

# Tax Return

CATCH, Inc. Year Ended December 31, 2021



Form **8868** (Rev. January 2022) Application for Automatic Extension of Time To File an **Exempt Organization Return** 

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

OMB No. 1545-0047

forms li Contra	unic filing (e-file). You can electronically file Form 8868 to sted below with the exception of Form 8870, Information Fots, for which an extension request must be sent to the IR this form, visit www.irs.gov/e-file-providers/e-file-for-charically.	Return for S in paper	Transfers Associated With Certain Format (see instructions). For more	Personal E	Benefit					
Autor	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
	orations required to file an income tax return other than Fose Form 7004 to request an extension of time to file incom		· • • • • • • • • • • • • • • • • • • •	ps, REMIC	s, and trusts					
Type o	Name of exempt organization or other filer, see instru	ictions.		Taxpayer identification number (TIN						
print	CATCH, INC. 27-34834									
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, see instructions.  9 your  5 0 3 S AMERICANA BLVD									
instructio		oreign add	lress, see instructions.							
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application			Application			Return				
Is For		Code	Is For			Code				
	90 or Form 990-EZ	01	Form 1041-A							
	720 (individual)	03	Form 4720 (other than individual)			10				
Form 9		04 05	Form 5227 Form 6069							
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	06	Form 8870							
	90-T (corporation)	07								
	books are in the care of STEPHANIE DAY  503 S AMERICANA	A BLV	D - BOISE, ID 8370	2						
• If the	phone No.   208-246-8830  e organization does not have an office or place of business is for a Group Return, enter the organization's four digit  1. If it is for part of the group, check this box	Group Exe		If this is fo	r the whole group,					
ti	request an automatic 6-month extension of time until	anization's		e the exen	npt organization ret	urn for				
2 If	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	check reas	on: Initial return	Final retur	n					
	this application is for Forms 990-PF, 990-T, 4720, or 6069 $$	, enter the	e tentative tax, less			^				
_	ny nonrefundable credits. See instructions.			3a	\$	0.				
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0				
_	stimated tax payments made. Include any prior year overp			3b	\$	0.				
	lalance due. Subtract line 3b from line 3a. Include your pa	-		ا م	<b>.</b>	0.				
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	Dris.	3c	\$	0.				

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

#### EXTENDED TO NOVEMBER 15, 2022

Form **991** 

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

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

ΑI	or the	2021 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		27-34834	57
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 503 S AMERICANA BLVD	Room/suite	E Telephone number (208)246	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,162,309.
Г	Amend			H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
$\overline{\Gamma}$	Гах-ехе	mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
		HTTP://WWW.CATCHIDAHO.ORG		H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2010 N	State of legal domicile: ID
Pá		Summary			
•	1 [	Briefly describe the organization's mission or most significant activities: ${ t CATCL}$	H, INC	(THE ORGAN	IZATION) IS
Governance		ORGANIZED AND OPERATED AS A NON-PROFIT CO	ORPORA	TION IN THE	STATE OF
ern;	2 (	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ŏ	1	Number of voting members of the governing body (Part VI, line 1a)		3	10
∞ ⊙		Number of independent voting members of the governing body (Part VI, line 1b) $_{\cdot }$			10
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a) $$			30
Ĭξ		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		2,258,422.	3,013,227.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,426.	146,712.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,259,848.	3,159,939.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		886,588.	1,065,804.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		000,300.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		848,125.	1,244,408.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		5.	2,033.
Expenses	1	Fotal fundraising expenses (Part IX, column (D), line 25)   6, 39	92.		2,0331
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		201,816.	257,161.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,936,534.	2,569,406.
		Revenue less expenses. Subtract line 18 from line 12		323,314.	590,533.
or	1.0		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,193,317.	1,695,336.
ASS	21	Total liabilities (Part X, line 26)		481,553.	393,039.
Fret	22 1	Net assets or fund balances. Subtract line 21 from line 20		711,764.	1,302,297.
	art II	Signature Block			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
			A-B-A		
Sig	n	Signature of officer	λ\	D) /// \V/	$\subseteq   D \rangle$
Her	·e	STEPHANIE DAY, EXECUTIVE DIRECTOR	<u> </u>		<u> </u>
		Type or print name and title		lots — — —	LI DTIN
		Print/Type preparer's name Preparer's signature			PTIN
Pai		MATTHEW GOODFELLOW MATTHEW GOODFELI	TOM TO	8 (3) Self-em loye	
		Firm's name HARRIS & CO., PLLC		Hm's EIN	26-4022510
use	Only	Firm's address 1120 S. RACKHAM WAY, SUITE 100		Disc. / 2	U0/ 333 OUEE
	=	MERIDIAN, ID 83642		Phone no. (2	
Ma	/ the IP	S discuss this return with the preparer shown above? See instructions			X Yes No

	• • • • • • • • • • • • • • • • • • • •	27-3483457	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CATCH, INC (THE ORGANIZATION) IS ORGANIZED AND OPERATED		
	NON-PROFIT CORPORATION IN THE STATE OF IDAHO AND WAS CRE		. 0
	TO REALIZE THE VISION OF ENDING HOMELESSNESS BY INSPIRIN		
	HOUSING, FINANCIAL INDEPENDENCE, AND RESILIENCE. THE ORG	ANIZATION	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,941,299. including grants of \$1,056,304. ) (Revenue	·	
	RAPID REHOUSING - WE BELIEVE IN THE FAMILIES THAT WE WOR	K WITH AND	WALK
	BESIDE THEM ON THEIR JOURNEY TO A NEW HOME. WE RECOGNIZE	THAT THE	
	FAMILIES THAT WE SERVE HAVE FREQUENTLY EXPERIENCED TRAUM	A IN THEIR	
	JOURNEY. WE CO-CREATE A NEW STORY WITH EACH FAMILY BASED	ON THEIR	
	STRENGTHS THAT HAVE SERVED THEM TO THIS POINT. WE OFFER	HOUSING	
	PLACEMENT AND RENTAL ASSISTANCE, CASE MANAGEMENT, FINANC	IAL	
	INDEPENDENCE EDUCATION AND CATCH MATCH THROUGH OUR RAPID	REHOUSING	
	PROGRAMS IN ADA AND CANYON COUNTIES.		
4b	(Code: ) (Expenses \$ 289,536 • including grants of \$ 9,500 • ) (Revenue	\$	
	OUR PATH HOME CONNECT - WHAT IF OUR COMMUNITY CAME TOGET	HER TO END	
	HOMELESSNESS? INSTEAD OF ASKING PEOPLE TO NAVIGATE AN UN	COORDINATED	)
	SYSTEM OF DOZENS OF NONPROFIT AND GOVERNMENT AGENCIES, W	HAT IF WE	
	DESIGNED A SINGLE, STREAMLINED ACCESS POINT FOR ALL FAMI	LIES	
	EXPERIENCING A HOUSING CRISIS? OUR PATH HOME CONNECT IS	AN "AIRPORT	
	HUB" FOR ENDING HOMELESSNESS, TRIAGING SITUATIONS AND NA	VIGATING PE	OPLE
	TO RESOURCES THAT LEAD TO SAFE, STABLE AND HEALTHY HOUSI		
	STARTS WITH OUR PATH HOME CONNECT. THE OUR PATH HOME PRO	GRAM IS	
	OPERATED IN ADA COUNTY ONLY.		
4c	(Code:) (Expenses \$	\$	

4d Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$ 2,230,835.

) (Revenue \$

# Form 990 (2021) CATCH, INC. Part IV Checklist of Required Schedules

	·			T
	Letter consider the discontinuous FOA(s)(0) or 40.47(s)(4) (etter the section of the foundation)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "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			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			٦,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ · <i>·</i> ·		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
			~~~	

# Form 990 (2021) CATCH, INC. Part 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	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			37
	Schedule K. If "No," go to line 25a	24a		Х
	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		X
00	Schedule L, Part I	25b		
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%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			
	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 the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a C			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

### O21) CATCH, INC. 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,		2.0			
	filed for the calendar year ending with or within the year covered by this return	2a	30		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Х	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		Х
				3a 3b		- 22
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other in the second se			SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
h	If "Yes," enter the name of the foreign country	accour	10:	<del></del> a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	cconn	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ sense$	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior deposit and policy of the deposit of the depos			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0		
а	Did the agree of a constitution and a great scale distribution and a continue 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 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 X 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 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 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? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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 No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ID Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE DAY - 208-246-8830 503 S AMERICANA BLVD, BOISE, ID 83702

Form 990 (2021) CATCH, INC. 27-3483457 Page 7

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)			
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable compensation	Estimated			
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation		amount of			
	week	_	CCI all	lu a u	III ecto	ii us	100)	from	from related	other			
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	3e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	truste	al tru		yee	ımpeı		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related			
	below	/id ual	Institutional trustee	je.	Key employee	Highest compensated employee	Je.			organizations			
	line)	Indi	Insti	Officer	Key	High emp	Former						
(1) STEPHANIE DAY	40.00								_	_			
EXECUTIVE DIR.	0.00			Х				65,047.	0.	0.			
(2) ANDREW KUKLA	10.00												
CHAIRMAN OF BOARD	0.00	Х		Х				0.	0.	0.			
(3) EDWARD MOORE	3.00												
SECRETARY	0.00	Х		Х				0.	0.	0.			
(4) ZACH BETHEL	3.00												
TREASURER	0.00	Х		Х				0.	0.	0.			
(5) ARGIA BERISTAIN	1.00												
DIRECTOR	0.00	Х						0.	0.	0.			
(6) JENNIFER HENSLEY	1.00												
DIRECTOR	0.00	Х						0.	0.	0.			
(7) SHANLEY SKILLERN	1.00												
DIRECTOR	0.00	Х						0.	0.	0.			
(8) SANDI FLOYD	1.00												
DIRECTOR	0.00	Х						0.	0.	0.			
(9) KENDRA FISCELLI	1.00												
DIRECTOR	0.00	Х						0.	0.	0.			
(10) DEREK BANNING	1.00												
DIRECTOR	0.00	Х						0.	0.	0.			
										- 000			

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director objector objector	not c	Pos heck ss pe	ition more erson lirecto		one h an itee)	( <b>D</b> )  Reportable  compensation  from  the	(E)  Reportable compensation from related organization (W-2/1099-MI-1099-NEC)	on d ns SC/	com fi org an	(F) stimate nount other npensa rom the nanizat d relat anizati	of ition e ion ed
С	Subtotal  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization	I, Section A						<b>&gt;</b>	65,047. 0. 65,047. ecceived more than \$100	0,000 of reportab	0. 0. 0. ole		Yes	0 . 0 . 0 .
3 4 5	Did the organization list any <b>former</b> officer, 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 Did any person listed on line 1a receive or a	uch individual im of reportab 0,000? If "Yes, accrue comper	le co " <i>co</i>	ompe mple	ensa ete S rom	atior Sche	n and edule	d ot e <i>J t</i> elat	her compensation from for such individual	the organization		3	Tes	X
Sec 1	rendered to the organization? If "Yes," com tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t			npens	ation	from	X
	the organization. Report compensation for (A)  Name and business			endi DNI		vith_	or w	rithir	n the organization's tax (B)  Description of s		C		C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organization from the organizatio		ot lii	mite	d to	tho (	se lis	stec	d above) who received n	nore than				

Form 990 (2021) CATCH, CATCH, Statement of Revenue

		Check if Schedule O	contains	s a response	or note to any lir	ne in this Part VIII			
					•	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts s	1 a	Federated campaigns		1a					
un i				·					
٩٤		Fundraising events		··	73,218.				
ırts Ir A				··	7372200				
ia G		Related organizations		1	899,577.				
Sir		Government grants (contr		· <del></del>	000,011.				
Contributions, Gifts, Grants and Other Similar Amounts	т	All other contributions, gifts,			040 433				
		similar amounts not included	•		040,432. 63,042.				
o D	-	Noncash contributions included in				2 012 227			
<u>a</u> C	h	Total. Add lines 1a-1f				3,013,227.			
					Business Code				
e Ce	2 a								
e Z	b								
en S	С								
ev lev	d	l							
Program Service Revenue	е								
₫	f	All other program service	revenue	•					
	g	Total. Add lines 2a-2f							
	3	Investment income (include							
		other similar amounts)	Ū		•				
	4	Income from investment of							
	5	Royalties			•				
	_			(i) Real	(ii) Personal				
	6 a	Gross rents	6a	.,	.,				
		Less: rental expenses	6b						
	0	Rental income or (loss)	6c						
	٦	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	) Securities	(ii) Other				
	<i>i</i> a		<del>  `</del>	) Occurred	(ii) Other				
		assets other than inventory	7a						
a	b	Less: cost or other basis	l l						
ř		and sales expenses	7b						
Other Revenue		Gain or (loss)							
<u>ہ</u> ھ		Net gain or (loss)			<u> </u>				
the	8 a	Gross income from fundraising							
0		including \$73							
		contributions reported on			25 566				
		Part IV, line 18							
	b	Less: direct expenses		8b	2,370.	22.22			22 226
	С	Net income or (loss) from	fundrais	sing events	<u></u>	33,396.			33,396.
	9 a	Gross income from gamin							
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming	activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, I	ess retu	urns					
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from			<b>&gt;</b>				
<u>"</u>		, ,			Business Code				
ğ "l	11 a	OTHER REVENUE	! !		624200	113,316.	113,316.		
Miscellaneous Revenue	b					· ·	,		
	c								
<u> </u>		All other revenue							
≥		Total. Add lines 11a-11d			<u> </u>	113,316.			
		Total revenue. See instruction			<b>•</b>	3,159,939.	113,316.	0.	33,396.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	so or note to any line in	thic Dart IV	, ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 065 004	1 065 004		
	individuals. See Part IV, line 22	1,065,804.	1,065,804.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,047.	54,928.	10,119.	
6	Compensation not included above to disqualified	, ,	, ,	., -	
•	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	949,518.	801,806.	147,712.	
7	Other salaries and wages	949,J10•	001,000.	141,114.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	105 000	01 000	22 020	
9	Other employee benefits	125,809.	91,970.	33,839.	
10	Payroll taxes	104,034.	88,040.	15,994.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	30,300.		30,300.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	2,033.			2,033.
f	Investment management fees				<u> </u>
a q					
9	column (A), amount, list line 11g expenses on Sch O.)	59,168.		59,168.	
40	· · · · · · · · · · · · · · · · · · ·	3371001		3372001	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	25 062	25 062		
16	Occupancy	25,062.	25,062.	0 001	
17	Travel	8,552.	471.	8,081.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,855.		11,855.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,980.	21,094.	3,886.	
23	Insurance	9,726.		9,726.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	49,888.	49,531.	357.	
b	SUPPLIES	37,161.	32,129.	1,142.	3,890.
c	EVENTS	469.	- ,	, 3	469.
d					
	All other expenses				
e oe		2,569,406.	2,230,835.	332,179.	6,392.
25	Total functional expenses. Add lines 1 through 24e	2,309,400.	4,230,033.	334,119.	0,334.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000
13201	0 12-09-21				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Га	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			563,068.	1	787,845.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			164,181.	3	297,547.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describe		6			
S	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use			44,496.	8	107,538.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	710,055.			
	b	Less: accumulated depreciation		207,649.	421,572.	10c	502,406.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			1,193,317.	16	1,695,336.
	17	Accounts payable and accrued expenses			34,656.	17	67,483.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
S	22	Loans and other payables to any current or for	mer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial co	entributor, or 35%			
iabi		controlled entity or family member of any of the	ese persor	าร		22	
Ξ	23	Secured mortgages and notes payable to unre	lated third	l parties	446,897.	23	325,556.
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			481,553.	26	393,039.
		Organizations that follow FASB ASC 958, ch	eck here	► X			
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			576,222.	27	1,132,543.
Ba	28	Net assets with donor restrictions			135,542.	28	169,754.
ů		Organizations that do not follow FASB ASC	958, chec	k here 🕨 🗌			
ř		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fund			29		
se	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			31		
Ne	32	Total net assets or fund balances			711,764.	32	1,302,297.
	33	Total liabilities and net assets/fund balances			1,193,317.	33	1,695,336.

Form **990** (2021)

Form 990 (2021) CATCH, INC. 27-3483457 Page 12

Pa	rt 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	3,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,56	9,4	06.
3	Revenue less expenses. Subtract line 2 from line 1	3		0,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71	1,7	64.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,30	2,2	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CATCH. INC. 27-3483457 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1065206.	1030030.	1215671.	2257344.	3159939.	8728190.
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	1065006	1020020	1015671	2257244	2150020	0700100
4	Total. Add lines 1 through 3	1065206.	1030030.	1215671.	2257344.	3159939.	8728190.
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)						8728190.
	Public support. Subtract line 5 from line 4.						0/20190.
	ndar year (or fiscal year beginning in)	(=) 0017	(h) 0010	/=\ 0010	(4) 0000	(-) 0001	(f) Tatal
		(a) 2017 1065206.	(b) 2018 1030030.	(c) 2019 1215671.	(d) 2020 2257344.	(e) 2021 3159939.	(f) Total 8728190.
_	Amounts from line 4  Gross income from interest,	1005200.	1030030.	1213071.	223/344.	3133333.	0720170.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						8728190.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)	
	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (	line 6, column (f), c	livided by line 11,	column (f))		14	100.00 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.99 %
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	-		*	-		
b	10% -facts-and-circumstances tes	ū				•	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ		-	•			
18	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16	a. 16b. 17a. or 17l	o, check this box a	nd see instruction	s 🕨 📖

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assuited offer lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				<b>P</b>
						Laci	0.4
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Эa		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
401		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI</b> .	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		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> , 11 0 0		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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
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		
h	·	Za		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	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		

	dule A (Form 990) 2021 CITI CIT , TIVE .			17 3 4 0 3 4 3 7 Fage <b>0</b>
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			
			•	hadula A (Fausa 000) 0004

Schedule A (Form 990) 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

0004

Employer identification number

2021

OMB No. 1545-0047

CATCH, INC. 27-3483457 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 501(c)(3) exempt private foundation Form 990-PF 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 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), 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), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CATCH, INC.

27-3483457

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF TREASURE VALLEY  3100 S VISTA  BOISE, ID 83705	\$ 105,275.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF BOISE  P.O. BOX 500  BOISE, ID 83701	\$567,146.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4  SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION-DE  PO BOX 83720  BOISE, ID 83720	\$ 194,999.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  1220 SW 3RD AVE STE 400  PORTLAND, OR 97204	\$ 1,205,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MIKE BROWN GROUP  1047 S WELLS ST  MERIDIAN, ID 83642	\$ 105,000.	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
140.	Name, audi 655, and 21F T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CATCH, INC.

27-3483457

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

**Employer identification number** 

Name of organization

CATCH, 27-3483457 INC. 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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, INC.

Employer identification number 27-3483457

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		•
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d				
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easeme	nts during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		<b>.</b>	<b>¢</b>

Par	rt III   Organizations Maintaining C	ollections of Al	t, mistoricai ii	reasures, c	or Other	Similar	Assets(c	continued)	<u> </u>
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following tha	at make sig	nificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how they further	the organizati	ion's exem	pt purpose	in Part XII	l.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's c	ollection?			Y	es 🗌	□ No
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered	"Yes" on F	orm 990, P	art IV, line	9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other as	ssets not ir	ncluded		_	_
	on Form 990, Part X?						L Y	es L	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	sustodial acco	ount liability	y?	L Y	es _	_ No
	If "Yes," explain the arrangement in Part XIII							L	
Par	rt V Endowment Funds. Complete							_	
		(a) Current year	(b) Prior year	(c) Two yea	rs dack (c	I) Three years	B Dack (e)	Four year	s back
	Beginning of year balance								
	Contributions								
	3,3,								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:					
_	Board designated or quasi-endowment		_%						
b		%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
за	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administe	erea for the	e organizatio	on	Voc	No
	by:						[		110
	(i) Unrelated organizations							a(i)	+
	(ii) Related organizations							a(ii)	+
	If "Yes" on line 3a(ii), are the related organiza			·			L	3b	
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		wment tunds.						
ı uı	Complete if the organization answere		) Part IV line 11a	See Form 99(	) Part X li	ne 10			
		1	1	1			(4)	Pook vol	
	Description of property	(a) Cost or o		t or other (other)		cumulated eciation	(a)	Book valu	ue
10	Land	<del>'</del>	,	8,300.	чері	- Julion		58,3	300.
	Land			77,166.	1	30,152		337,0	
	Buildings			, _ 00 •		,	1	337,0	
			18	34,589.	-	77,497	_	107,0	192.
	Equipment Other			,		,	-		
	Other		X column (R) line	10c.)				502,4	106.
. – tu	in a manager to legitim (a) mast c	ooo, r art	, 50.a (D), iiii0					, -	

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives		. ,	•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	an Farma 000 Dart IV line	11a Cas Farres 000 Part V line 10	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 15 )		
Part X Other Liabilities.	e 10.)	·····	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
organization's liability for uncertain tax positions unde		_	· —

Pa	rt XI Reconciliation of Revenue per Audited Financial St	tatements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,159,939.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	0.
3	Subtract line 2e from line 1		3	3,159,939.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	3,159,939.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Exper	ises per Retui	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	2,569,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С				
d				
е			2e	0.
3	Subtract line 2e from line 1		3	2,569,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>	·	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			2,569,406.
Pa	rt XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			.,, 2, 1 21 7 1,

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CATCH, INC. 27-3483457 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 CATCH, INC. 27-3483457 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CATCH THE NONE (add col. (a) through FLAVOR col. (c)) (event type) (event type) (total number) Revenue 108,984. 108,984. 1 Gross receipts 73,218 73,218. 2 Less: Contributions 35,766. 35,766. 3 Gross income (line 1 minus line 2) ....... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,370 2,370. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

**b** If "No," explain:

**b** If "Yes," explain:

Sch	edule G (Form 990) 2021	CATCH,	INC.		27-3	483	457	Page 3
				nbers?		_	/es	No
	Is the organization a grantor, ben-	eficiary or trust	ee of a trust,	or a member of a partnership or other entity for	rmed			N
12	Indicate the percentage of gamin					<u> </u>	<b>/</b> es	∟ No
						13a		%
						13b		<del></del>
				organization's gaming/special events books an				
	Name ►							
	Address							
15	Does the organization have a con	tract with a thir	d party from	whom the organization receives gaming revenu	ue?	<b>``</b>	<b>f</b> es	☐ No
ı				organization ▶\$ and t	he amount			
	of gaming revenue retained by the							
(	If "Yes," enter name and address	of the third par	rty:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	<b>&gt;</b> \$						
	Description of services provided	<b>-</b>						
	Director/officer	Employee	e	Independent contractor				
17	Mandatory distributions:							
•		r state law to m	ake charitabl	e distributions from the gaming proceeds to		П,		<b>п.</b> .
						. Ш '	<b>/es</b>	└── No
'	organization's own exempt activit	•		be distributed to other exempt organizations or	r spent in the			
Pa				nations required by Part I, line 2b, columns (iii)	and (v); and Pa	t III, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide an	y additional information. See instructions.				

Schedule (	G (Form 990)	CATCH, INC.		27-348345	57 Page 4
Part IV	G (Form 990)  Supplemental Info	rmation (continued)			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CATCH, IN	Employer identification number 27-3483457									
Part I General Information on Grants a							2, 310313,			
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance			
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							<b>&gt;</b>			

Schedule I (Form 990) 2021 CATCH, INC.					27-3483457	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
RENTAL AND DEPOSIT COSTS	0	1,056,304.	. 0.			
1:1 MATCH OF SAVINGS UP TO \$500	16	0.	9,500.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
PART IV - ADDITIONAL SUPPLEMENTAL	INFORMAT	ION				
PART I, LINE 2: CATCH IS COMMITTE	D TO RE-	HOUSING AN	D SERVING	FAMILIES		
WITH CHILDREN EXPERIENCING HOMELES	SNESS. A	FAMILY QU	JALIFIES FO	R SERVICE		
IF THEY ARE ACCOMPANIED BY A MINOR	UNDER A	GE 18, ARE	EXPERIENC	ING		
HOMELESSNESS, AND WHOSE INCOME IS	CONSIDER	ED LOW-INC	COME BASED	ON THE		
FEDERAL GUIDELINES. IN ADDITION TO	THE ORG	ANIZATION'	S ACCOUNTI	NG		
RECORDS, CATCH MAINTAINS CLIENT RE	CORDS WI	TH CONSIDE	RATION TO	RECORD		
RETENTION AND CONFIDENTIALITY LAWS	AND BES	T PRACTICE	S. PART I	II,		
COLUMN B: CATCH TRACKS ALL FAMILIE	S IT SER	VES THROUG	H A CONTRA	.CT		

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Types of Property

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number Name of the organization 27-3483457 CATCH, INC.

		(a) Check if	<b>(b)</b> Number of	<b>(c)</b> Noncash contribution	(d) Method of de	termin	ing	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion ar	nount	S
1	Art - Works of art		items contributed	Tolli 990, Falt vill, lille 19				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		63,042.				
6	Cars and other vehicles			,				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other • ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	ement <b>29</b>				
					ſ		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							_X_
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

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 Form 990-EZ ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** 

OMB No. 1545-0047

Inspection

**Employer identification number** 27-3483457

Name of the organization

CATCH, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IDAHO AND WAS CREATED IN 2010 TO REALIZE THE VISION OF ENDING HOMELESSNESS BY INSPIRING STABLE HOUSING, FINANCIAL INDEPENDENCE, AND RESILIENCE. THE ORGANIZATION COLLABORATES WITH COMMUNITY PARTNERS AND INTENTIONAL METHODS LIKE HOUSING FIRST, BECAUSE EVERY USES PROVEN. FAMILY AND EVERY PERSON DESERVES A HOME. THE ORGANIZATION SERVES BOTH ADA AND CANYON COUNTIES IN IDAHO. THE ORGANIZATIONS IS FUNDED BY FEDERAL AND STATE GRANTS AND CONTRACTS, DONATIONS AND GRANTS FROM BUSINESSES, FOUNDATIONS, AND NON-PROFITS, AS WE AS INDIVIDUAL DONATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COLLABORATES WITH COMMUNITY PARTNERS AND USES PROVEN, INTENTIONAL METHODS LIKE HOUSING FIRST, BECAUSE EVERY FAMILY AND EVERY PERSON DESERVES A HOME. THE ORGANIZATION SERVES BOTH ADA AND CANYON COUNTIES IN IDAHO. THE ORGANIZATIONS IS FUNDED BY FEDERAL AND STATE GRANTS AND CONTRACTS, DONATIONS AND GRANTS FROM BUSINESSES, FOUNDATIONS, AND NON-PROFITS, AS WE AS INDIVIDUAL DONATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

CATCH DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

CATCH'S EXECUTIVE DIRECTOR, BOARD PRESIDENT, AND BOARD TREASURER REVIEW A DRAFT COPY OF THE FORM 990 PRIOR TO FILING.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** CATCH, INC. 27-3483457 FORM 990, PART VI, SECTION B, LINE 12C: CATCH'S CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED THROUGH THE USE OF ANNUAL CERTIFICATION QUESTIONAIRES. THE CONFLICT OF INTEREST POLICY COVERS THE OFFICERS AND DIRECTORS OF THE ORGANIZATION, AND IS REVIEWED BY THE GOVERNING BODY ON AN ANNUAL BASIS. WHEN NECESSARY, ACTUAL CONFLICTS ARE DIRECTOR AND THE OFFICERS OF THE BOARD OF REVIEWED BY THE EXECUTIVE. DIRECTORS. RESTRICTIONS ARE IMPOSED ON THE INDIVIDUAL WITH THE CONFLICT BASED ON THE NATURE OF THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED THROUGH A MARKET STUDY AND ARMS-LENGTH NEGOTIATION. IT IS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS. COMPENSATION WAS LAST REVIEWED IN JANUARY 2022. FORM 990, PART VI, SECTION C, LINE 19: CATCH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL TAX RETURN ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: NO CHANGE FROM THE PRIOR YEAR.