Accounting e Professional fund asing services. See Part IV, line 17 investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 9,600. 9,600. 10 Grice expenses 44,516. 32,859. 9,535. 2,122. 11 Information technology 19,179. 19,179		organizations, foreign governments, and foreign										
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4986)(1)(1) and persons described in section 4986)(1) and 4986) a												
trustees, and key employees 6 Compensation not included above to disqualified persons described in section 4958((1)(1)) and 4958((1)(1)(1) and 4958((1)(1)(1)) and 4958((1)(1)(1) and 4958((1)(1)(1)(1) and 4958((1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	4	Benefits paid to or for members										
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8)) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 67,613. 54,936. 3,644. 9,033. 11 Fees for services (nonemployees): a Management b Legal 2,113. 2,113. c Accounting 32,850. 20,850. 12,000. d Lobbyling e Professional fundraising services. See Part IV, line 17 f investment management fees. column (A) amount, list line 11g expenses on Sch 0.) 13 Office expenses 14 4,516. 32,859. 9,535. 2,122. 14 Information technology 19,179. 19,179. 15 Royalties 16 Occupancy 50,804. 50,804. 17 Travel 7 Compenses on Sch 0. 20 Payroll state, or local public officials 10 Conferences, conventions, and meetings interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1 Line repenses. Interest penses on Scholu (O) amount, list line 24e expenses on Scholu (O) amount, list line 12 fee penses on Scholu (O) amount, list line 12 fee penses and covered above (List miscalianous segmens on line 24e, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 11 fee penses and covered above (List miscalianous segmens on line 24e, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Scholule (O) amount exceeds 10% of line 25, column (A) amount exceeds 10% of line	5	Compensation of current officers, directors,										
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persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Accounting 13 Legal 14 Legal 15 Legal 16 Lobbying 17 Investment management fees 18 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 19 Advertising and promotion 10 Occupancy 10 Occupancy 11 Fees for services (nonemployees): 20 Advertising and promotion 21 Office expenses 22 Interest 23 Payments of travel or entertainment expenses for any federal, state, or local public officials 24 Other employees benefits 25 Depreciation, depletion, and amortization 26 Conferences, conventions, and meetings 27 Investment management fees 28 Interest 29 Depreciation, depletion, and amortization 20 Curriculum and Training 20 Business Fees & License 21 Payments of travel or entertaining 1,043,735. 1,038,834. 4,991. 26 Uniter expenses Itemize expenses on Schedule 0, amount, list line 24e expenses Add lines 1 through 24e 27 Add other expenses 28 Lotenses 29 Lotenses 20 Lotenses 20 Lotenses 20 Lotenses 21 Payments of travel or entertaining 1,043,735. 1,038,834. 4,991. 28 Legal 2,222. 2,222. 1,038,839. 4,039.	6	Compensation not included above to disqualified										
7 Other salaries and wages 865,327. 703,078. 46,641. 115,608. 8 Persion plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 9 Other employee benefits 51,885. 42,156. 2,797. 6,932. 10 Payroll taxes 67,613. 54,936. 3,644. 9,033. 11 Fees for services (nonemployees): a Management		persons (as defined under section 4958(f)(1)) and										
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section 401(k) and 403(b) employer contributions) 9 Other employee benefits 51,885. 42,156. 2,797. 6,932. 10 Payroll taxes 67,613. 54,936. 3,644. 9,033. 11 Fees for services (nonemployees): a Management	7		865,327.	703,078.	46,641.	115,608.						
9 Other employee benefits 51,885, 42,156, 2,797, 6,932. 10 Payroll taxes 67,613. 54,936. 3,644. 9,033. 1 Fees for services (nonemployees): a Management b Legal 2,113. 2,113. c Accounting 32,850. 20,850. 12,000. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 13 Office expenses 44,516. 32,859. 9,535. 2,122. 14 Information technology 19,179. 19,179. 15 Royalties 7 Favel 21,544. 20,866. 136. 542. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Insurance 2,373. 2,373. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses) and Expenses (A) and Curriculum and Training b Business Fees & License C Bank Fees 4 (1) and Training b Business Fees & License C Bank Fees 5 (1) and Training b Business Fees & License C Bank Fees 5 (1) and the collection of the formal properties of the collection of the fees of the collection of the proparation of the collection	8	Pension plan accruals and contributions (include										
10			=4	10.1-1								
11 Fees for services (nonemployees): a Management b Legal	9		51,885.	42,156.	2,797.	6,932.						
a Management b Legal	10		67,613.	54,936.	3,644.	9,033.						
b Legal		-										
c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch O.) 12 Advertising and promotion 9, 600 9, 600 . 13 Office expenses 44,516 32,859 9,535 2,122 . 14 Information technology 19,179 19,179 . 15 Royalties 0	а	- I	0 112		0 112							
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f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 33,209. 30,484. 2,725. 12 Advertising and promotion 9,600. 9,600. 9,600. 13 Office expenses 44,516. 32,859. 9,535. 2,122. 14 Information technology 19,179.	d											
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion	e											
Column (A) amount, list line 11g expenses on Sch 0.) 33 , 209 .	ı ~											
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15					2,70001							
16 Occupancy			- ,	- ,								
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Payments to affiliates	19	Conferences, conventions, and meetings										
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23 Insurance 2,373. 2,373. 2,373.	21											
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a Curriculum and Training b Business Fees & License c Bank Fees d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization 1,043,735. 1,038,834. 4,901. 23,393. 23,393. 4,349. 4,349. 23,393. 23,393. 23,393. 4,349.	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
b Business Fees & License 23,393. 23,393. c Bank Fees 4,349. 4,349. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,296,140. 2,047,617. 93,036. 155,487. 26 Joint costs. Complete this line only if the organization	а		1,043,735.	1,038,834.		4.901.						
c Bank Fees 4,349. 4,349. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,296,140. 2,047,617. 93,036. 155,487. 26 Joint costs. Complete this line only if the organization	b					-,						
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,296,140. 2,047,617. 93,036. 155,487. 26 Joint costs. Complete this line only if the organization	c			-,		4,349.						
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Total functional expenses. Add lines 1 through 24e 2,296,140. 2,047,617. 93,036. 155,487. Joint costs. Complete this line only if the organization		All other expenses										
			2,296,140.	2,047,617.	93,036.	155,487.						
reported in column (R) joint costs from a combined	26	Joint costs. Complete this line only if the organization										
reported in column (b) joint costs from a combined		reported in column (B) joint costs from a combined										
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.										
Check here if following SOP 98-2 (ASC 958-720) 5. QQQ (access)		Check here if following SOP 98-2 (ASC 958-720)				000						

Form **990** (2020)

<u>rar</u>	t X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			74,377.	1	77,619
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			47,489.	3	7,498 95,677
	4	Accounts receivable, net			60,263.	4	95,677
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9				31,305.	9	30,027
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	17,833.			
	b	Less: accumulated depreciation		16,836.	3,211.		997
	11	Investments - publicly traded securities			1,891,684.	11	1,740,807
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		·····	0.	15	1,796
	16	Total assets. Add lines 1 through 15 (must ed			2,108,329.	16	1,954,421
	17	Accounts payable and accrued expenses	49,806.	17	55,718		
	18	Grants payable	61 050	18	02 201		
	19	Deferred revenue	61,058.	19	83,391		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
┋		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
-	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, parties, and other liabilities not included an line	•				
		parties, and other liabilities not included on lin of Schedule D	es 17-24	. Complete Part X	0.	25	12,748
	06			·····	110,864.	25 26	151,857
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl	hock hor	X	110,004.	20	131,037
န္က		and complete lines 27, 28, 32, and 33.	HECK HE				
ا <u>څ</u>	27				1,773,048.	27	1,579,985
<u> </u>	28	Net assets with donor restrictions			224,417.	28	222,579
<u> </u>	20	Organizations that do not follow FASB ASC			221/11/4	20	222/3/3
ᆵᅵ		and complete lines 29 through 33.	300, CIII	lock field			
ŏ	29	Capital stock or trust principal, or current fund	le			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,997,465.	32	1,802,564
z	33	Total liabilities and net assets/fund balances			2,108,329.	33	1,954,421

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,98					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,29					
3	Revenue less expenses. Subtract line 2 from line 1	3	-30					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,99	7,4 4,8				
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6	•	7,7	<u>53.</u>			
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	1,80	2,5	64.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l			
	separate basis, consolidated basis, or both:				l			
	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,			l			
	consolidated basis, or both:							
	X Separate basis Consolidated basis 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,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain 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						
	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 ((2020)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

2020

Open to Public Inspection

Employer identification number Name of the organization CATCH Global Foundation 46-5369024 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 or 990-EZ).) 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support	71		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	•			
	membership fees received. (Do not									
	include any "unusual grants.")	1329444.	1610062.	973,585.	1548199.	1526737.	6988027.			
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	1329444.	1610062.	973,585.	1548199.	1526737.	6988027.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						6988027.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	1329444.	1610062.	973,585.	1548199.	1526737.	6988027.			
8	Gross income from interest,			•						
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	6,638.	92.869.	-16,866.	223,769.	149,125.	455,535.			
9	Net income from unrelated business		5_,000							
Ū	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						7443562.			
12	Gross receipts from related activities,	etc (see instruction	nne)			12	71133021			
13	First 5 years. If the Form 990 is for th									
.0	organization, check this box and stop	· ·								
Sec	ction C. Computation of Publi	_								
	Public support percentage for 2020 (li			column (f))		14	93.88 %			
15						15	95.73 %			
	33 1/3% support test - 2020. If the c									
	stop here. The organization qualifies									
b	33 1/3% support test - 2019. If the c									
	and stop here. The organization quali									
17a										
	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
_		ū				•				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18										
	<u>,</u>		,			edule A (Form 990				

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	one m, produce comp					_
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
	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						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(-,	(2,==::	(5, = 5 · 5	(-,	(5,-5-5	(-)
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
							>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (li		•			15	<u>%</u>
16	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from 2					18	7:
198	33 1/3% support tests - 2020. If the						. □
	more than 33 1/3%, check this box ar						
K	33 1/3% support tests - 2019. If the						. \square
20	line 18 is not more than 33 1/3%, che		· ·	•		-	

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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 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 in 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		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
1		
8		
9a		
9b		
30		
9с		
10a		
401-		
10b n 990 or 99	0-EZ)	2020

Pa	T 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 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			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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. tion C. Type II Supporting Organizations	2		
	tion of type it cupperting organizations		Vaa	Na
4	More a majority of the avagainstian's divestors by twisters duving the tay year also a majority of the divestors		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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Hon B. All Type in Supporting Organizations		V	
			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		<u> </u>
3	By reason of the relationship described in 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	1-		
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	ı <u>s).</u>	
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 in 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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	·
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	on 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-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	y
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>e</u>	Excess from 2020				Farm 000 at 000 F7\ 0000

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

CATCH Global Foundation 46-5369024 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CATCH Global Foundation 46-5369024

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
1	CVS Health One CVS Drive Woonsocket, RI 02895	\$ <u>1,050,000</u> .	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
2	Michigan Health Endowment Fund 7927 Nemco Way, Suite 270 Brighton, MI 48116	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)

Name of organization Employer identification number

CATCH Global Foundation

46-5369024

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		<u> </u>	
(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
		 \$	

Name of organization **Employer identification number** CATCH Global Foundation 46-5369024 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 (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

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 Open to Public Inspection

Name of the organization

CATCH Global Foundation

Employer identification number 46-5369024

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

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

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining Co				asures o	r Other	r Similar		3 / / .		ige 🚣
									<u> (contin</u>	uea)	
3	Using the organization's acquisition, accession	, and other record	s, cneck	any of the	rollowing tha	t make si	gnificant u	se of its			
	collection items (check all that apply):		. —								
a	Public exhibition	d			change progra						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle							e in Part	XIII.		
5	During the year, did the organization solicit or r							_	_		,
_	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for o	contribution	s or other as:	sets not i	included		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	llowing t	able:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds. Complete if t	he organization an	swered	"Yes" on Fo	orm 990, Part	: IV, line 1	10.				
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	years t	oack
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f											
g g											
2	Provide the estimated percentage of the currer	nt year end halance	L a (lina 10	r column (a)) hold as:	l.					
	Board designated or quasi-endowment	it year end balance	% (IIII) 5	j, coluitiit (a	jj rielu as.						
a	Permanent endowment	%	—70								
b	Term endowment > %										
C											
0-	The percentages on lines 2a, 2b, and 2c should	•	.4:41	سمامامسم				4:			
за	Are there endowment funds not in the possess	ion of the organiza	ation tha	t are neid ar	na administe	rea for th	e organiza	tion	Г	V	<u> </u>
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	_	
_	(ii) Related organizations								3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organization								3b		
Dar	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipme	rganization's endo	wment f	unds.							
Fai			. D+ N	/ 15 44 - 0) F 000	D4-V	l' 40				
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	d	(d) Book	value	1
	Land	· ·	n c nt)	Dasis	(Other)	ue	preciation				
	Land										
	Buildings										
	Leasehold improvements			- 1	7 022		16 00	-		0.0	. 7
	Equipment				7,833.		16,83	100		99	97.
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990. Part	X. colun	nn (B). line 1	0c.)					99	97.

Schedule D (Form 990) 2020

		1 Foundation	46	-5369024 _{Page}
Part VII				
(a) Decerin	Complete if the organization answered "Yes" tion of Security or Category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
	1.1.1.1.1	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
-	l derivatives			
-	held equity interests			
3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 000 Port IV line	110 Soo Form 000 Bort V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(4)	(a) Becompact of investment	(b) Book value	(e) meaned of valuation, each of one	or your market value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	Tra. Goot offit Goo, Farex, into 16.	(b) Book value
(1)		<u> </u>		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990. Part X. col. (B) lin	e 15)	•	
Part X	Other Liabilities.	<u> </u>		
_	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(h) Poolevolus
<u>l.</u>	(a) Description of liability			(b) Book value
	eral income taxes			10 740
(2) De	ferred Payroll Taxes			12,748
(3)				

(1) Federal income taxes
(2) Deferred Payroll Taxes
(3)
(4)
(5)
(6)
(7)
(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

1490-001

Schedule D (Form 990) 2020	CATCH Global	Foundation	46-5369024	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (continued)			
-				
-				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CATCH Global Foundation

Employer identification number 46-5369024

Form 990, Part I, Line 1, Description of Organization Mission:
platform in collaboration with researchers at UTHealth.
Form 990, Part III, Line 4a, Program Service Accomplishments:
accessible to rural schools. Finally, CATCH Global Foundation provided
support, evaluation assistance and technical assistance to schools
around the country who were expanding or sustaining the CATCH Whole
Child Health program. In total CATCH's programs now reach approximately
3 million school-age children each year in over 15,000 schools and
educational sites.
Form 990, Part III, Line 4b, Program Service Accomplishments:
CalFresh Healthy Living, etc). Finally, we developed and delivered
training for leading physical education with children with physical
disabilities in collaboration with NCHPAD.
Form 990, Part III, Line 4c, Program Service Accomplishments:
only recommended vaping intervention for school-age youth.
Form 990, Part VI, Section B, line 11b:
The Form 990 is provided to all Board Members before filing for comments or
questions.

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

Form 990, Part VI, Section B, Line 12c:

survey of board members and officers.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

The Organization monitors the conflict of interest policy through a regular

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment														
1	Laptop	08/01/14	SL	3.00	1	.6	920.				920.	920.		0.	920.
2	Laptop	08/31/14	SL	3.00	1	.6	350.				350.	350.		0.	350.
3	Laptop	01/28/15	SL	3.00	1	.6	780.				780.	780.		0.	780.
4	Office Furniture	02/01/15	SL	5.00	1	.6	5,247.				5,247.	5,158.		87.	5,247.
5	Laptop & MS Office	10/16/15	SL	3.00	1	.6	660.				660.	660.		0.	660.
6	Stata/IC perpetual license	03/13/16	SL	5.00	1	.6	1,195.				1,195.	908.		239.	1,147.
8	Furniture	07/09/16	SL	5.00	1	.6	1,528.				1,528.	1,064.		306.	1,370.
9	Laptop & MS Office	01/01/17	SL	1.42	1	.6	308.				308.	308.		0.	308.
10	Apple Computer (Brooks)	03/01/17	SL	3.00	1	.6	2,048.				2,048.	1,935.		114.	2,049.
11	Laptop	02/11/18	SL	3.00	1	.6	1,300.				1,300.	830.		433.	1,263.
12	Apple MacBook	03/08/18	SL	3.00	1	.6	2,067.				2,067.	1,263.		689.	1,952.
13	Laptop	08/20/18	SL	3.00	1	.6	750.				750.	333.		250.	583.
14	Laptop	07/15/19	SL	3.00	1	.6	680.				680.	113.		227.	340.
	* 990 Page 10 Total Machinery & Equipment						17,833.				17,833.	14,622.		2,345.	16,969.
	* Grand Total 990 Page 10 Depr						17,833.				17,833.	14,622.		2,345.	16,969.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return 028941 12-22-20 FORM

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Calen	dar Year	2020 or	fiscal year beginning (mm/dd/yyyy) , and end	ding (mm/d	vvv\hr	/)		
		anization n		anig (iiiii)		ornia corpo	oration	number
•	ŭ					•		
CAT	гсн (GLOB.	AL FOUNDATION		1 8	3106	950	
			instructions.		FEI			
					4	46-5	369	024
Street	address (s	suite or roo	m)		'	PMB no.		
РО	BOX	282	82					
City				State		ZIP code		
AUS	STIN			TΣ	ζ ,	7875	4	
Foreig	n country	name	Foreign province/state/county			Foreign p	ostal co	ode
A F	irst retu		Yes X No I Did the organization	n have any	chang	es to its	guidel	
B A	Amended	d return	\bullet Yes X No not reported to the					
C I	RC Secti	ion 4947((a)(1) trust Yes X No J If exempt under R&					
D F	inal info	rmation r						
•	• 🔲	Dissolved	Surrendered (Withdrawn) Merged/Reorganized K Is the organization	-				-
		(mm/dd/yy		-				
		-	method: (1) Cash (2) X Accrual (3) Other L Is the organization					• Yes X No
			d? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization					- '
,	,	Other 990	·					
			ng? See instructions • Yes X No N Is the organization n in a group exemption Yes X No IRS audited in a pri					
		-	n in a group exemption Yes X No IRS audited in a pri e parent's name? 0 Is federal Form 102					
'	1 165, V	viiai is iii	Date filed with IRS	-	-			Yes X No
-			Date filed with file					
Pa	rt I 0	Complete	Part I unless not required to file this form. See General Information B and C.					
		1 Gr	ross sales or receipts from other sources. From Side 2, Part II, line 8			•	1	455,849 00
		1	ross dues and assessments from members and affiliates			•	2	00
		3 Gr	ross contributions, gifts, grants, and similar amounts received	ST	MT	1 •	3	$1,532,747_{00}$
Do	ceipts	4 To	otal gross receipts for filing requirement test. Add line 1 through line 3.					
	and	Th	nis line must be completed. If the result is less than \$50,000, see General Information	on B			4	1,988,596 00
	enues	5 Co	ost of goods sold 5			00		
1101	Ciluos	6 Co	ost or other basis, and sales expenses of assets sold 6			00		
			otal costs. Add line 5 and line 6				7	1 000 506
			otal gross income. Subtract line 7 from line 4				8	1,988,596 00
Exp	enses	l .	otal expenses and disbursements. From Side 2, Part II, line 18				9	2,296,263 00
							10	-307,667 ₀₀
			otal payments				11	00
		12 Us	se tax. See General Information K ayments balance. If line 11 is more than line 12, subtract line 12 from line 11			_	12	00
E:::-	na Enn	1	se tax balance. If line 12 is more than line 11, subtract line 11 from line 12				13 14	00
ГШ	ng Fee	1					15	00
							-	
		Under per	alance due. Add line 12 and line 15. Then subtract line 11 from the result nalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whice	atements, an	d to the	best of my	y knowl	edge and belief,
Sign		it is a do,	Title		Date	.nowicage.		Telephone
Here		Signature of officer	TOTALDED 6		Date			C Totophone
			Date		Check i	f		● PTIN
		Preparer's signature	s •		self-em	ployed		₽01697927
Paid		Firm's na						● Firm's FEIN
Prepa	arer's	(or yours, if self-	DAI M. BOIMBON, LIE					46-4570451
Use C	Only	employed	and the second s					Telephone
		and addre	ess KETCHIKAN, AK 99901					(907) 220-9970
		May the	FTB discuss this return with the preparer shown above? See instructions			● X	Yes	No

CATCH GLOBAL FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951	12-22-20

1 Gross sales or receipts from all business activities. See instructions 1 0 0 0										1	$\overline{}$	
Second S			1	Gross sales or receipts from all b	business	activities. See instru	ctions		•	1		
Receipts 4 Gross regists			2	Interest					•	2	L	36,011 00
Sicross regulates			3	Dividends					•	3	L	00
Source Gross amount received from sale of assets (See Instructions) STATEMENT 2	Recei	ipts	4	Gross rents					•	4		00
Source Gross amount received from sale of assets (See Instructions) STATEMENT 2	from		5	Gross royalties					•	5		
S Total pross sales or receipts from other sources. Add line 1 through line 7, Enter here and on Side 1, Part I, line 1 0 0 0 0 0 0 0 0 0	Other	.	6	Gross amount received from sale	e of asse	ets (See Instructions)		STA	ATEMENT 2 •	6		
8 74st gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 9 21, 4,28 0.00	Sourc	es	7	Other income				SEE STA	ATEMENT 3 •	7		
10			8							8		455,849 ₀₀
11 Compensation of officers, directors, and trustees SEE STATEMENT 4 11 0 00			9	Contributions, gifts, grants, and	similar a	mounts paid			•	9		21,428 00
11 Compensation of officers, directors, and trustees SEE STATEMENT 4 11 0 00			10	Disbursements to or for member	rs				•	10		00
12 Other salaries and wages 12 865, 327 00			11	Compensation of officers, director	ors, and	trustees		SEE STA	ATEMENT 4 •	11		<u> </u>
Expenses 31 Interest			12	Other salaries and wages					•	12		865,327 00
14 Taxes	Exper	nses								13		
Disburse 15 Rents	and		14							14		67,613 00
16 Depreciation and depletion (See instructions) 17 17 12,28,746 00 17 01 17 17,288,746 00 18 17 12,288,746 00 18 17 12,288,746 00 18 18 12,296,263 00 00 18 18 12,296,263 00 00 18 18 12,296,263 00 00 18 18 12,296,263 00 00 18 18 12,296,263 00 00 00 18 18 12,296,263 00 00 00 00 00 00 00	Disbu	rse-	15							15		50,804 oo
17 Other expenses and disbursements SEE STATEMENT 5 17 1,288,746 0.0	ments	s		Depreciation and depletion (See	instructi	ons)			•	16		2,345 00
18 72 72 72 73 74 73 77 73 73 74 73 74 75 74 75 74 75 75 75			17	Other expenses and disbursemen	nts			SEE STA	ATEMENT 5 •	17		1,288,746 00
Assets			18	Total expenses and disbursemen	nts. Add	line 9 through line 17	'. Enter	here and on Side 1, Pa	art I, line 9			
Cash	Sch	edul	e L	Balance Sheet		Beginning of	taxabl	e year	End	of tax	able	year
2 Net accounts receivable	Asset	S				(a)		(b)	(c)			(d)
3 Net notes receivable	1 0	Cash						74,377			•	77,619
Investments in other bonds	2 N	let acc	ounts	receivable				60,263			•	95,677
Investments in other bonds											•	
5 Federal and state government obligations 6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments STMT 6 1 a Depreciable assets 17,833 1,1891,684 17,833 17,833 1,17,833 1,17,833 1,1891,684 17,833 1,17,833 1,17,833 1,1891,684 1,18											•	
7 Investments in stock 9 Mortgage loans 9 9 Other investments STMT 6 1 1,891,684 1,740,807 10 a Depreciable assets 17,833 17,833 17,833 997 11 Land 9 97 12 Other assets STMT 7 78,794 9 39,321 13 Total assets 2,108,329 1,954,421 14 Accounts payable 49,806 55,718 15 Contributions, gifts, or grants payable 9 9 16 Bonds and notes payable 9 9 9 17 Mortgages payable 9 9 9 9 18 Other liabilities STMT 8 61,058 96,139 19 Capital stock or principal fund 9 9 9 19 Paid-in or capital surplus. Attach reconciliation 9 9 7 1,997,465 9 1,802,564 20 Total liabilities and net worth 2,108,329 1,954,421 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. Net income per books 9 70 10 10 10 10 10 10 10											•	
7 Investments in stock 9 Mortgage loans 9 9 Other investments STMT 6 1 1,891,684 1,740,807 10 a Depreciable assets 17,833 17,833 17,833 997 11 Land 9 97 12 Other assets STMT 7 78,794 9 39,321 13 Total assets 2,108,329 1,954,421 14 Accounts payable 49,806 55,718 15 Contributions, gifts, or grants payable 9 9 16 Bonds and notes payable 9 9 9 17 Mortgages payable 9 9 9 9 18 Other liabilities STMT 8 61,058 96,139 19 Capital stock or principal fund 9 9 9 19 Paid-in or capital surplus. Attach reconciliation 9 9 7 1,997,465 9 1,802,564 20 Total liabilities and net worth 2,108,329 1,954,421 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. Net income per books 9 70 10 10 10 10 10 10 10	6 li	nvestm	nents	in other bonds							•	
8 Mortgage loans											•	
9 Other investments STMT 6											•	
10 a Depreciable assets 17,833 17,833 997	9 ()ther ir	vestr	nents STMT 6				1,891,684			•	1,740,807
Land	10 a	Depr	eciab			17,833			17,8	33		
11 Land	b	Less	accu	mulated depreciation	(14,622		3,211	(16,83	6)		997
13 Total assets 2,108,329 1,954,421 Liabilities and net worth 4 Accounts payable 49,806 • 55,718 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 8 61,058 96,139 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 1,997,465 • 1,802,564 22 Total liabilities and net worth 2,108,329 1,954,421 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • -307,667 7 Income recorded on books this year not included in this return • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.											•	
13 Total assets 2,108,329 1,954,421 Liabilities and net worth 4 Accounts payable 49,806 • 55,718 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 8 61,058 96,139 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 1,997,465 • 1,802,564 22 Total liabilities and net worth 2,108,329 1,954,421 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • -307,667 7 Income recorded on books this year not included in this return • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.	12 0)ther a	ssets	STMT 7							•	
Liabilities and net worth 14 Accounts payable								2,108,329				1,954,421
15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Total liabilities and net worth 24 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year 6 Expenses recorded on books this year not deducted in this return 10 Net income per return. 10 Net income per return.												
15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Schedule M-1 24 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.	14 A	ccoun	ts pay	/able				49,806			•	55,718
17 Mortgages payable 18 Other liabilities STMT 8 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 22 Total liabilities and net worth 23 Reconciliation of income per books with income per return 25 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • O Total. Add line 7 and line 8 10 Net income per return.											•	
18 Other liabilities STMT 8 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Schedule M-1 24 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 4 Income not recorded on books this year not deducted in this return 5 Expenses recorded on books this year not deducted in this return 6 Total. Add line 7 and line 8 7 Income per return. 8 Deductions in this return not charged against book income this year 9 Total. Add line 7 and line 8 10 Net income per return.	16 B	onds a	and n	otes payable							•	
18 Other liabilities STMT 8 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Schedule M-1 24 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 4 Income not recorded on books this year not deducted in this return 5 Expenses recorded on books this year not deducted in this return 6 Total. Add line 7 and line 8 7 Income per return. 8 Deductions in this return not charged against book income this year 9 Total. Add line 7 and line 8 10 Net income per return.	17 N	/lortga	ges p	ayable[•	
19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Excess of capital losses over capital gains 4 Income not recorded on books this year of deducted in this return 1	18 C	ther li	abiliti	es STMT 8				61,058				96,139
20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return ONTI (Income per books against book income this year against book income this year against book income this year of the deducted in this return ONTI (Income per books against book income this year of the location of the per return.											•	
22 Total liabilities and net worth 2,108,329 1,954,421	20 P	aid-in o	r capit	al surplus. Attach reconciliation							•	
Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 4 ONT 667 9 Total. Add line 7 and line 8 10 Net income per return.	21 F	Retaine	d ear	nings or income fund[1,997,465			•	1,802,564
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books	22 T	otal li	abiliti	es and net worth				2,108,329				1,954,421
1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 3 O T of of T	Sch	edul	е М	-1 Reconciliation of income p	per book	s with income per re	turn					
2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • Income not recorded on books this year of the deducted in this return • Income not recorded on books this year of the deducted in this return • Income not included in this return not charged against book income this year • Income not recorded on books this year of the deducted in this return • Income not included in this return not charged against book income this year • Income not recorded on books this year of the deducted in this return not charged against book income this year • Income not recorded on books this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in this return not charged against book income this year of the deducted in th				Do not complete this sched	dule if th	e amount on Schedul	e L, lin	e 13, column (d), is les	s than \$50,000.			
3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return ■ 10 Net income per return.	1 N	let inco	ome p	oer books	🔽	-307	667	7 Income recorded	on books this year			
4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • against book income this year 9 Total. Add line 7 and line 8 10 Net income per return.	2 F	ederal	incor	ne tax	៤	•		not included in th	nis return		•	
5 Expenses recorded on books this year not deducted in this return 9 Total. Add line 7 and line 8 10 Net income per return.						•		8 Deductions in thi	s return not charged			
deducted in this return • 10 Net income per return.	4 li	ncome	not r	ecorded on books this year		•		against book inco	ome this year		•	
207.667	5 E	xpens	es rec	corded on books this year not				9 Total. Add line 7	and line 8			
	d	leducte	ed in t	his return					eturn.			
	<u>6</u> T	otal. A	dd lir	ne 1 through line 5		-307,	<u>667</u>	Subtract line 9 fr	om line 6			-307,667

8,224.

CA 199	Cash Contributions	e e	tatement 1
	Included on Part I, Line 3		
Contributor's Name	Contributor's Address	Date of Gift	Amount
CVS Health	One CVS Drive Woonsocket, RI 02895		1,050,000.
Michigan Health Endowment Fund	7927 Nemco Way, Suite 270 Brighton, MI 48116		252,550.
The Edna G. Kynett Foundation	150 N Radnor Chester Rd Radnor, PA 19087		25,000.
Superior Health Foundation	121 N. Front St. Marquette, MI 49855		10,000.
Katherine Bellin	46 East 91st Street, 12A New York, NY 10128		5,760.
Total included on line 3			1,343,310.
CA 199 G	ross Amount from Sale of Assets	s	tatement 2
Description	Date Date Sol		thod uired
		Puro	chased
	Cost or Other Basis Deprec.	Expense of Sale	Gross Sales Price
			

0.

0.

0.

Total to Form 199, Page 2, 1n 6

CA 199	Otl	her Income	Statement 3
Description			Amount
Miscellaneou Training Ser		-	1,000. 410,614.
Total to For	m 199, Part II, line 7	-	411,614.
			
CA 199	Compensation of Officers	s, Directors and Trustees	Statement 4
Name and Add	ress	Title and Average Hrs Worked/Wk	Compensation
Duncan Van D PO Box 28282 Austin, TX	•	Founder & CEO 40.00	0.
Peter Cribb, PO Box 28282 Austin, TX		Program Director/ Secretar 30.00	r 0.
Steve Kelder PO Box 28282 Austin, TX		Director 2.00	0.
Ernest Hawk, PO Box 28282 Austin, TX		Director 2.00	0.

CATCH Global Foundation		46-5369024
Stefani Dawkins PO Box 28282 Austin, TX 78754	Director 2.00	0.
Priscila Garza, MS PO Box 28282 Austin, TX 78754	Director 2.00	0.
Madeline Negron, PhD PO Box 28282 Austin, TX 78754	Director 2.00	0.
Shweta Patira, MS PO Box 28282 Austin, TX 78754	Director 2.00	0.
Bill Potts-Datema PO Box 28282 Austin, TX 78754	Director 2.00	0.
Kevin Ryan PO Box 28282 Austin, TX 78754	Director 2.00	0.
Nicholas Saccaro PO Box 28282 Austin, TX 78754	Director 2.00	0.
Allison Schnieders, Esq. PO Box 28282 Austin, TX 78754	Director 2.00	0.
Margo Wootan, DSc PO Box 28282 Austin, TX 78754	Director 2.00	0.
Total to Form 199, Part II, line 11		0.

CA 199	Other Ex	penses		Statement 5
Description				Amount
Curriculum and Training Business Fees & License Bank Fees Other employee benefits Legal fees Accounting fees Other professional fees Advertising and promotion Office expenses Information technology Travel Insurance Total to Form 199, Part II, line	1 7			1,043,735. 23,393. 4,349. 51,885. 2,113. 32,850. 33,209. 9,600. 44,516. 19,179. 21,544. 2,373.
iotai to roim 199, rait ii, iine	17			1,200,740.
CA 199 O	ther Inv	restments		Statement 6
Description			Beg. of Year	End of Year
Other publicly traded securities		-	1,891,684.	1,740,807.
Total to Form 199, Schedule L, li	ne 9	=	1,891,684.	1,740,807.
CA 199	Other A	ssets		Statement 7
Description			Beg. of Year	End of Year
Pledges and Grants Receivable Prepaid Expenses and Deferred Cha Other Assets	rges	-	47,489. 31,305. 0.	7,498. 30,027. 1,796.
Total to Form 199, Schedule L, li	ne 12	=	78,794.	39,321.
CA 199	ther Lia	bilities		Statement 8
Description			Beg. of Year	End of Year
Deferred Payroll Taxes Deferred Revenue		-	0. 61,058.	12,748. 83,391.
Total to Form 199, Schedule L, li	ne 18	-	61,058.	96,139.

CALIFORNIA FORM

FORM 199 FEIN 46-5369024 Attach to Form 100 or Form 100W. Corporation name California corporation number 8106950 CATCH GLOBAL FOUNDATION Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California 1 \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-(a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 **9** Tentative deduction. Enter the **smaller** of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (b) (a)
Description of property (c) (g) Depreciation (f) Life or (h) (e) Date acquired Cost or Depreciation allowed or Additional Depreciation (mm/dd/yyyy) other basis allowable in earlier years rate for this year 17,833. 14,622 SEE STATEMENT 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 2,345 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or
Depreciation (if no election is made), enter the amount from line 15, column (g) 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 0 Part IV Amortization (e) R&TC (b) (c) (d) (f) (g) Description of property Date acquired Cost or Amortization allowed or Period or Amortization Section (mm/dd/yyyy) allowable in earlier years for this year other basis percentage (see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 3885		Depre	Depreciation					
Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus	
1 Lapto								
_	08/01/14	920.	920.	\mathtt{SL}	3.00	0.		
2 Lapto		250	250	~-	2 00	•		
2 * + -	08/31/14	350.	350.	SL	3.00	0.		
3 Lapto	p 01/28/15	780.	780.	Сī	3.00	0.		
4 Offic	e Furniture	700.	700.	ъп	3.00	0.		
4 01110	02/01/15	5,247.	5,158.	SL	5.00	87.		
5 Lapto	p & MS Office	• / = = / ·	0,200	-				
	10/16/15	660.	660.	SL	3.00	0.		
6 Stata	/IC perpetual 1							
	03/13/16	1,195.	908.	\mathtt{SL}	5.00	239.		
8 Furni		4 = 0.0	4 0 6 4					
0 -	07/09/16	1,528.	1,064.	SL	5.00	306.		
9 Lapto	p & MS Office 01/01/17	308.	308.	CT	1.42	0.		
10 Applo	Computer (Broo		300.	рп	1.42	0.		
IO APPIE	03/01/17	2,048.	1,935.	SL	3.00	114.		
11 Lapto	• •	2,010.	1,555.		3.00			
	02/11/18	1,300.	830.	SL	3.00	433.		
12 Apple	MacBook	•						
	03/08/18	2,067.	1,263.	SL	3.00	689.		
13 Lapto						0=0		
14 -	08/20/18	750.	333.	SL	3.00	250.		
14 Lapto	p 07/15/19	680.	113.	SL	3.00	227.		
Total to Fo	rm 3885	17,833.	14,622.			2,345.		