### TRANSITION HOUSE, INC.

### BOARD OF DIRECTOR'S INFORMATION OCTOBER 19, 2023

### TH Drop-In Center – 700 Asp, Ste. 4, Norman, OK

Vision Statement: A community committed to connection, recovery, wellness, and joy.

Mission Statement: Changing lives by creating pathways for mental wellness.

Impact Statement: Improving our community by providing tools for sustaining mental wellness with skills development, supportive care, and advocacy.

Culture Statement: We Listen. We Respect. We Support. We Empower.

<u>Value Statement</u>: We believe in inspiring hope for recovery and wellness through healthy connections.

Our Commitment to Recovery: Belief in recovery, mutual trust & respect, connection, integrity, fun and gratitude.

TH Elevator Speech: "Transition House is an organization in the Norman community, helping people come to manage their serious mental illness. They do this by providing support, listening to needs, building respect and empowering wellness to positively restore healthy connections in their lives and community. I got involved with this organization because..."

### **BOARD MEETING AGENDA**

- 1. Call the meeting to order
- 2. Welcome and Introductions
- 3. Consideration of the Agenda
- 4. Consideration of last meeting's Minutes
- 5. Presentation of the TH Audit David Gandall, CPA, DWG, Inc. (via Zoom)
- 6. Client Report Noel
- 7. President's Report Sara
  - a. TH Retreat
- 8. Treasurer's Report Rebecca
- 9. Governance
  - a. Develop a Board Recruitment plan
  - b. Review of Board Matrix

#### 10. Business

- a. Consideration of the Audit Report
- b. Consideration of the Treasurer's Report
- c. Transition House & JBJ t-shirts
  - i. Consideration to cover costs of hoodies/long sleeve shirts with TH branding for staff
- ii. Further consideration related to JBJ shirt/logo design
- d. Decision regarding FY'24 Donor Drive

#### 11. Fund Raising

- a. JBJ'24 Saturday, June 1, 2024, at The Well
- 12. **Board Activity Report** (Board members report on their work related to Transition House fund raising, connections, etc. and their goals for the next month)
- 13. Staff Report
- 14. Executive Director's Report Bonnie
- 15. As May Arise
- 16. Adjourn Board meeting

Excused: Marilyn; Preston; Kristen



<u>Included:</u> Director's Report, Minutes from previous Board meeting; Monthly & Financial Reports, TH FY'23 Audit & Tax Returns

Note: Board meeting documents are available at <a href="https://www.thouse.org/th-board-information;">https://www.thouse.org/th-board-information;</a> Included are links to: Board forms

### TH Board Meetings for 2023

- Thursday, January 19, 2023, 5:30pm
- Thursday, February 16, 2023, 5:30pm
- Thursday, March 16, 2023, 5:30pm
- Thursday, April 20, 2023, 5:30pm
- Thursday, May 18, 2023, 5:30pm
- Thursday, June 15, 2023, 5:30pm Annual Meeting
- Thursday, July 20, 2023, 5:30pm
- No August Meeting
- Thursday, September 21, 2023, 5:30pm
- Thursday, October 19, 2023, 5:30pm
- Thursday, November 16, 2023, 5:30pm
- No December Meeting TH Holiday Party/Open House Thursday, December 21, 2023, 3-5pm

### DIRECTOR'S REPORT FOR THE OCTOBER 19, 2023

#### **ADMINISTRATIVE REPORT:**

- 1. Staff:
- I am very grateful for our Team's willingness to work together when other staff have been on vacation/out for medical procedure. We are very fortunate to have the staff we currently have!
- Kaylee had her surgery and is doing well. She's been doing remote work over the past couple of weeks and will return to the office October 16.
- Board:
- Elizabeth McKown has expressed a desire to join our Board. She is traveling, so won't be at this Board meeting but plans on attending our Retreat. We still have some other potential prospects pending. If you have someone interested, please have them attend a Board meeting so they can get an idea of how our Board works and so our Board has the opportunity to get to know prospective Board members.
- If you have not signed and returned the Board forms please do so. Thank You!
  - Board Service Agreement; Annual Conflict Disclosure Questionnaire; Policy Confirmation Statement; Confidentiality Statement; Volunteer Liability
    Waiver
- 3. Cleveland County Mental Health Task Force: Meeting on 10/13/23. There are presenters scheduled from the Oklahoma Medical Marijuana Authority.
- 4. TH Policy Work: Amanda and Alex are continuing to work together on Clinical Policies and Procedures. They are doing a great job and I believe the final product will be excellent. As they complete documents, TH will be using them on a trial basis. Once the entire set of documents are complete, they will be submitted to the Board for review and approval.
- 5. <u>Donor Tracking Tool Bloomerang:</u> There is still work to be done to clean up the database. Ilene has set a goal to try and dedicate 3 hours/week on this so hopefully we can get this working as intended/hoped.
- 6. Beyond Recovery: This has evolved into something different from our original vision. We remain committed to helping people live their best lives 'beyond recovery', while learning we need time to observe those who have achieved this goal and attempt to find ways to encourage others to set this goal for themselves without forcing it. There are definitely clients living beyond recovery and it's wonderful to see. Just this week, someone who went through our program several years ago did well, then struggled, received more treatment, and is now doing well, just got engaged! She's living out of state now, but from the pictures we saw on social media, she looks great and seems very joyful. Another client who went through the TLP several years ago, has been working to become reinstated to the Bar. It's been a long journey and we're hopeful and happy for her. These are just 2 examples of life beyond recovery.
- 7. <u>UW Site Visit:</u> On October 18, we'll have our UWN site visit. Special Thanks to members of the Executive Committee for attending this visit.
- 8. TH Shirts: I met with Jessica from Underground Printing about the TH t-shirts and JBJ t-shirts. She has agreed to give us the same discount as she did with JBJ'23!
- TH shirts: We've made a few minor modifications and Jessica will be providing a mock-up for this shirt soon. We'll likely go with the Bella Canvas shirts though I'm going to review everything once I get the prices and mockups from her. We also have the option to get other items made with this design and if we do it when the big batch of t-shirts are done, the cost for those items will be less. The original plan was for staff to purchase extra items like hoodies & long sleeve shirts with TH branding, though we may consider TH covering those costs.
- JBJ shirts: I set up a Google doc survey to try and get broader feedback. Thus far, the majority of people like the design. I talked with Jessica about font options and set up for the shirts. She said we have the option to print on some different color shirts and as long as the ink color is the same it would not impact price. She really likes the message on the shirt and agrees it should remain on the front. This statement Your Story has Power is a strong affirmation statement that we want people, especially those needing this message, to be able to look in the mirror and be reminded of their worthiness and value. She's putting together some mockups, so we'll have some choices. I do want to get these ordered hopefully within a month or so.

### **FINANCE REPORT:**

- 1. Financial status/Bank Balance: Preliminary Bank Balance for end of September 2023 = \$155,143.29
- 2. <u>Audit for FY'23</u>: TH's Audit and tax returns for FY'23 are completed. David Gandall, CPA, from DWG, Inc. is presenting the audit at this Board meeting via 700m.
- United Way: UWN campaign has begun! Reminder, blackout period for UWN funded agencies is September 15 November 15.

### **FUND RAISING:**

- 1. Donor Drive for FY'24: Does the Board want to do a Donor Drive? And if so, what will it look like and when?
- 2. JBJ'24: JBJ'24 is set for June 1, 2024 at The Well. I have confirmed the venue for June 1.
- 3. <u>TigerPalooza:</u> TH was not selected to receive TigerPalooza funds this year, though I was told that the students were chanting "Transition House" during the announcement meeting! That was a wonderful compliment to TH and they do have a desire to help us in some way. I'm looking forward to working with this year's group as possible to see what can come from this connection.

#### **CLIENT REPORT:**

- 1. <u>TL Program Census</u>: Census is 10 with a new person moving in Monday.
- 2. <u>TLP Completions:</u> I believe we have had 5 people complete their Transitional Living Program since July 1! This is significant. Completion looks different for each person and we're proud of each for investing in themselves and their healing. Not all want a celebration recognizing them, but we're planning a large program completion celebration soon that we hope will allow people to celebrate without being uncomfortable.
- 3. <u>Challenges</u>: We've had some new people move into the TLP and not stay for very long. The good news they did not leave because of relapse. One left because he received another housing option, and another decided to live elsewhere but continue contact with TH as a COP client. The challenge is our efforts to have a fuller census. Amanda continues to do all that she can to move people in who are appropriate for the program.
- 4. <u>Successes:</u> Clients are connecting! As we know all too well connection is not something that can be forced. We also know clients have a better likelihood of success when they have healthy connections. This does not mean everyone is in a 'great space', but overall, there is a sense of desire to change, connection and commitment to living a better life. I commend both clients and staff on their willingness to work through the challenges, be patient when some are struggling, and celebrate the achievements big or small. Playfulness, support, caring, and hope are on the rise!
- 5. <u>Steve needs our Support:</u> Steve Boyer has been a part of TH for many years and been client representative to the Board. He's had issues with cancer since 2020 and things have taken a turn for the worse. He's given permission to share this news and would appreciate prayers and support. He continues to be supportive of TH and is planning on doing is annual TH fund raiser for his 16-year sobriety birthday in November.



### Transition House, Inc.

### Minutes of Board of Directors

### Thursday, September 21st, 2023, at 5:30 PM

Meeting Location: Drop-in Center – 700 Asp, Suite 2, Norman, OK

1) **Call to order:** Sara called the meeting to order at <u>5:31</u> PM CST. (7 members present at start of meeting – quorum achieved.)

2) Welcome and Introductions -

### **Board Members Present**

Kelly Bergin, Secretary
Marilyn Korhonen
Sara King, President
Preston Court, Vice President
Cordt Huneke
Kristen Lazalier
Kris Glenn
Gavin King, TH Board Fellow

Liz McKown (prospective Board member)

### **Staff Present**

Bonnie Peruttzi, Amanda Sherf

Chris Crooks, Client Representative

### **Clients Present**

Ricky Shaughnessy

- 3) **Consideration of the Agenda**: Preston motions to approve the Agenda, Marilyn second, no opposition.
- 4) **Consideration of July's meeting minutes**: Marilyn motion to approve the July meeting minutes, Kris second, no opposition.
- 5) President's Report Sara
  - a. TH Board Retreat
    - i. November 3<sup>rd</sup> at Pioneer Library
    - ii. Start at 9:30; can't get in to set up until 9:00
    - iii. Agenda so far
      - Amanda will come around lunchtime to speak to us about operations
      - 2. Board evaluation (board self-evaluation is on GuideStar so does need to happen)
      - 3. Potential guest speakers?
        - a. Gayle Blaylock from municipal court side Bonnie will reach out to her about it

### **Board Members Absent**

Rebecca Delsigne (excused)
Rahil Khalili

- iv. Sponsorship for lunch
  - 1. Hal Smith?
  - 2. Sconed? (he has brought us scones before)
  - 3. Midway connection?
- b. Reminder to Board anyone who hasn't signed forms, sign them and get them to Bonnie
- 6) Treasurer's Report Bonnie (Rebecca not present)
  - a. We are doing well fiscally audit posted to website today (2 months early)
  - b. Next month David will come officially present the audit
  - c. We are almost \$100K ahead (mainly due to ARPA)
  - d. Client fees are down a bit due to two clients about to graduate
  - e. Utility bills have been up due to heat
  - f. Kelly motion, Kristen second to accept financial report; none opposed

### 7) Governance – Sara (Rebecca not present)

- a. Develop a Board Recruitment Plan
  - i. We have one prospective new member here today, two more that our current Board members have reached out to that are interested
- b. Review of Board Matrix
  - i. Tabled for next meeting

### 8) Business

- a. Remove Cary Bryant and Stacey Clement and add our current executive committee (Kelly, Sara, Preston and Rebecca) to the bank signature card
  - i. Marilyn motioned, Cordt seconded, none opposed
- b. Need remove Amie Nicole Huneke from the credit card receiving account at Armstrong + add Rebecca Delsigne
  - i. Cordt motioned, Preston seconded, none opposed.
- c. Review of FY'23 Goals & Outcomes
  - i. Happy with outcomes
- d. Consideration of FY'24 Goals
  - i. Motion to accept FY'24 goals by Cordt, seconded by Kris, none opposed
  - ii. GuideStar wants us to have a "strategic plan" want to be sure our goals as written meet that
    - Preston and Sara built one last year during board retreat will return to it at this retreat
- e. Review of Annual Report for FY'23
  - i. Motion to approve made by Kristen, Cordt second, none opposed
- f. TH T-shirts
  - i. For clients, staff and for us, not necessarily to sell haven't done those since 2019 gives incoming clients something new
  - ii. We have a lot of leftovers from JBJ '23 those are given to new clients
  - iii. Bonnie wants to do another "messaging" shirt like the past JBJ "Be Brave Be Kind Be You" shirts

- This year JBJ song "Your Story" led to design of "Your Story Has Power" – Bonnie showed us all a mock-up
- 2. Will put together more mock-ups to consider at a later date
- iv. Staff/Board might be better off having a shirt that is just TH, instead of JBJ merch
  - 1. Usually need to order 100 shirts for them not to cost a fortune
  - Might want a variety of styles (long sleeve, short sleeve, hoodies, etc)
  - 3. Not all black
- v. Kris motion to move forward with purchasing new generic TH shirts for staff/clients/board, Cordt seconds, none opposed
- g. Consideration of date and location for JBJ '24
  - i. Usually first or second Saturday of June June 1<sup>st</sup> or June 8<sup>th</sup> 2023
  - ii. The Well again haven't checked yet
    - 1. Bonnie will check dates at the Well and will lock in the 1<sup>st</sup> or the 8<sup>th</sup> if they have it

### 9) Fundraising – Kristen

a. No report

### 10) Board Activity Report

- a. Marilyn ran a fundraiser for TH for her birthday and that was awesome
- b. Kristen's birthday is next week
- c. September 15 November 15 is our "blackout" period with United Way
  - i. Board members can do a FB fundraiser but TH can't promote or do it if you do it, can't identify yourself as a board member in posting/sharing it
- d. Marilyn looked into a training with Oklahoma Center for Nonprofits
  - i. They have a training we can send a staff member and a Board member to and there are scholarships to cover it potentially
  - ii. We are currently on scholarship with OK Center for Nonprofits due to being a finalist for the ONE Award
  - iii. Marilyn looked in to having them come to Board retreat we decided against it due to cost, Marilyn will let them know
  - iv. TH does have a \$4,000 training budget for staff and Board members

### 11) Client Report

a. Ricky moved into his apartment 5 days ago

### 12) Staff Report - Amanda

- a. 11 clients right now, 1 likely graduating next week, another graduating in October
- We have 1 bed space and another coming up soon Amanda has interviews coming up and hopes to have us at capacity by early October (getting good referrals from the treatment courts)
- c. Kaylee is going to be out for 3 weeks
- d. Amanda is updating clinical policies and procedures with Alex's help hope to have it done by end of the calendar year

- i. She is getting client feedback along the way
- e. Kaylee + Tyrese took some clients to the fair this week, had fun

### 13) Executive Director's Report

- a. Site visit by contract division of Dept of Mental Health and Substance Abuse Services 2 weeks ago – they were hugely impressed & wanted TH to train others
  - i. They were shocked that we are at the same pay rate (\$55/day) as we have been since 2000
- b. Tigerpalooza at Norman High
  - i. Bonnie presented to a high school class of about 30 students, we are in the finals
  - ii. Possibility of getting junior Board members out of it and have them be on committees, like JBJ
    - 1. Have to be 18 yrs old to be a full-fledged Board member
    - 2. Could even create something like a Youth Advisory Board
  - iii. Unrestricted funds, last year they raised ~ \$80K
- c. Bonnie will be out the next two weeks but will have Amanda notify us if we get it 14) **As May Arise** 
  - a. Gavin King introduced himself, explained a bit about the JC Penney board fellow program & his role
    - i. Gavin has a background in accounting but will help out in any area we need help with
    - ii. Put Gavin on the Youth Advisory Board idea
- 15) **Adjourn Board meeting:** Cordt motion to adjourn, Kris seconded, no opposition. Meeting adjourned at 6:43PM.

Sara King, President	Kelly Bergin, Secretary
Submitted by: Kelly Bergin, Secretary.	

Board Members	Agenda	Minutes from July Meeting	TH Financial Report	Remove Cary Bryant and Stacey Clement and add current exec to bank signature card	Remove Amie Nicole Huneke from the credit card receiving account + add Rebecca Delsigne	Approval of FY'24 goals	Approval of Annual Report for FY'23	New generic TH shirts for Board/client s/staff	Adjournmen t
Sara King	Y	Y	Y	Y	Y	Y	Y	Y	Υ
Rebecca Delsigne									
Preston Court	M-Y	Y	Y	Y	S-Y	Y	Y	Y	Υ
Kris Glenn	Y	S-Y	Y	Y	Y	S-Y	Y	M-Y	Υ
Cordt Huneke	Y	Υ	Y	S-Y	M-Y	M-Y	S-Y	S-Y	Υ
Kristen Lazalier			S-Y	Υ	Y	Y	M-Y	Y	
Marilyn Korhonen	S-Y	M-Y	Y	M-Y	Y	Y	Y	Y	M-Y
Kelly Bergin	Y	Y	M-Y	Y	Y	Y	Y	Y	Y
Rahill Khalili									

**Roll Call Voting Record**: M= Motion S= Second Y=Yes N=No

### Transition House, Inc., Monthly Report

	Se	pt 2023						
I. PEOPLE SERVED								
A. Total # of (Unduplicated) Participants:	41	C. Community Outreach Program (COP)						
B. Transitional Living Program (TLP)			duplicated	unduplicated				
1. Number of Clients:	12	1. Total # of Participants:	36	29				
2. Details:		Drop-In:	2	6				
# of males:	9	Activities:	8	3				
# of females:	3	Community Wellness Project:	2	2				
# employed:	4	Student Wellness Project:	(	)				
# volunteering outside of TH:	1	2. Total # of Contacts:	12	23				
# in school:	2	Drop-In:	11	.9				
# in crisis bed:	0	Activities:	s: 27					
3. TL Days:	331	Community Wellness Project:	et: 2					
II. INCOME/EXPENDITURES		Student Wellness Project:	C	0				
A. Total Income:	\$33,180.82	3. Details:						
B. Total Expenditures:	\$39,089.03	Services:	# Participants	# Contacts				
C. TLP		Supportive Counseling:	1	2				
1. Expenditures:	\$30,885.16	Crisis Intervention:	0	0				
2. TLP Client Fees:	\$100	Grocery Shopping:	0	0				
3. Cost/TLP Day:	\$93.31	Community Living Support:	15	34				
D. COP		Social/Recreational:	24	69				
1. Expenditures:	\$8,203.87	Grocery Shopping/ Social:	5	13				
2. Cost/COP Contact:	\$66.70	Grocery Shopping/Com. Living:	2	3				
		Community Wellness:	2	2				
		Unduplicated Totals:	29	123				
IV. NARRATIVE								

September was filled with lots of diverse community connections, along with some special client activities. TH had a site visit from members of ODMHSAS staff - thanks to Tiajuan, Wanda & Heather for taking time to learn more about the important work of TH and our People.

Every September, TH is fortunate to be able to be a part of UW's Day of Caring. This year, we had volunteers from local Rotary Clubs, plus OU. They spent the day doing cleaning, purging and even had some new shelves built in the Drop-In Center. The support of our community is powerful and we are so grateful.

We also welcomed our new OU students from the Psychology Department & School of Social Work. We are grateful that we have the opportunity to provide a positive training site for these students. We also continue to educate students on the needs in our field and hopefully they can become members of our provider community.

Thanks to Amanda for providing Therapeutic Options training for all TH staff this month. We enjoyed the updated curriculum.



TH had the opportunity to present before a group of Norman High students in an effort to be selected for their TigerPalooza funds. Though we were not selected to receive funds from the group, students felt a strong connection to the work of TH and have offered to help TH as possible. We look forward to working with this new group of volunteers. I appreciate having the opportunity to empower young mental health advocates and I am very pleased to see how much interest

there is in mental health. This group truly gives me hope for our future.

Clients and Recovery Coordinators spent a fun day at the Oklahoma State Fair. Lots of fun and joy. Thanks to Kaylee & Tyrese for making this happen. They wrapped up the day with a meal out. This special activity is something that can be seen as not so special, but for people in our TLP, this was a fun, special day. Especially with the opportunity to eat out together. Combining the hard work of recovery with special joy-filled activities is so important and does make a difference.

Congratulations to one of our clients who completed his TLP. He moved into his own apartment and is working full time at OU! We are so proud of him and all of the clients who continue to work hard to accomplish their goals and live their best lives.

## Transition House, Inc., Monthly Report

Sept 2023	
V. HOURS OF DIRECT SERVICES:	197
A. Individual Basis (total hours):	74
1. Daily Living:	21
2. Pre-voc./Vocational:	3.5
3. Social Skills:	5
4. Crisis Intervention:	12.5
5. Treatment/Rehab. Plans:	25.5
6. Supportive Counseling	6.5
B. Group Basis (total hours):	72.5
1. Daily Living:	32.5
2. Pre-voc/Vocational:	3.5
3.Social Skills:	36.5
C. Com Outreach (total hours):	25.5
1. Structured Activities:	14
2. Drop-In:	10.5
3. Community Wellness Project	1
4. Student Wellness Project	0
D. Referrals/Screening/Interviewing (total hours):	25
VI. HOURS OF NON-DIRECT SERVICES:	198
1. Consultation:	142 34.5
2. Documentation & Activity Prep: 3. Training:	21.5
5. Trailing. Amanda: Prevention Rounds: Oklahoma Medical Marijuana Program: Reducing the Risk of Cannabis Use Disorders-9/8/23; All	
Staff - Therapeutic Options - 9/18/23	1.5
VII. HOURS OF ADMINISTRATIVE WORK:	267
1. Meetings:	16
2. Community Contacts:	31.5
3. Administrative Duties:	219.5
Guest Speaker (who, when)	
VIII. SCREENING FOR T.H. PROGRAM:	
1. Total #of Inquiries:	47
2. Total #of Referrals Received:	16
3. Total # Interviewed For Admission:	3
4. Total # Accepted:	1
IX. DONATIONS to T.H.:  1. Volunteer Names:	Valueta and Harring
Day of Caring Volunteers - 12 from Rotary Club & 1 OU	78
Maria Echave	3
Mary Lee	6
Ali Bush	10.5
Daisy Looper	7
Stephanie Miller	6
·	0
Total:	109.5
2. In-Kind Donations (List of Donors; Items Donated):	Estimated Value
TV antenna	\$50
TOTAL	¢F0
TOTAL:	\$50

### **Transition House FY'24 Monthly Financial Report**

TH INCOME: Preliminary		Admin:	FR:	TL:	COP:	Total:	Sept FR FY'24	TH Budget FY'24	\$ Over Budget	% of Budget
Contributions	\$0	\$0	\$0	\$0	\$0	\$0	0.00	8.33	(8.33)	0.00%
United Way/Norman	\$4,312	\$733	\$86	\$1,383	\$2,110	\$4,312	4,312.00	4,312.00	0.00	100.00%
Fund Raising										0.00%
Fund Raising Exp.	\$2,500						-31.51	-208.33	176.82	15.13%
Fund Raising Inc.	\$22,500						0.00	1,875.00	(1,875.00)	0.00%
FR Events - Total	-\$32	-\$5	-\$1	-\$16	-\$10	-\$32	-31.51	1,666.67	(1,698.18)	-1.89%
DMHSAS										
Unreimbursed services	\$0								0.00	0.00%
**ODMHSAS contract-billed	\$0								0.00	0.00%
DMHSAS	\$22,372	\$3,803	\$447	\$16,331	\$1,790	\$22,372	22,371.67	\$22,500	(128.33)	99.43%
Other Gov. Grants(SVSC & ARPA)	\$3,472	\$590	\$69	\$1,787	\$1,025	\$3,472	3,471.66	\$4,055	(583.34)	85.61%
Foundation Grants	\$0	\$0	\$0	\$0	\$0	\$0	0.00	\$833	(833.33)	0.00%
Civic Clubs Donations/Grants	\$0	\$0	\$0	\$0	\$0	\$0	0.00	\$83	(83.33)	0.00%
Donor Drive	\$2,957	\$503	\$59	\$1,892	\$503	\$2,957	2,957.00	\$1,833	1,123.67	161.29%
Client/Participant Fees	\$100	\$17	\$2	\$81	\$0	\$100	100.00	\$683	(583.33)	14.63%
Interest	\$0	\$0	\$0	\$0	\$0	\$0	0.00	\$41	(41.33)	0.00%
Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	0.00	\$0	0.00	0.00%
TOTAL	\$33,181	\$5,641	\$664	\$21,459	\$5,417	\$33,181	33,180.82	\$36,017	(2,835.83)	92.13%
TH EXPENSES: Preliminary										
Salaries	\$19,917	\$3,386	\$398	\$12,747	\$3,386	\$19,917	19,916.66	20,333.33	(416.67)	97.95%
Employees Health, Dental, Life Ins.	\$911	\$155	\$18	\$583	\$155	\$911	910.73	2,666.67	(1,755.94)	34.15%
Worker's Comp.	\$0	\$0	\$0	\$0	\$0	\$0	0.00	416.67	(416.67)	0.00%
FICA/Pay.Tax/OES	\$1,524	\$259	\$30	\$975	\$259	\$1,524	1,523.65	1,750.00	(226.35)	87.07%
Professional Services(Legal/Acct/Consultants)	\$6,733	\$1,145	\$135	\$4,309	\$1,145	\$6,733	6,732.50	1,391.67	5,340.83	483.77%
Office Supplies (including QuickBook Payroll Exp)	\$408	\$69	\$8	\$261	\$69	\$408	407.66	250.00	157.66	163.06%
Telephone/Internet/Website	\$304	\$52	\$6	\$195	\$52	\$304	304.41	375.00	(70.59)	81.18%
Postage	\$66	\$11	\$1	\$42	\$11	\$66	66.00	33.33	32.67	198.02%
Rent	\$4,510	\$767	\$90	\$2,886	\$767	\$4,510	4,510.00	4,416.67	93.33	102.11%
Utilities	\$1,533	\$261	\$31	\$981	\$261	\$1,533	1,532.97	1,083.33	449.64	141.51%
Household	\$255	\$43	\$5	\$163	\$43	\$255	255.26	233.33	21.93	109.40%
Maint/Rep-Property	\$435	\$74	\$9	\$278	\$74	\$435	434.99	83.33	351.66	522.01%
Maint/Rep-Equipment	\$414	\$70	\$8	\$265	\$70	\$414	413.61	416.67	(3.06)	99.27%
Training/Development	\$0	\$0	\$0	\$0	\$0	\$0	0.00	333.33	(333.33)	0.00%
Food	\$41	\$7	\$1	\$26	\$7	\$41	40.82	208.33	(167.51)	19.59%
Client Supplies/Activities	\$518	\$88	\$10	\$332	\$88	\$518	518.15	875.00	(356.85)	59.22%
Streaming Services (NetFlix & Zoom)	\$26	\$4	\$1	\$17	\$4	\$26	25.98	41.67	(15.69)	62.35%
Vehicle - Gas	\$82	\$14	\$2	\$52	\$14	\$82	81.96	166.67	(84.71)	49.18%
Vehicle - Maint/Repair	\$1,414	\$240	\$28	\$905	\$240	\$1,414	1,413.68	208.33	1,205.35	678.58%
Vehicle- Insurance/Tag	\$0	\$0	\$0	\$0	\$0	\$0	0.00	233.33	(233.33)	0.00%
Dues & Subscriptions	\$0	\$0	\$0	\$0	\$0	\$0	0.00	50.00	(50.00)	0.00%
Advertising	\$0	\$0	\$0	\$0	\$0	\$0	0.00	8.33	(8.33)	0.00%
General/Prof Liability	\$0	\$0	\$0	\$0	\$0	\$0	0.00	270.83	(270.83)	0.00%
Dir./Officers Liability	\$0	\$0	\$0	\$0	\$0	\$0	0.00	170.83	(170.83)	0.00%
Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.00	0.00	0.00	0.00%
TOTAL	\$39,089	\$6,645	\$782	\$25,017	\$6,645	\$39,089	39,089.03	36,016.65	3,072.38	108.53%
Dif. Between Inc vs Exp:	-\$5,908	-\$1,004	-\$118	-\$3,558	-\$1,228	-\$5,908	-5,908.21	0.00	(5,908.21)	100.00%
Overall Program %		17%	2%	64%	17%	100%	Bank Balance	\$155,143.29		

### Transition House FY'24 Year to Date Financial Report

							Year to Date	TH Budget	\$ Over	
TH INCOME: Preliminary		Admin:	FR:	TL:	COP:	Total:	FR FY'24	FY'24	Budget	% of Budget
Contributions	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$25.03	(25.03)	0.00%
United Way/Norman	\$12,936	\$2,199	\$259	\$4,149	\$6,329	\$12,936	\$12,936.00	\$12,936.00	0.00	100.00%
Fund Raising									0.00	0.00%
Fund Raising Exp.	\$2,500						-\$102.12	-\$625.03	522.91	16.34%
Fund Raising Inc.	\$22,500						\$292.00	\$5,625.00	(5,333.00)	5.19%
FR Events - Total	\$190	\$32	\$4	\$95	\$59	\$190	\$189.88	\$4,999.97	(4,810.09)	3.80%
DMHSAS										
Unreimbursed services	\$0								0.00	0.00%
**ODMHSAS contract-billed	\$0								0.00	0.00%
DMHSAS	\$63,815	\$10,849	\$1,276	\$46,585	\$5,105	\$63,815	\$63,815.01	\$67,500.00	(3,684.99)	94.54%
Other Gov. Grants(SVSC & ARPA)	\$10,415	\$1,771	\$208	\$5,361	\$3,075	\$10,415	\$10,414.98	\$12,165.00	(1,750.02)	85.61%
Foundation Grants	\$10,000	\$1,700	\$200	\$6,400	\$1,700	\$10,000	\$10,000.00	\$2,500.03	7,499.97	400.00%
Civic Clubs Donations/Grants	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$250.03	(250.03)	0.00%
Donor Drive	\$4,396	\$747	\$88	\$2,813	\$747	\$4,396	\$4,396.00	\$5,500.03	(1,104.03)	79.93%
Client/Participant Fees	\$585	\$99	\$12	\$474	\$0	\$585	\$585.00	\$2,050.03	(1,465.03)	28.54%
Interest	\$151	\$26	\$3	\$26	\$97	\$151	\$151.16	\$124.03	27.13	121.87%
Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0.00	0.00	0.00%
TOTAL	\$102,488	\$17,423	\$2,050	\$65,903	\$17,112	\$102,488	\$102,488.03	\$108,050.15	(5,562.12)	94.85%
TH EXPENSES: Preliminary										
Salaries	\$59,750	\$10,157	\$1,195	\$38,240	\$10,157	\$59,750	\$59,749.98	\$61,000.03	(1,250.05)	97.95%
Employees Health, Dental, Life Ins.	\$6,097	\$1,037	\$122	\$3,902	\$1,037	\$6,097	\$6,097.07	\$7,999.97	(1,902.90)	76.21%
Worker's Comp.	\$3,985	\$677	\$80	\$2,550	\$677	\$3,985	\$3,985.00	\$1,249.97	2,735.03	318.81%
FICA/Pay.Tax/OES	\$5,199	\$884	\$104	\$3,327	\$884	\$5,199	\$5,198.68	\$5,250.00	(51.32)	99.02%
Professional Services(Legal/Acct/Consultants)	\$6,883	\$1,170	\$138	\$4,405	\$1,170	\$6,883	\$6,882.50	\$4,174.97	2,707.53	164.85%
Office Supplies (including QuickBook Payroll Exp)	\$552	\$94	\$11	\$353	\$94	\$552	\$551.77	\$750.00	(198.23)	73.57%
Telephone/Internet/Website	\$879	\$149	\$18	\$562	\$149	\$879	\$878.59	\$1,125.00	(246.41)	78.10%
Postage	\$66	\$11	\$1	\$42	\$11	\$66	\$66.00	\$100.03	(34.03)	65.98%
Rent	\$13,530	\$2,300	\$271	\$8,659	\$2,300	\$13,530	\$13,530.00	\$13,249.97	280.03	102.11%
Utilities	\$4,148	\$705	\$83	\$2,655	\$705	\$4,148	\$4,148.20	\$3,250.03	898.17	127.64%
Household	\$3,715	\$631	\$74	\$2,377	\$631	\$3,715	\$3,714.66	\$700.03	3,014.63	530.64%
Maint/Rep-Property	\$435	\$74	\$9	\$278	\$74	\$435	\$434.99	\$250.03	184.96	173.98%
Maint/Rep-Equipment	\$1,328	\$226	\$27	\$850	\$226	\$1,328	\$1,328.10	\$1,249.97	78.13	106.25%
Training/Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$1,000.03	(1,000.03)	0.00%
Food	\$171	\$29	\$3	\$110	\$29	\$171	\$171.37	\$625.03	(453.66)	27.42%
Client Supplies/Activities	\$1,451	\$247	\$29	\$929	\$247	\$1,451	\$1,451.44	\$2,625.00	(1,173.56)	55.29%
Streaming Services (NetFlix & Zoom)	\$52	\$9	\$1	\$33	\$9	\$52	\$51.96	\$124.97	(73.01)	41.58%
Vehicle - Gas	\$269	\$46	\$5	\$172	\$46	\$269	\$269.19	\$499.97	(230.78)	53.84%
Vehicle - Maint/Repair	\$1,893	\$322	\$38	\$1,212	\$322	\$1,893	\$1,893.13	\$625.03	1,268.10	302.89%
Vehicle- Insurance/Tag	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$700.03	(700.03)	0.00%
Dues & Subscriptions	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$150.00	(150.00)	0.00%
Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$25.03	(25.03)	0.00%
General/Prof Liability	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$812.53	(812.53)	0.00%
Dir./Officers Liability	\$2,032	\$345	\$41	\$1,300	\$345	\$2,032	\$2,032.00	\$512.53	1,519.47	396.47%
Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0.00	0.00	0.00%
TOTAL	\$112,435	\$19,114	\$2,249	\$71,958	\$19,114	\$112,435	\$112,434.63	\$108,050.15	4,384.48	104.06%
Dif. Between Inc vs Exp:	-\$9,947	-\$1,691	-\$199	-\$6,055	-\$2,002	-\$9,947	-\$9,946.60	\$0.00	(9,946.60)	100.00%
Overall Program %		17%	2%	64%	17%	100%	Bank Balance	\$155,143.29		

# Trenary CPA Firm, P.L.L.C. Certified Public Accountants 3222 SW 119th Street Oklahoma City, Oklahoma 73170

TO THE BOARD OF DIRECTORS TRANSITION HOUSE, INC. NORMAN, OK

Transition House has hired me to prepare financial reports for management use in their decision making. I did not audit or review the financial statements nor was I required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, I do not express an opinion, or a conclusion, nor provide any form of assurance on these financial statements.

The reports attached to this letter cover the three months ended September 30, 2023.

TRENARY CPA FIRM, P.L.L.C. OKLAHOMA CITY, OKLAHOMA 7RENARY CPA FIRM. P.L.L.C.

17-Oct-23

## Transition House, Inc. Balance Sheet Prev Year Comparison

As of September 30, 2023

	Sept 30, 23	Sept 30, 22	\$ Change	■ % Change
ASSETS				
Current Assets				
Checking/Savings				
1012 · Armstrong Checking	153,531.64	84,425.05	69,106.59	81.86%
Total Checking/Savings	153,531.64	84,425.05	69,106.59	81.86%
Other Current Assets				
1055 · OKDMH contract receivable	18,039.99	17,324.99	715.00	4.13%
1060 · Prepaid insurance	4,284.61	4,284.61	0.00	0.0%
1075 · Pledges receivable - JBJ	500.00	500.00	0.00	0.0%
Total Other Current Assets	22,824.60	22,109.60	715.00	3.23%
Total Current Assets	176,356.24	106,534.65	69,821.59	65.54%
Fixed Assets				
1120 · Furniture & equipment	34,303.33	34,303.33	0.00	0.0%
1124 · Vehicles	21,800.00	21,800.00	0.00	0.0%
1130 · Accumulated depreciation	-48,980.64	-48,980.64	0.00	0.0%
Total Fixed Assets	7,122.69	7,122.69	0.00	0.0%
TOTAL ASSETS	183,478.93	113,657.34	69,821.59	61.43%
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Other Current Liabilities				
2200 · FICA taxes payable	94.05	-64.79	158.84	245.16%
2205 · MC taxes payable	23.99	-14.18	38.17	269.18%
2210 · FIT taxes payable	96.00	16.00	80.00	500.0%
2215 · TSA payable	0.00	0.00	0.00	0.0%
2220 · OK WH taxes payable	29.00	-11.00	40.00	363.64%
2230 · United Way WH payable	8.00	10.00	-2.00	-20.0%
2240 · Accrued vacation payable	7,792.58	7,792.58	0.00	0.0%
2401 · Deferred grant revenue	0.00	0.00	0.00	0.0%
2501 · Current portion of loan	0.00	0.00	0.00	0.0%
Total Other Current Liabilities	8,043.62	7,728.61	315.01	4.08%
Total Current Liabilities	8,043.62	7,728.61	315.01	4.08%
Long Term Liabilities				
2402 - Deferred ARPA Grant Rev	91,205.00	0.00	91,205.00	100.0%
Total Long Term Liabilities	91,205.00	0.00	91,205.00	100.0%
Total Liabilities	99,248.62	7,728.61	91,520.01	1,184.17%
Equity				
3001 · Unrestricted net assets	-3,434.86	36,565.14	-40,000.00	-109.39%
3002 · Retained Earnings	59,223.42	63,823.84	-4,600.42	-7.21%
3004 · Reserve Fund	40,000.00	0.00	40,000.00	100.0%
Net Income	-11,558.25	5,539.75	-17,098.00	-308.64%
Total Equity	84,230.31	105,928.73	-21,698.42	-20.48%
TOTAL LIABILITIES & EQUITY	183,478.93	113,657.34	69,821.59	61.43%

# Transition House, Inc. Profit & Loss Prev Year Comparison July 1, 2023 - September 30, 2023

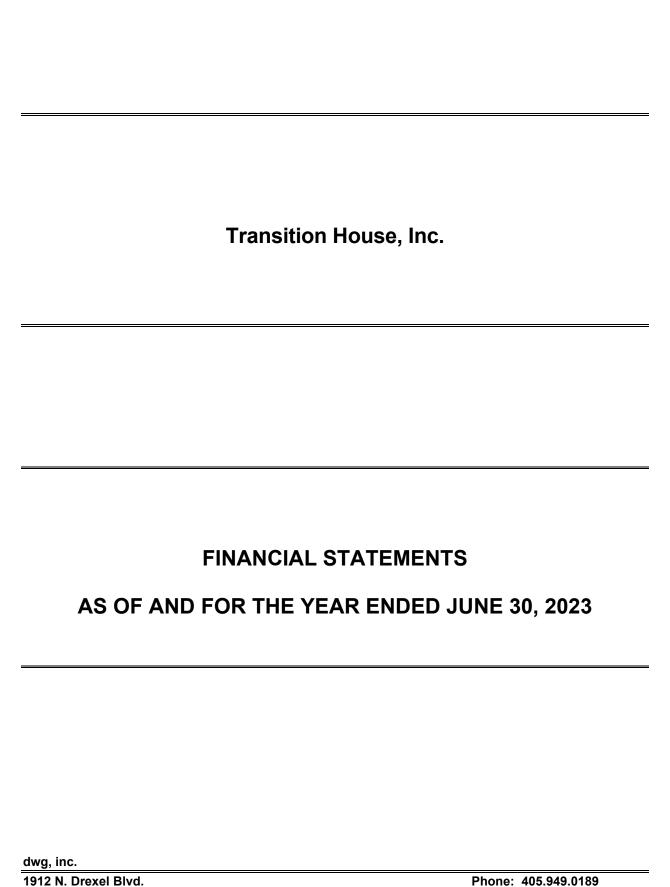
	Jul '23-Sept '23	Jul '22-Sept '22	\$ Change	% Change
Income				
4000 · Contributions	0.00	71.14	-71.14	-100.0%
4100 · United Way allocation	12,936.00	11,499.99	1,436.01	12.49%
4101 · ARPA Grant Revenue	10,414.98	0.00	10,414.98	100.0%
4200 · Fund raising				
4201 · Fund raising expenses	-102.12	-81.18	-20.94	-25.8%
4200 · Fund raising - Other	292.00	350.00	-58.00	-16.57%
Total 4200 · Fund raising	189.88	268.82	-78.94	-29.37%
5000 · ODMHSAS contract				
5001 · Unreimbursed contract services	0.00	0.00	0.00	0.0%
5000 · ODMHSAS contract - Other	63,815.01	65,850.01	-2,035.00	-3.09%
Total 5000 · ODMHSAS contract	63,815.01	65,850.01	-2,035.00	-3.09%
5500 ⋅ Other Gov. grants	10,000.00	2,000.89	7,999.11	399.78%
5501 · Foundation/Civic Club Grants	0.00	10,000.00	-10,000.00	-100.0%
6000 ⋅ Donor Drive	4,396.00	5,511.00	-1,115.00	-20.23%
6200 · Participant fee	585.00	2,597.00	-2,012.00	-77.47%
6500 ⋅ Interest income	221.95	112.09	109.86	98.01%
6700 · Donated services & materials	0.00	0.00	0.00	0.0%
6900 · Miscellaneous revenues	0.00	28.86	-28.86	-100.0%
Total Income	102,558.82	97,939.80	4,619.02	4.72%
Gross Profit	102,558.82	97,939.80	4,619.02	4.72%
Expense				
Management & General	19,399.90	15,708.01	3,691.89	23.5%
Fundraising	2,282.34	1,848.00	434.34	23.5%
Transitional Living	73,034.92	59,136.03	13,898.89	23.5%
Community Outreach	19,399.90	15,708.01	3,691.89	23.5%
Total Expense	114,117.07	92,400.05	21,717.02	23.5%
Net Income/(Loss)	-11,558.25	5,539.75	-17,098.00	-308.64%

# Transition House, Inc. Statement of Functional Expenses Prev Year Comparison July 1, 2023 - Sept 30, 2023

	Mgmt &		Transitional	Communituy	Total	Mgmt &		Transitional	Communituy	Total
	General	Fundraising	Living	Outreach	Jul '23-Sept '23	General	Fundraising	Living	Outreach	Jul '22-Sept '22
Expense										
7000 · Salaries & wages	10,157.50	1,195.00	38,239.99	10,157.50	59,749.98	8,934.89	1,051.16	33,637.22	8,934.89	52,558.16
7002 · Employee Health, Dental, Life Ins	1,322.52	155.59	4,978.89	1,322.52	7,779.51	1,107.74	130.32	4,170.30	1,107.74	6,516.09
7003 · Workers' comp	677.45	79.70	2,550.40	677.45	3,985.00	749.19	88.14	2,820.48	749.19	4,407.00
7004 · FICA/MC/OESC	883.78	103.97	3,327.16	883.78	5,198.68	727.83	85.63	2,740.08	727.83	4,281.37
8000 · Legal & accounting	1,170.03	137.65	4,404.80	1,170.03	6,882.50	75.86	8.93	285.60	75.86	446.25
8100 · Office supplies	93.80	11.04	353.13	93.80	551.77	94.53	11.12	355.87	94.53	556.04
8200 · Telephone/Interner/Website	149.36	17.57	562.30	149.36	878.59	154.83	18.22	582.91	154.83	910.79
8300 · Postage	11.22	1.32	42.24	11.22	66.00	10.20	1.20	38.40	10.20	60.00
8400 ⋅ Rent	2,300.10	270.60	8,659.20	2,300.10	13,530.00	2,176.00	256.00	8,192.00	2,176.00	12,800.00
8410 · Utilities	705.19	82.96	2,654.85	705.19	4,148.20	643.99	75.76	2,424.43	643.99	3,788.17
8420 · Household expenses	631.49	74.29	2,377.38	631.49	3,714.66	59.82	7.04	225.20	59.82	351.88
8430 · Property maintenance & repairs	73.95	8.70	278.39	73.95	434.99	7.40	0.87	27.84	7.40	43.50
8500 · Equipment maintenance & repair	225.78	26.56	849.98	225.78	1,328.10	191.87	22.57	722.35	191.87	1,128.67
8800 · Training & development	-	-	-	-	-	-	-	-	-	-
8910 ⋅ Food	29.13	3.43	109.68	29.13	171.37	91.21	10.73	343.39	91.21	536.54
Total 8920 · Client Supplies/Activites	246.74	29.03	928.92	246.74	1,451.44	239.33	28.16	901.00	239.33	1,407.81
8925 · Streaming Services	8.83	1.04	33.25	8.83	51.96	12.74	1.50	47.96	12.74	74.94
8930 · Gasoline	45.76	5.38	172.28	45.76	269.19	36.85	4.34	138.75	36.85	216.79
8940 · Vehicle maintenance & repair	321.83	37.86	1,211.60	321.83	1,893.13	8.51	1.00	32.03	8.51	50.05
8950 · Vehicle insurance	-	-	-	-	-	-	-	-	-	-
9000 · Dues & subscriptions	-	-	-	-	-	44.71	5.26	168.32	44.71	263.00
9450 · General & prof liability ins	-	-	-	-	-	-	-	-	-	-
9455 · Directors & officers liab ins	345.44	40.64	1,300.48	345.44	2,032.00	340.51	40.06	1,281.92	340.51	2,003.00
9500 · Depreciation	-	-	-	-	-	-	-	-	-	-
9710 · Other expenses		-	-		<u> </u>	<u> </u>	-	-		<u>-</u>
Total Expense	19,399.90	2,282.34	73,034.92	19,399.90	114,117.07	15,708.01	1,848.00	59,136.03	15,708.01	92,400.05

# Transition House, Inc. Statement of Cash Flows July 1, 2023 - September 30, 2023

	Jul '23-Sept '23	Jul '22-Sept '22
OPERATING ACTIVITIES		
Net Income	-11,558.25	5,539.75
Adjustments to reconcile Net Income		
to net cash provided by operations:		
1055 · OKDMH contract receivable	-2,640.00	1,045.00
1060 · Prepaid Insurance	0.00	0.00
2200 · FICA taxes payable	0.00	-64.87
2205 · MC taxes payable	0.00	-14.18
2210 · FIT WH payable	0.00	16.00
2215 · TSA payable	0.00	0.00
2220 · OK WH taxes payable	0.00	6.00
2230 · United Way WH payable	0.00	-1.00
2240 · Accured Vacation payable	0.00	0.00
2401 · Deferred grant revenue	0.00	0.00
Net cash provided by Operating Activities	-14,198.25	6,526.70
INVESTING ACTIVITIES		
1120 · Furniture & Equipment	0.00	0.00
1130 · Accumulated Depreciation	0.00	0.00
Net cash provided by Investing Activities	0.00	0.00
FINANCING ACTIVITIES		
2402 · Deferred ARPA Grant Revenue	-10,414.98	0.00
Net cash provided by Financing Activities	-10,414.98	0.00
Net cash increase for period	-24,613.23	6,526.70
Cash at beginning of period	178,144.87	77,898.35
Cash at end of period	153,531.64	84,425.05



Fax: 405.949.1189

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### **INDEPENDENT AUDITOR'S REPORT**

The Board of Directors, Transition House, Inc.

### **Report on the Audit of the Financial Statements**

### **Opinion**

We have audited the accompanying financial statements of Transition House, Inc. (a not-for-profit organization) which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Transition House, Inc. as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis of Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Transition House, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Transition House, Inc.'s ability to continue as a going concern for one year after the date that the financial statements are issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Transition House, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Transition House, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

### Report on Other Legal and Regulatory Requirements

Our audit was conducted for the purpose of forming an opinion on the financial statements of Transition House, Inc. as a whole. The accompanying schedule of Federal and State Awards is presented for purposes of additional analysis as required by the Oklahoma Department of Mental Health and Substance Abuse Services and is not a required part of

derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements as a whole.

### Other Reporting Required by Governmental Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 15, 2022 on our consideration of Transition House, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Transition House, Inc.'s internal control over financial reporting and compliance.

dwg, inc.

September 22, 2023

### Transition House, Inc. Statement of Financial Position As of June 30, 2023

ASSETS Current Assets Cash Grants receivable Prepaid expense Pledges receivable Total Current Assets	\$ 178,100 15,400 4,285 500 <b>198,285</b>
Fixed Assets Vehicles Furniture and equipment Accumulated depreciation Total Fixed Assets	21,800 34,303 (52,434) 3,669
TOTAL ASSETS	\$ 201,954
LIABILITIES AND NET ASSETS LIABILITIES Current Liabilities Accrued liabilities Current portion of deferred revenue (Note 12) Total Current Liabilities	\$ 10,642 50,810 <b>61,452</b>
Long Term Liabilities  Deferred revenue (Note 12)  Total Long Term Liabilities	50,810 <b>50,810</b>
TOTAL LIABILITIES	112,262
NET ASSETS Without donor restrictions TOTAL NET ASSETS TOTAL LIABILITIES AND NET ASSETS	\$ 89,692 <b>89,692</b> <b>201,954</b>

### Transition House, Inc. Statement of Activities and Changes in Net Assets As of June 30, 2023

REVENUES, GAINS AND OTHER SUPPORT		
United Way of Norman	\$	46,000
Oklahoma Department of Mental Health		266,645
American Rescue Plan Act grants (Note 12)		18,380
Other grants		22,700
Contributed nonfinancial assets (Note 11)		5,310
Fund raising events		18,967
Membership dues		21,409
Client fees		11,754
Interest income		594
Miscellaneous revenue		1,033
Total Revenues, Gains and Other Support	,	412,792
EXPENSES		
Program Services		341,627
Supporting Services		80,135
Total Expenses		421,762
CHANGES IN NET ASSETS		(8,970)
BEGINNING NET ASSETS		98,662
ENDING NET ASSETS	\$	89,692

## Transition House, Inc. Statement of Functional Expenses As of June 30, 2023

	2023	Supportin	g Se	ervices	_20	2023 Program Services			Total Expense	
	Administration									
	Adm	and		Fund	_	roncitional	Co	mmunity		
	G	eneral		Raising	ı	Transitional Community Living Outreach				
Cable and streaming services	\$	68	\$	Raising 8	\$	255	\$	68	\$	398
Client program supplies & activities	Ψ	1,263	Ψ	149	Ψ	4,755	Ψ	1,263	Ψ	7,429
Contributed nonfinancial assets (Note 12)		903		106		3,398		903		5,310
Depreciation		294		35		1,105		294		1,727
Directors and officers liability insurance		341		40		1,282		341		2,003
Dues and subscriptions		45		5		168		45		263
Employee health insurance		4,618		543		17,387		4,618		27,167
Equipment maintenance and repair		944		111		3,555		944		5,554
Food		302		36		1,139		302		1,779
Gasoline		156		18		588		156		919
General and professional liability insurance		531		63		2,000		531		3,125
Household expenses		492		58		1,853		492		2,896
Legal and accounting		2,108		248		7,935		2,108		12,399
Office supplies		1,121		132		4,218		1,121		6,592
Payroll tax expense		3,279		386		12,344		3,279		19,288
Postage		12		1		45		12		71
Property maintenance and repair		280		33		1,055		280		1,648
Rent		8,687		1,022		32,704		8,687		51,100
Salaries and wages		41,628		4,897		156,716		41,628		244,869
Staff development		235		28		886		235		1,384
Telephone		653		77		2,458		653		3,841
Utilities		2,317		273		8,723		2,317		13,629
Vehicle insurance		403		47		1,517		403		2,370
Vehicle maintenance and repair		271		32		1,020		271		1,594
Workers' compensation insurance		749		88		2,820		749		4,407
Total	\$	71,700	\$	8,435	\$	269,927	\$	71,700	\$	421,762

## Transition House, Inc. Statement of Cash Flows As of June 30, 2023

Cash flows from current activities:  Cash received from United Way Allocation  Cash received from Oklahoma Department of Mental Health  Cash received from American Rescue Plan Act grants (Note 12)  Cash received from other grants  Cash received from fund raising activities and other  Cash received from contributions and miscellaneous revenue  Cash received from client fees  Cash received from membership dues  Payments for goods and services  Payments to employees	46,000 269,615 120,000 22,700 18,967 1,033 11,754 21,409 (125,078) (286,198)
Net cash used by current activities	100,202
Beginning cash Ending cash	\$ 77,898 <b>178,100</b>
Reconciliation of change in net assets to net cash used	
by operations:	
Change in net assets Adjustments to reconcile change in net assets to net cash	\$ (8,970)
used by operating activities:	
Depreciation Change in assets and liabilities:	1,727
Change in assets and liabilities: (Increase) decrease in receivables	2,970
Increase (decrease) in current liabilities	53,665
Increase (decrease) in long term liabilities - deferred revenue (Note 12)	50,810
Net cash from current activities	\$ 100,202

### **Note 1 - Summary of Significant Accounting Policies**

### <u>General</u>

This summary of significant accounting policies of The Transition House, Inc. (the Organization) is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management, which is responsible for their integrity and objectivity.

### **History of the Organization**

The Transition House, Inc. (the Organization) is a not-for-profit Oklahoma corporation, which has been granted tax-exempt status under Section 501(C)(3) of the Internal Revenue Code and is not classified by the Internal Revenue Service as a private foundation.

The mission of the Organization is to provide a transitional living program for adult mental health consumers. Transition House offers a support system for the individual moving from inpatient treatment to independent community living. The goals of Transition House are to assist those consumers in their return to the community as active, independent citizens and thereby reduce the rate of re-hospitalization. The Community Outreach Program expands this ongoing service to the entire community by providing to those mental health consumers not in the Transitional Living Program support and socialization, apart from the traditional clinical settings.

### **Basis of Accounting**

The Organization's books are kept on a cash receipts and disbursements basis during the year. At year-end, the books are converted to the accrual basis.

### **Financial Statement Presentation**

The financial statement presentation follows the recommendations of the Financial Accounting Standards Board in ASU 2016-14. Under ASU 2016-14, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and ne assets with donor restrictions.

**Net assets without donor restrictions** are currently available for operating purposes at the discretion of the Organization's Board for use for its associated programs, for general expenditure and for investment in property and equipment. Support that is restricted by the grantor or donor is reported as increase in net assets without donor restriction if the restriction expires in the reporting period in which the support is recognized. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets

### Note 1 - Summary of Significant Accounting Policies (continued)

with donor restrictions are reclassified to net assets without donor restrictions and reported on the statement of activities as net assets released from restrictions.

**Net assets with donor restrictions** include assets related to gifts with explicit donor-related restrictions that have not been met as to the specified purpose or expiration of the specified periods of time.

### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Accordingly, actual results could vary from those estimates.

### **Cash and Cash Equivalents**

For purposes of preparing the statement of cash flows, cash includes an interest-bearing checking account.

### Fixed Assets

Fixed assets or property and equipment are reported at cost. Donated property is recorded at its fair market value at the time of the donation. Costs of maintenance and repairs are charged to expense while costs of significant renewals and betterments are capitalized. Upon disposition or retirement of equipment the cost and related accumulated depreciation is removed from the accounts and the gain or loss, if any, is credited or charged to operations.

For financial reporting purposes assets are depreciated by the straight-line method over various estimated useful lives as follows:

Computer Equipment 5 years Equipment and furniture 7 years

During the year ended June 30, 2023, the Organization incurred \$1,727 in depreciation expense.

### Note 1 - Summary of Significant Accounting Policies (continued)

### Contributions, Grants and Promises to Receive

Contributions and grants are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. The Organization has adopted ACS 958-605, Accounting for Contributions Received and Contributions Made. Contributions received are recorded as net assets with donor restrictions or as net assets without donor restrictions, depending on the existence or nature of any donor restrictions. Support that is restricted by the grantor or donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other restricted support is reported as an increase in donor restricted net assets, depending on the nature of the restriction. When a restriction expires, (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

The Organization receives a significant amount of donated services from unpaid volunteers who assist in fund raising and special projects. No amounts have been reflected in the statements for these donated services because the criteria for recognition under ASC 958-605 have not been satisfied.

### **Compensated Absences**

Employees of the Organization are entitled to paid vacations and medical leave, depending on job classification, length of service, and other factors. Accrued vacation, which is paid on termination, is accrued at year-end. The liability as of June 30, 2023 is \$10,391.

### **Income Taxes**

Transition House, Inc. has been granted tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. No income tax is payable by the Organization at either the federal or state level unless the income is unrelated to its exempt purpose. The Organization had no unrelated business income during the fiscal year. The Organization is required to file annual informational returns with the Internal Revenue Service and the Oklahoma Tax Commission. The informational returns are filed after completion of the annual audit. Tax returns for years ended June 30, 2022, 2021 and 2020 are subject to review by the taxing authorities.

### Note 2 - Grants and Contracts Receivable

A significant portion of the Organization's support is derived from a grant from the Oklahoma Department of Mental Health and Substance Abuse Services. This grant was approved in the amount of \$220,000 for the contract period July 1, 2022 through June 30, 2023 and is renewable annually.

### Note 3 – Fixed Assets

A summary of the Organization's fixed asset activity is listed below:

	6/30/2022		<b>Additions</b>		De	<u>letions</u>	6/30/2023		
Vehicles	\$	21,800	\$	-	\$	-	\$	21,800	
Furniture and equipment		34,303		-		-		34,303	
Total fixed assets		56,103		-		-		56,103	
Accumulated depreciation		(50,707)		(1,727)		-		(52,434)	
Net Capital Assets	\$	5,396	\$	(1,727)	\$	-	\$	3,669	

### Note 4 - Fund Raising Events

Fund raising events were as follows:

### June Bug Jam Fund Raising

Revenue	\$ 20,353
Direct Expenses	 (1,386)
Net Fund Raising	\$ 18,967

### Note 5 - Cash and Cash Equivalents

The following table provides a reconciliation of cash, cash equivalents and restricted cash reported within the statement of financial position that sums to the amounts shown in the statement of cash flows:

Without donor restrictions	\$ 178,100
With donor restrictions	-
Total cash and cash equivalents	\$ 178,100

### Note 6 – Liquidity and Availability of Financial Assets

Financial assets available for general expenditure, that is with donor or other restrictions limiting their use, within year of the statement of financial position, comprise the following at June 30, 2023:

Financial assets available to meet the cash needs for general expenditures within one year \$ 178,100

### Note 7 – Rent

The Organization leases its office space and a drop-in center on an annual basis, with an annual lease renewal agreement. Rent expenses for these facilities in 2023 were \$19,100. In addition, four residential units with a combined capacity for twelve people are leased for use by Transition House clients. Rent expenses associated with these units were \$32,000.

### Note 8 - Employee Benefit Plan

The Organization sponsors a Section 403(b) salary reduction plan that covers all full-time employees who are at least 21 years old and have completed one year of service. Employees may contribute up to \$15,000. The Organization makes no contribution to the plan.

### Note 9 - Functional Expenses

Expenses by function have been allocated among program and supporting services, administration and general and fund-raising classifications on the basis of estimates made by the Organization's management.

### Note 10 – Adoption of FASB Accounting Standards Update

The following pronouncements will be effective in the future:

Accounting Standards Update (ASU) No. 2021-07, Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (September 2021, effective for annual periods beginning after June 15, 2021, and interim periods within annual periods beginning after June 15, 2022. Early adoption is permitted. The ASU should be applied on a retrospective basis.)

### **Note 11 – Contributed Nonfinancial Assets**

For the year ended June 30, 2023, contribution of nonfinancial assets recognized within the statement of activities included 400 pairs of Bombas socks, to be distributed to clients as needed. Transition House, Inc. estimated the fair market value using the basis of retail purchase of 2 pairs of socks for \$26.55. Distribution to 200 clients resulted in recognition of \$5,310 as contributed nonfinancial asset revenue in the statement of activities.

### Note 12 - Deferred Revenue

February 2, 2023, the Organization received a \$70,000 grant from the City of Norman as a sub-recipient of the American Rescue Plan Act. March 22, 2023 the Organization received a \$50,000 grant from the American Rescue Plan Act. Terms of the awarded grants state the Organization has from January 1, 2023 to June 30, 2025 to use the grants for operational expenses. The following schedule provides grants received, grant revenue recognized and grant revenue deferred:

### Current Year Grant Revenue Recognized:

Date Received	Amount		Re	ecognized	Deferred Availab			
2/2/2023	\$	70,000	\$	8,380	\$	61,620		
3/22/2023		50,000		10,000		40,000		
Total 2023		120,000		18,380		101,620		
Future Deferred Grant	t Reve	enue Available:						
2024				50,810		50,810		
2025				50,810				
Total	\$	120,000	\$	120,000	\$	-		

### Note 13 – Management's Review

Management performed an evaluation of the organization's activity through the audit report date and has concluded that there are no significant subsequent events requiring disclosure through that date.

### Note 14 - Subsequent Events

April 20, 2023, Board members voted to place \$40,000 from general funds into a reserve fund account in the next fiscal year beginning July 1, 2023. On July 1, 2023 \$40,000 was transferred from general funds into a reserve fund account and recorded as board - designated net assets without donor restrictions. The reserve fund was established as an operating reserve with the objective of setting funds aside to be utilized in the event of financial adversity.

1912 N. Drexel Blvd. Oklahoma City, OK 73107

# INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Independent Auditor's Report

To the Board of Directors Transition House, Inc.

We have audited in accordance with auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Transition House, Inc. (a nonprofit organization), which comprise the statement of financial position on as of June 30, 2023, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated September 22, 2023.

### **Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Transition House, Inc.'s internal control over financial reporting to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Transition House, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Transition House, Inc.'s internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to

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identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Transition House, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance. Accordingly, this communication is not suitable for any other purpose.

dwg, inc.

September 22, 2023

# Transition House Inc. Schedule of State Awards For the Year Ended June 30, 2023

Grantor Department/Program Title	State or Pass-Through Contract Number	Contract Period	Contract Amount	23 Support ecognized	 23 Award penditures
State Grantor: Oklahoma Department of Mental Health and	I Substance:				
Abuse Services:	3B09SM010042	07/01/2022 - 06/30/2023	\$ 220,000	\$ 216,645	\$ 216,645
Transitional Living Services		07/01/2022 - 06/30/2023	 50,000	50,000	50,000
Total Federal and State			\$ 270,000	\$ 266,645	\$ 266,645

### Note 1:

### **Basis of Presentation:**

The above schedule of federal and state awards is presented on the accrual basis of accounting.

	Notes about the return	
		2022
Name(s) as shown on return		Tax ID Number
Transition House,	Inc.	73-1155089

245 ELECTRONIC FILING MANDATE: The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series for tax years beginning after July 1, 2019. Paper-filing these returns is no longer allowed. See Drake Software Knowledge Base article 16383 for additional information.

990EF		2022			
Name(s) as shown on return Transition House, Inc.		(17.6	eep for your records	)	EIN number 73-1155089
The following will be transmit	ted to the IRS.	<b>X</b> 990	990-T	Amended 990	Amended 990-T
		8868	<u>4720</u>	FinCEN 114	
The following state returns wi	ill be transmitted:				
				·	
The following returns have be	een suppressed or are	not eligible and	d will NOT be transr	mitted.	
					<del>-</del>
EF Notes					_

### **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

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 Inspection

Α	For the	e 2022 calend	lar year, or tax	year begir	ining	07	-01	, 2022, an	d endi	ng	0	6-30 ,2	023	
В	Check if	applicable:	C Name of organ	nization <b>Tr</b>	ansition Hou	se, Inc.		1 (1-480)			D Em	ployer identific	ation number	
	Address	change	Doing business	s as		81-2535						73-115	55089	
	Name ch	ange	Number and st	reet (or P.O. bo	x if mail is not delivered to	o street address)	0.38	F	Room/suit	te	E Tele	phone number		
	Initial ret	urn	700 S	Asp								(405)3	360-7926	
	Final retu	urn/terminated	City or town, st	tate or province	country, and ZIP or foreig	gn postal code					<b>G</b> Gro	ss receipts		
	Amended	d return	Norman	, OK 730	069						\$		414,178	
$\overline{\Box}$	Application	on pending	F Name and add							H(a) Is this a	group retur	n for subordinates		
_												ates included?	Yes No	
ī	Tax-exer	npt status:	501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	527					list. See instruc		
J	Website		v.thouse.o		, ,						roup exemption number			
ĸ	Form of o				ociation Other		I Ye	ar of formation	198			egal domicile:	OK	
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	1			ation's miss	ion or most significa	ant activities: Dr	ovid	e tranc	itio	nal list	ina :	and comm	unity	
								e crans	10101	IGI IIV	Ing a	and Comm	idility	
e		outreach for adults recovering from mental illness												
Governance														
/err	2	Check this h	ov $\square$ if the or	ganization d	iscontinued its oper	ations or disposad	of mor	to than 25%	of ito	not accote				
30	3				rning body (Part VI						3	Ĭ		
<u>«</u> خ	100										-		9	
Activities &	4				s of the governing b						4		9	
Σį	5				calendar year 2022						5	-	7	
Act	6				necessary)						6	-	41_	
	7a				Part VIII, column (C						7a	-	0	
	b	Net unrelate	d business taxa	able income	from Form 990-T, F	Part I, line 11	• • •				7b		0	
		_			0.000					Prior Year		Cui	rrent Year	
702.00	8				1h)					90	,245		114,832	
Revenue	9				e 2g)					235	,955		266,645	
	10				a), lines 3, 4, and 7d						477		594	
ď	11				es 5, 6d, 8c, 9c, 10d					17	,500		30,721	
<u></u>	12									344	,177		412,792	
	13	The second secon											0	
	14	Benefits paid	to or for memb	pers (Part I)	(, column (A), line 4	)							0	
10	15				benefits (Part IX, c					258	,109		295,731	
Expenses	16a	Professional	fundraising fee	es (Part IX, o	column (A), line 11e	)							0	
ben	b	Total fundrais	sing expenses	(Part IX, col	umn (D), line 25)			8,435						
X	17	Other expens	ses (Part IX, co	lumn (A), lir	es 11a-11d, 11f-24e	e)				105	,762		126,031	
	18	Total expens	es. Add lines 1	13-17 (must	equal Part IX, colun	nn (A), line 25) .				363	,871		421,762	
	19	Revenue less	s expenses. Su	ubtract line	18 from line 12					(19	,694	)	(8,970)	
5	S D								Begin	ning of Curre	ent Year	End	of Year	
ets	20	Total assets	(Part X, line 16	)						106	,444		201,954	
Net Assets or	21	Total liabilitie	s (Part X, line 2	26)						7	,787		112,262	
Net Set	22	Net assets of	r fund balances	s. Subtract	line 21 from line 20					98	,657		89,692	
Pa	rt II	Signatu	re Block											
					n, including accompanyin cer) is based on all inform				my knowi	edge and beli	ef, it is			
- uuc,	COITCCI, I	and complete. Dec	alation of preparer	(Other than one	7	, ,	ias arry K	mowleage.				1	1	
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Sig	n	Signature of office	er			A),,,)	,				Da	ate /		
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		Type or print nam	ne and title											
		Print/Type pre	parer's name		Preparer's signature		Dat	e		Check	if	PTIN		
Pai	d	David W	Gandall (	CFE CPA	David W Ganda	all CFE CPA	09-	-20-2023	3	self-emp		P0008	6877	
	parer			lwg inc						m's EIN	•			
	Only				rexel Blvd					one no.				
					City OK 7310	07					405-	949-018	9	
Mav	the IRS	discuss this			own above? See ins								Yes X No	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

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.

н г	or the	2022 Calenda	ar year, or tax year beginnii	ig	07-01	, 2022, a	na enain	g	Ub.	-30 ,2023
Вс	Check if a	applicable:	C Name of organization Tr	ansition House, Inc.					) Employ	er identification number
Α	ddress o	change	Doing business as							73-1155089
=	lame cha	-		ox if mail is not delivered to street address)			Room/suit	e E	Teleph	one number
=	nitial retu	•	700 S Asp							(405)360-7926
F	inal retu	rn/terminated	City or town, state or province	, country, and ZIP or foreign postal code					G Gross	receipts
Α	mended	return	Norman, OK 7306	9					\$	414,178
	pplicatio	n pending	F Name and address of principa	Il officer:				H(a) Is this a gro	oup return fo	or subordinates? Yes X No
								H(b) Are all su	bordinates	s included? Yes No
l T	ax-exem	npt status:	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527	7		If "No," a	ttach a list	. See instructions
J V	Vebsite:		w.thouse.org					H(c) Group ex	emption n	umber
K F	orm of o	rganization: X	Corporation Trust Ass	sociation Other	LY	Year of formation	on: 1983	3 M St	ate of lega	al domicile: OK
Pai	rt I	Summar								
	1			ion or most significant activities:	Provide	e transitio	nal livin	g and con	nmunit	У
		-	or adults recovering fro							,
a)										
Activities & Governance										
ern	2	Check this b	ox  if the organization of	discontinued its operations or disp	osed of mo	ore than 25	% of its r	net assets.		
Š	3								3	9
∞	4		•	s of the governing body (Part VI,					4	9
es	5		,	n calendar year 2022 (Part V, line	,				5	7
ŧivit	6		r of volunteers (estimate if	, , ,	,				6	41
Ac			,	Part VIII, column (C), line 12					7a	0
				e from Form 990-T, Part I, line 11					7b	0
	<u> </u>	Tiot uniolato	a baomoo taxabio moome		Prior Year	1.0	Current Year			
	8	Contributions	s and grants (Part VIII line	1h)					245	114,832
Revenue	9		• •	e 2g)				235,		266,645
	10	•	•	•				200,	477	594
	11									30,721
	12									412,792
	13			,				344,	177	_
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)								0
	14	•	,					250	100	
S	15			e benefits (Part IX, column (A), lin	,			258,	109	295,731
Expenses			• ,	column (A), line 11e)		0.405				0
xpe			sing expenses (Part IX, co	· /· /		8,435		405	700	400.004
Ш	17	•	ses (Part IX, column (A), li					105,		126,031
	18			t equal Part IX, column (A), line 25		• • •		363,		421,762
	19	Revenue les	s expenses. Subtract line	18 from line 12	•••		<u> </u>	(19,6		(8,970)
or	20	Total acceta	(Dort V. line 16)				Begini	ning of Current		End of Year
ssets	20		(Part X, line 16) es (Part X, line 26)					106,		201,954
Net Assets or Fund Balances	21		, ,	line 24 from line 20					787	112,262
Pai		Signatur		line 21 from line 20				98,	057	89,692
				ırn, including accompanying schedules and	etatemente a	and to the heet	of my know	ledge and helic	of it is	
				ficer) is based on all information of which pre			or my know	leage and belie	71, 10 10	
		Dann	:- Dt:							
Sigr	ղ	Signature of office	ie Perutzzi						L	<u> </u>
_				din t					Date	•
Her	е		ie Perutzzi, Executive	director						
		Type or print na	eparer's name	Preparer's signature	1.	Date				PTIN
De:-	J		•					Check	□ "	
Paid			Gandall CFE CPA	David W Gandall CFE CPA	D:	9-20-2023		self-empl	loyed	P00086877
	parer	Firm's name	dwg inc	I DI I				rm's EIN		
use	Only	Firm's addres	_				Ph	none no.	40= -	40.0400
				City OK 73107					405-94	19-0189
Мау	tne IRS	S discuss this	return with the preparer sh	nown above? See instructions						☐ Yes X No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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		Χ
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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		Χ
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		Χ
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	Χ	
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		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		Х
	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		X

(continued)

Checklist of Required Schedules

Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Χ
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	22		V
240	employees? If "Yes," complete Schedule J	23		Χ
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.0		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
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%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part I.V	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule.M	29		Χ
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 J	31		Χ
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		Χ
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		Χ
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	00		V
07	related organization?If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		V
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Do:	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Check if Schedule O contains a response or note to any line in this Part V			П
	Shook it ochouse o contains a response of note to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	INO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	repertues garming (garming) withings to prize without.			

Form 990 (2022) Transition House, Inc. 73-1155089 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 7 Statements, filed for the calendar year ending with or within the year covered by this return ...... 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ...... 2b Χ Did the organization have unrelated business gross income of \$1,000 or more during the year?..... За Χ За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q......... 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ...... 5a Χ 5a Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ...... 5h b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ...... С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? ..... 6a Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... 7a Χ h 7h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С required to file Form 8282? ..... 7c 7d d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ...... 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ...... 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? ..... 8 Sponsoring organizations maintaining donor advised funds. 9 Χ 9a Χ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 ...... 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ......... 10b b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ..... 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ......... 12a 12a 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand ..... 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? ..... Χ 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O...... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022) Transition House, Inc. 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI ..... Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year ..... 9 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent ...... 9 1b h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?...... 4 5 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? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... 7h 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? ..... 8a Χ Χ Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? ..... If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a 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 ...... 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy? ..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 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? a The organization's CEO, Executive Director, or top management official ...... Χ 15a 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 Χ with a taxable entity during the year? 16a 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

17	List the states with which a	copy	of this Form 990 is required to be filed	Oklahoma

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.

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Bonnie Peruttzi (405)360-7926, 700 S Asp, Norman, OK 73069

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Highest compensated  Rey employee Officer Institutional trustee			)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Bonnie Peruttzi	60.00							00.405	_	
Executive Director						Х		63,400	0	0
(2) Kris Glenn	1.00									_
Board member	4.00	Χ						0	0	0
(3) Rahil Khalili	1.00									
Board member	4.00	Χ						0	0	0
(4) Marilyn Korhonen	1.00									
Board member	4.00	Χ						0	0	0
(5) Cordt Huneke	1.00									
Board member	4.00	Χ						0	0	0_
(6) Kristin Lazalier	1.00									
Board member	0.00	Χ						0	0	0
(7) Sara King	2.00			V				0		
President	0.00			Х				0	0	0
(8) Kelly Bergin	2.00			V				0		
Secretary (2) Provides County	0.00			Х				0	0	0
(9) Preston Court	2.00			V				0		
Vice-president	2.00			Х				0	0	0
(10)Rebecca Delsigne	2.00			V				0		
Treasurer				Х				0	0	0
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

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Part	VII Section A. Officers, Directors, Trus	stees, Key	/ Emp	oloy	ees	s, aı	nd Hi	ghe	est Compensat	ed Employees		(conti	nued)
	(A) Name and title	(B)  Average hours per week (list any	box, offic	unles er and	Pos eck m s pers l a dir	son is	nan one s both ar /trustee)		(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	Estimate of compo	of other npensation	on
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	-	nization a	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u> _													
<u>(18)</u> _													
<u>(19)</u> _													
(20)													
<u>(21)</u>													
(22)_													
(23)_													
(24)_													
(25)_													
1b c	Subtotal  Total from continuation sheets to Part VII, Section					L		-					
d	Total (add lines 1b and 1c)								63,400	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I	isted a	bove	) wh	no re	eceive	d mo	ore than \$100,000	of			0
3	Did the organization list any former officer, direct	or, trustee, k	ev em	ploye	ee. c	or hi	ghest	com	pensated			Yes	No
	employee on line 1a? If "Yes," complete Schedul	le J for such	individ	lual.							3		Χ
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
_	individual					-1-1-			a Cara and Sault Salarah		4		Χ
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				5		Χ
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa compensation from the organization. Report comp												
	(A)	Jensalion Tol	lile car	enua	пус	ai e	nuing	WILII	(B)	izations tax year.	(C)		
	Name and business addres	ss							Description of service	es	Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	-		thos	e list	ted a	above)	) who	0				

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			
			·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d	Federated campaigns Membership dues	ributions) ts, grants, ncluded above cluded in		46,000 21,409 18,380 29,043 \$ Business Code 624200	114,832 266,645	266,645		
₫		All other program service i				266,645			
	3	other similar amounts)				594	594		
	С	Less: rental expenses 6b  Rental income or (loss) 6c		I	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a (i) Securiti		(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundral	7c						
ō	С	events (not including \$ of contributions reported on line  1c). See Part IV, line 18			1,386	18,967			18,967
	С	activities, See Part IV, line Less: direct expenses Net income or (loss) from (	gaming activities	9a 9b					
	b	Gross sales of inventory, le returns and allowances Less: cost of goods sold Net income or (loss) from s		10a 10b					
Miscellanous Revenue	11a b c	Client Fees			Business Code 624200	11,754	11,754		
Aisc R.		All other revenue			900099				
_		Total. Add lines 11a-11d				11,754			
	12	Total revenue. See instruc	ctions			412.792	278.993	0	18.967

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

### Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 ..... 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Benefits paid to or for members ..... Compensation of current officers, directors, 5 trustees, and key employees ..... 63,400 51,354 10,778 1,268 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 181,469 146,990 30,850 3,629 7 Other salaries and wages ..... Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits ..... 31,574 25,575 5,368 631 10 Payroll taxes ..... 19,288 15,623 3,279 386 11 Fees for services (nonemployees): а Management ..... b Legal..... Accounting ..... 12,399 10,043 2,108 248 С d Lobbying ..... Professional fundraising services. See Part IV, line 17 . е f Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ... 12 Advertising and promotion ..... 10,767 1,830 13 Office expenses ..... 8,722 215 14 Information technology ..... 15 16 Occupancy ..... 66,377 53,765 11,284 1,328 17 Travel ..... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,384 1,121 235 28 19 Conferences, conventions, and meetings ...... 20 21 Payments to affiliates ..... 22 Depreciation, depletion, and amortization ...... 1,728 1,399 294 35 23 7,498 Insurance ..... 6,073 1,275 150 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 O.) Vehicle Expense 2,513 2,036 427 50 b Household Supplies and Food 5,072 4,109 862 101 c Equipment Repairs & Maint 5,554 4,499 944 111 d Client Program Supplies 12,739 10,318 2,166 255 е All other expenses Total functional expenses. Add lines 1 through 24e ... 421,762 341,627 71,700 8,435 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) ......

Transition House, Inc. 73-1155089

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Form 990 (2022) Term X Balance Sheet

		Check if Schedule O contains a response or note	e to any i	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			77,843	1	178,100
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			18,870	3	15,900
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer, dire	ector,			
		trustee, key employee, creator or founder, substantial co	ntributor,	or 35%			
		controlled entity or family member of any of these perso	ons			5	
	6	Loans and other receivables from other disqualified pers	sons (as de	efined			
		under section 4958(f)(1)), and persons described in section	tion 4958(	(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use			8		
Assets	9	Prepaid expenses and deferred charges			4,335	9	4,285
•	10a	Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D	10a	56,103			
	b	Less: accumulated depreciation	10b	52,434	5,396	10c	3,669
	11	Investments - publicly traded securities	•	11	•		
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)		106,444	16	201,954
	17	Accounts payable and accrued expenses			7,787	17	10,642
	18	Grants payable				18	101,620
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedul	le D		21	
	22	Loans and other payables to any current or former office	r,				
Liabilities		trustee, key employee, creator or founder, substantial co	ntributor, o	or 35%			
abil		controlled entity or family member of any of these perso	ons			22	
	23	Secured mortgages and notes payable to unrelated thir	rd parties			23	
	24	Unsecured notes and loans payable to unrelated third p	oarties			24	
	25	Other liabilities (including federal income tax, payables t	to related	third			
		parties, and other liabilities not included on lines 17-24).	. Complete	e Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,787	26	112,262
		Organizations that follow FASB ASC 958, check here	X				
		and complete lines 27, 28, 32, and 33.					
ses	27	Net assets without donor restrictions			98,657	27	89,692
lanc	28	Net assets with donor restrictions				28	
Ba		Organizations that do not follow FASB ASC 958, check	here				
oun		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment				30	
Ass	31	Retained earnings, endowment, accumulated income, or	nds		31		
et,	32	Total net assets or fund balances		98,657	32	89,692	
	33	Total liabilities and net assets/fund balances			106,444	33	201,954

EEA Form 990 (2022)

Form	990 (2022) Transition House, Inc.	73-11550	89	P	age 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		412,	792
2	Total expenses (must equal Part IX, column (A), line 25)	2		421,	762
3	Revenue less expenses. Subtract line 2 from line 1	3		(8,9	970)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		98,	657
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			5
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		89,	692
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
b			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA

## SCHEDULE A (Form 990)

### Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Name of the organization

. Inspection
Employer identification number

<u>I rans</u>	SITIO	n House, Inc.					/3-1155089					
Part	: 1	Reason for Public Charit	y Status. (All o	rganizations must o	complete	this par	t.) See instructions	S.				
The o	rgar	ization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	only one bo	x.)						
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(I	o)(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	l service organizat	ion described in section	170(b)(1)(	A)(iii).						
4		A medical research organization of	perated in conjunct	tion with a hospital desc	ribed in se	ction 170(I	b)(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5	X	An organization operated for the be	nefit of a college o	r university owned or op	erated by a	a governm	ental unit described in					
		section 170(b)(1)(A)(iv). (Complete	Part II.)									
6		A federal, state, or local governme	nt or governmental	I unit described in section	n 170(b)(1	)(A)(v).						
7		An organization that normally receive	ves a substantial pa	art of its support from a g	governmen	tal unit or f	rom the general public					
		described in section 170(b)(1)(A)(v	ri). (Complete Part	II.)								
8		A community trust described in sec	ction 170(b)(1)(A)(v	vi). (Complete Part II.)								
9		An agricultural research organization	on described in se	ction 170(b)(1)(A)(ix) op	erated in c	onjunction	with a land-grant colle	ege				
	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 receive	ves: (1) more than	33 1/3% of its support fr	om contrib	utions, mer	mbership fees, and gros	SS				
		receipts from activities related to its										
		support from gross investment inco acquired by the organization after					a) nom businesses					
11		An organization organized and ope					).					
12		An organization organized and ope	rated exclusively fo	or the benefit of, to perfor	m the func	tions of, or	to carry out the purpos	ses of				
		one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section (	509(a)(2).	See section 509(a)(3).	Check				
		the box on lines 12a through 12d th	at describes the typ	pe of supporting organization	ation and o	omplete lir	nes 12e, 12f, and 12g.					
а		Type I. A supporting organizati	on operated, supe	rvised, or controlled by i	its supporte	ed organiz	ation(s), typically by given	ving				
		the supported organization(s) to	he power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the					
		supporting organization. You n	nust complete Part	IV, Sections A and B.								
b		Type II. A supporting organization	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g				
		control or management of the s	upporting organiza	ation vested in the same	persons tha	at control o	r manage the supporte	d				
		organization(s). You must com	plete Part IV, Sect	ions A and C.								
С		Type III functionally integrated.	. A supporting orga	anization operated in cor	nnection w	th, and fur	nctionally integrated wi	th,				
		its supported organization(s) (s	see instructions). Y	ou must complete Part	IV, Section	s A, D, an	d E.					
d		Type III non-functionally integra	ated. A supporting	organization operated in	n connectio	on with its	supported organization	n(s)				
		that is not functionally integrate	d. The organization	n generally must satisfy a	a distributio	n requirem	ent and an attentivenes	S				
		requirement (see instructions).	You must complet	te Part IV, Sections A ar	nd D, and F	Part V.						
е		Check this box if the organization	on received a writte	en determination from the	RS that it	is a Type	I, Type II, Type III					
		functionally integrated, or Type	III non-functionally	integrated supporting o	rganizatior	<b>).</b>						
f	Е	nter the number of supported organ	izations									
g	Р	rovide the following information abo	ut the supported or	ganization(s).								
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)	other support (see instructions)				
					4004.1		- mon denome)	included and the				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

 Schedule A (Form 990) 2022
 Transition House, Inc.
 73-1155089
 Page 2

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

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

Section A. Public Support

Secui	on A. Fublic Support												
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	324,567	393,410	412,030	344,177	412,198	1,886,382						
2	Tax revenues levied for the												
	organization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to the												
	organization without charge												
4	Total. Add lines 1 through 3	324,567	393,410	412,030	344,177	412,198	1,886,382						
5	The portion of total contributions by												
	each person (other than a												
	governmental unit or publicly												
	supported organization) included on												
	line 1 that exceeds 2% of the amount												
	shown on line 11, column (f)												
6	Public support. Subtract line 5 from line 4.						1,886,382						
Section	on B. Total Support												
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
7	Amounts from line 4	324,567	393,410	412,030	344,177	412,198	1,886,382						
8	Gross income from interest, dividends,												
	payments received on securities loans,												
	rents, royalties, and income from												
	similar sources	309	445	570	477	594	2,395						
9	Net income from unrelated business												
	activities, whether or not the business												
	is regularly carried on												
10	Other income. Do not include gain or												
	loss from the sale of capital assets												
	(Explain in Part VI.)												
11	Total support. Add lines 7 through 10						1,888,777						
12	Gross receipts from related activities, etc.	(see instructio	ns)			12							
13	First 5 years. If the Form 990 is for the org	ganization's firs	t, second, third	d, fourth, or fiftl	h tax year as a	section 501(c)	(3)						
	organization, check this box and stop here	э											
Section	on C. Computation of Public Support P	ercentage											
14	Public support percentage for 2022 (line 6	S, column (f), di	vided by line 1	1, column (f))		14	99.87 %						
15	Public support percentage from 2021 Sch	edule A, Part I	l, line 14			15	99.88 %						
16a	33 1/3% support test - 2022. If the organization	zation did not c	heck the box o	on line 13, and	line 14 is 33 1	/3% or more, c	heck this						
	box and stop here. The organization quali	fies as a public	ly supported o	rganization			X						
b	33 1/3% support test - 2021. If the organization	zation did not c	heck a box on	line 13 or 16a,	and line 15 is	33 1/3% or mo	ore, check						
	this box and stop here. The organization of	qualifies as a p	ublicly support	ed organization	n								
17a	10%-facts-and-circumstances test - 2022.	If the organiza	ation did not ch	eck a box on li	ine 13, 16a, or	16b, and line	14 is						
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and sto	op here. Explai	n in						
	Part VI how the organization meets the fa	cts-and-circum	stances test. 7	he organizatio	n qualifies as	a publicly supp	orted						
	organization												
b	10%-facts-and-circumstances test - 2021.	If the organiza	ation did not ch	eck a box on li	ine 13, 16a, 16	Sb, or 17a, and	line						
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain												
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported												
	organization												
18	Private foundation. If the organization did	not check a bo	x on line 13, 1	6a, 16b, 17a, d	or 17b, check t	his box and se	e						
	instructions												

Schedule A (Form 990) 2022 Transition House, Inc. 73-1155089 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose .... Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ...... The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b ....... Public support. (Subtract line 7c from line 6.) ..... Section B. Total Support (c) 2020 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 Amounts from line 6 ...... 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ..... С Add lines 10a and 10b ..... 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... Total support. (Add lines 9, 10c, 11, 13 and 12.) ..... 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... Section C. Computation of Public Support Percentage % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ...... 15 Public support percentage from 2021 Schedule A, Part III, line 15 ..... 16 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ... 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 ...... 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ......

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...

 Schedule A (Form 990) 2022
 Transition House, Inc.
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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	A. All	Suppo	orting (	Organ	izations
-----------	--------	-------	----------	-------	----------

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
ou	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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ju		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
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 10b below.	10a		
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.)	10b		

ı artı	Capporaing Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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		
Section	on C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," 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		
Section	on D. All Type III Supporting Organizations			
			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			
2	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 in line 2, above, did the organization's supported organizations have			
J	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	uction	ıs).
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 government entity (see instruc	tions)		
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	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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	3h		

Schedule A (Form 990) 2022 Transition House, Inc. 73-1155089 Page 6

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.  Section A - Adjusted Net Income  (A) Prior Year  (B) Current Year  (coptional)  1 Net short-term capital gain  1 Recoveries of prior-year distributions  2 Pactories of prior-year distributions  3 Other gross income (see instructions)  4 Add lines 1 through 3.  5 Depreciation and depletion  5 Portion of operating expenses paid or incurred for production or collection of gross income of for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  1 Average monthly value of securities  1 Average monthly value of securities  1 Average monthly locash balances  1 Total (add lines 1a, 1b, and 1c)  2 Average monthly value of securities  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt-use assets  4 Total (add lines 1a, 1b, and 1c)  2 Acquisition indebtedness applicable to non-exempt-use assets  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  8 Multiply line 5 by 0.035.  9 Recoveries of prior-year distributions  8 Milimimum Asset Amount (add line 7 to line 6)  8 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Letter 0.5 of line 1.  9 Distributable Amount Subtract line 4 from Section B, line 8, column A)  1 Adjusted net income for prior year (from Section B, line 8, column A)  1 Current Year  5 Current Year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Part	7 7 7 11 0 0			
Section A - Adjusted Net Income  (A) Prior Year  (B) Current Year  (optional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 or line 3. 1 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 9 Clonch here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	1				
Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income of for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Ald Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 6 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		instructions. All other Type III non-functionally integrated supporting organiz	ation	ns must complete Section	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 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 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section 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): 1 Aggregate fair market value of sell non-exempt-use assets 1 Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 or line 3. 1 Alimimum asset amount for prior year (from Section B, line 8, column A) 5 Income tax imposed in prior year (from Section B, line 8, column A) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instr	Secti	on A - Adjusted Net Income		(A) Prior Year	` '
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 Adjusted value of other non-exempt-use assets 1 to 1 Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount 2 Enter 0.85 of line 1. 3 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 5 Income tax imposed in prior year (from Section A, line 8, column A) 5 Income tax imposed in prior year (from Section B, line 8, column A) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	1	Net short-term capital gain	1		
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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)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly value of securities  b Average monthly value of securities  c Fair market value of other non-exempt-use assets  1 to d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  2 3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	4	Add lines 1 through 3.	4		
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 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly value of securities 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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 Section C - Distributable Amount Current Year (from Section B, 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 (from Section B, line 8, column A) 3 5 Income tax imposed in prior year (from line 4, unless subject to emergency temporary reduction (see instructions). 6 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	5	Depreciation and depletion	5		
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Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (optional)  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year  Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Adjusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		·	8		
instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly value of securities  t Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Current Year  Adjusted net income for prior year (from Section A, line 8, column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization				(A) Prior Year	(B) Current Year (optional)
instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly value of securities  t Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	1	Aggregate fair market value of all non-exempt-use assets (see			, , ,
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use is enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	a		1a		
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					
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7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Henter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		·			
8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		1,			
Section C - Distributable Amount  Current Year  Adjusted net income for prior year (from Section A, line 8, column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  Current Year  Current Year					
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					Current Year
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	2		2		
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization			_		
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6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization			_		
emergency temporary reduction (see instructions).  6  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	Ü	•	6		
	7		- 1	tegrated Type III suppor	ting organization
	•	(see instructions).	,	g.a.oa 1,po iii oappoi	g organization

EEA Schedule A (Form 990) 2022

Schedu	e A (Form 990) 2022 Transition House, Inc.		73-115	5089 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer		ted	
	organizations, in excess of income from activity		2	
3				
4	Administrative expenses paid to accomplish exempt purpo Amounts paid to acquire exempt-use assets	11	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.	•	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	)
		/;\	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
		Excess Distributions	Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
<u>C</u>	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022 EEA

Schedule A (Form 990) 2022

Page 8

Part VI Supplemental Information Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part

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

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

 $\label{eq:complete} Complete if the organization answered "Yes" on Form 990, \\ Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. \\$ 

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

varrie 0	r the organization		Embid	oyer identification number	
rans	tion House, Inc.			73-1155089	
Pa	rt I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or Accou	nts.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.			
		(a) Donor advised funds		(b) Funds and other accounts	i
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 advi-	sed		
-	funds are the organization's property, subject to the organization			. Tyes	□No
6	Did the organization inform all grantees, donors, and donor a				
Ü	only for charitable purposes and not for the benefit of the dor	• •			
	conferring impermissible private benefit?		,030	☐ Yes	□No
Par					
ı aı	Complete if the organization answered "Yes" of	on Form 990 Part IV line 7			
4					
1	Purpose(s) of conservation easements held by the organization		£ _ l=:_4:	inally increased and area	
	Preservation of land for public use (for example, recreation	· =		ically important land area	
	Protection of natural habitat	☐ Preservation o	t a certific	ed historic structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a cons		
	easement on the last day of the tax year.			Held at the End of the T	ax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after July 25, 2006, and not on a			
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organiz	zation 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 in	t holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation	easements during the year	
	G. 1			• •	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation ease	ements during the vear	
	Э,				
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 17	0(h)(4)(B	3)(i)	
Ū	and section 170(h)(4)(B)(ii)?	· ·	0(1.)(1.)(2	∏ Yes	□No
9	In Part XIII, describe how the organization reports conservation		ea etatam	_	
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	ote to the organizations illiancial stateme	ento mai c	describes the	
Par		Art Historical Treasures or Othe	or Simil	ar Accate	
Ган			JI OIIIIII	ai Assets.	
4-	Complete if the organization answered "Yes" o				
1a	If the organization elected, as permitted under FASB ASC 9				
	of art, historical treasures, or other similar assets held for pu			ce of public	
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 9				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	(ii) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	ial gain, p	provide the	
	following amounts required to be reported under FASB ASC	958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			\$_	
b	Assets included in Form 990, Part X			\$	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		56,103	52,434	3,669
e	Other				
Total.	Add lines 1a through 1e. (Column (d) must equal F	Form 990, Part X, columi	n (B), line 10c.)		3,669

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. (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives ..... (2) Closely-held equity interests ..... (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)..... Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4) (5)(6)(7) (8) (9)Total. (Column (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) line 15.)..... Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (a) Description of liability (b) Book value (1) Federal income taxes (3)(4) (5)(6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . .

Part			•	
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements		1	412,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	412,792
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 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	412,792
Part				112,702
· ait	Complete if the organization answered "Yes" on Form 990	•	•	
1	Total expenses and losses per audited financial statements		1	421,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		'	721,702
	Donated services and use of facilities	2a		
a				
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	421,762
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		
_	A alal 1:		4c	
С	Add lines 4a and 4b		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	421,762
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)		421,762
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5	421,762
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
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5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
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5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762
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5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	421,762

EEA Schedule D (Form 990) 2022

### 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

2022 Open to Public

Inspection

Employer identification number Name of the organization Transition House, Inc. 73-1155089 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) (or retained by) custody or control of (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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.

Part II

73-1155089

		than \$15,000 of fundraisin gross receipts greater than	•	d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with
		groot roos,pto groater than	(a) Event #1  June Bug Jam (event type)	(b) Event #2 (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	20,353			20,353
L.	2	Less: Contributions Gross income (line 1 minus	00.050			22.252
_		line 2)	20,353			20,353
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	1,386			1,386
	10	Direct expense summary. Add li			<del>-</del>	1,386
_	11	Net income summary. Subtract				18,967
Pa	art III	Gaming. Complete if the o \$15,000 on Form 990-EZ,		es" on Form 990, Part I	V, line 19, or reported m	ore than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 Rev	1	Gross revenue				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	☐ Yes % No	
	7	Direct expense summary. Add li	nes 2 through 5 in column (o	d)(b		
	8	Net gaming income summary. S	Subtract line 7 from line 1, co	lumn (d)		
ę	a Is	inter the state(s) in which the organs the organization licensed to condu	uct gaming activities in each	of these states?		Yes No
	_					
10		Vere any of the organization's gami "Yes," explain:	ng licenses revoked, susper	_	-	Yes No
	_					

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

Transition House, Inc.	73-1155089
01. Form 990 governing body review (Part VI, line 11)	
The 990 is distributed to all board members via email for their review prior the tax	
return being filed	
02. Conflict of interest policy compliance (Part VI, line 12c)	
Transition House distributes to board members an agreement outlining responsibilities,	
principles for good governance and ethical behavior. Board members agree to legal	
compliance and public disclosure.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
The board bases this upon information from comparable organizations in the community	
04. Other officer or key employee compensation (Part VI, line 15b	
Compensation is determined by the board based upon comparable positions in other commun	nity
organizations	
05. Governing documents, etc, available to public (Part VI, line 19)	
The governing documents, the 990, etc. are available to the public upon request	

### Form 8879-TE

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

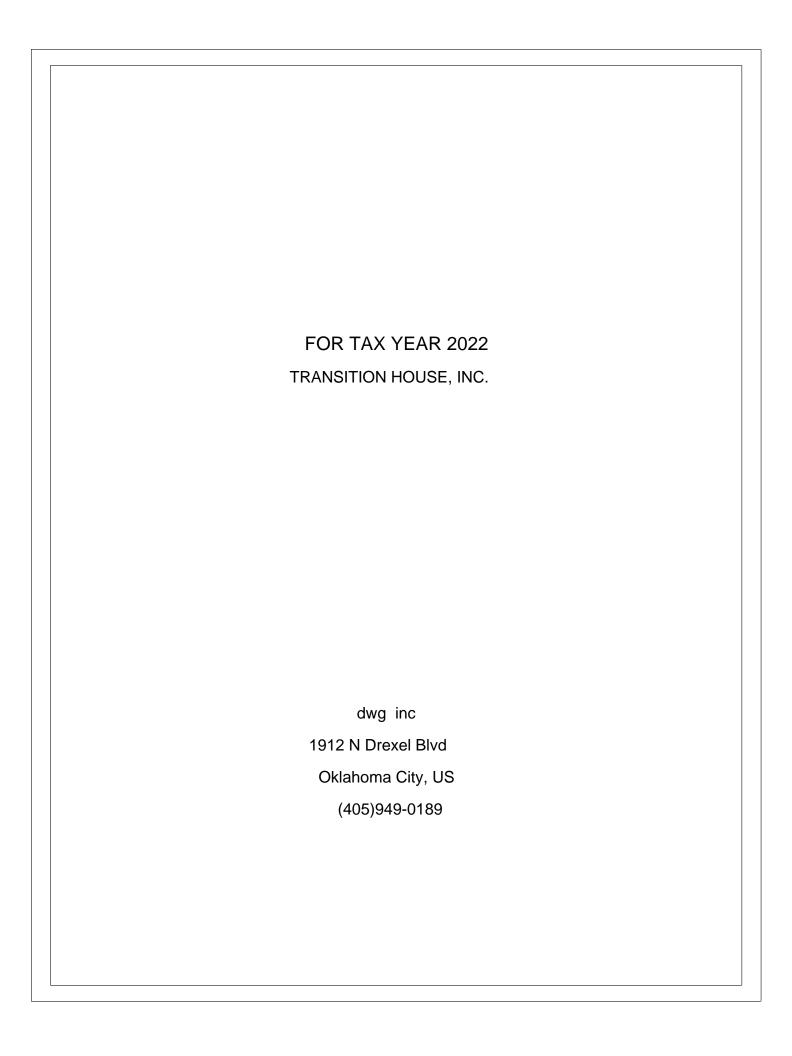
07-01 , 2022, and ending 06-30 , 2023

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN	ī
Transition House, Inc.  Name and title of officer or person subject to tax	73-1155	5089
Bennie Perutzzi, Executive director		
Part I Type of Return and Return Information		
Check the box for the return for which you are using this Form 8879-TE and enter the applicable a 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dol 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with the contract of the contract of the return being filed with the contract of	ars only. If you check th	ne box on line 1a, 2a,
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you enapplicable line below. Do not complete more than one line in Part I.		
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, co		<del></del>
2a Form 990-EZ check here  b Total revenue, if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL check here  b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check here b Tax based on investment income (Form 990		
5a Form 8868 check here b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check here		6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	•	8b
9a Form 5330 check here		9b 2) 10b
Part II Declaration and Signature Authorization of Officer or Person Sub		:) 100
·		ax with respect to (name
of entity) , (EIN)		ave examined a copy of the
2022 electronic return and accompanying schedules and statements, and, to the best of my know		' '
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dithe date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Ag (direct debit) entry to the financial institution account indicated in the tax preparation software for pretum, and the financial institution to debit the entry to this account. To revoke a payment, I must of 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also author processing of the electronic payment of taxes to receive confidential information necessary to another payment. I have selected a personal identification number (PIN) as my signature for the electronic funds withdrawal.	ent to initiate an electro ayment of the federal ta ontact the U.S. Treasury rize the financial institut wer inquiries and resolv	onic funds withdrawal  xes owed on this  r Financial Agent at  ions involved in the  re issues related to
PIN: check one box only		
	my PIN 73069	as my signature
ERO firm name	Enter five nu	ımbers, but
on the tax year 2022 electronically filed return. If I have indicated within this return that a co agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen.		
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signifiled return. If I have indicated within this return that a copy of the return is being filed with a of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen	state agency(ies) regul	
Signature of officer or person subject to tax	Date0	9-14-2023
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.		
733707	83053	
	Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically f am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File Providers for Business Returns.		
ERO's signature David W Gandall CFE CPA	Date09-20-20	)23
EDO Minat Datain This Forms Construction	tions	
ERO Must Retain This Form - See Instru Do Not Submit This Form to the IRS Unless Reque		

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1					
Name(s) as shown on return  Transition House		73-1155089					
Description Current portion	Description Currrent portion of deferred grant revenue Long term portion of deferred grant revenue						
Long term porti	Long term portion of deferred grant revenue  Total:						



## 2022 Filing Instructions Transition House, Inc. Tax year ending 06-30-2023

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-15-2023

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

(405)949-0189.		
Sincerely,		
David W Gandall CFE CPA		
dwg inc		
Accepted By:		
Bonnie L. fently, MHR		
Date 9/20/2023		

# Tax Exempt Diagnostic Summary Name Transition House, Inc. Tax Exempt Employer Identification # 73-1155089

Demographics

Mailing Address: Phone: (405)360-7926

700 S Asp

Norman, OK 73069

Resident State: OK

Diagnostics

Preparer: David W Gandall C Invoice: Date: 09-20-2023

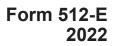
### Return Information

Item on Return	2022	2021 Federal
	Federal	(If available)
Total Revenue	412,792	344,177
Total Expenses	421,762	363,871
Net Excess (Deficit)	(8,970)	(19,694)
Net Assets or Fund		
Balances	89,692	98,657

### State/City Information

State/City_	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)

# Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code





	RT 1 the year January 1 - December 31, 2022, or other taxable year beginning: 2022 ending:	
Nam	ne of Organization Federal Employer Identification Number	Date Qualified for Tax Exempt Status
Add	ress (Number and street)	
City	State or Province Country	ZIP or Foreign Postal Code:
Dla	ce an 'X' if: (1) Initial Return (2) Final Return (3) Amended Return (See Schedule 5	512F. Y on nage 2)
ı ıaı	Amended Neturn (2)	TIZE-X OII page 2)
	RT 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME ease read instructions on pages 3-4)  Total Federal	Allocable Oklahoma
Α	Total unrelated trade or business income - applicable Federal Form(s) 990	
В	Total unrelated trade or business deductions - applicable Fed. Form(s) 990	
С	Unrelated business taxable income - enter here and on line 1 below	
IN	COME SUBJECT TO TAX	7
1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1 00
2	Other net income - provide schedule	2 00
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3 00
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4 00
TA	X COMPUTATION	
5	Tax at 4% of line 4. If trust, see rate schedule on page 3 and place an "1" in the box.  If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and	
	enter a "2" in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	5 00
6	Less: Other Credits Form (total from Form 511-CR)	6 00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7 00
8	2022 Oklahoma estimated tax and extension payments and prior year carryforward	8 00
9	Oklahoma withholding ( <b>provide</b> Form 1099, Form 500A, Form 500B or other withholding statement)	9 00
10	Amount paid with original return and amount paid after it was filed (amended return only)	10 00
11	Any refunds or overpayment applied (amended return only)	11(
12	Total of lines 8 through 11	12 00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13 00
14	Amount of line 13 to be credited to 2023 estimated tax (original return only)	14 00

### 2022 Form 512-E - Page 2



### Oklahoma Return of Organization Exempt from Income Tax

Transition House, Inc				
	Am	ount from line 14 on page 1		00
Line 15 provides you the opportunity to make organizations. Place the line number of the organizations the amount you are donating. If giving to more schedule showing how you would like your do	ganization from page 4 of this than one organization, put a	form in the box below and ente	er	
Donations from your refund	\$2 \$5 \$		15	00
Add lines 14 and 15 and enter amount			16	00
Amount to be refunded to you (line 13 minus	line 16)	Refund	17	00
Direct Deposit Note: Is this r	efund going to or through an acc	ount that is located outside of the	United States? Yes	No
All refunds must be by direct Depos deposit. See Direct Deposit	it my refund in my:	cking Account Savir	ngs Account	
Information on page 5 for details	ng Number:			
Accou	nt Number:			
Tax Due (if line 7 is larger than line 12 enter to	ax due)	Tax Due	18	00
Donation: Public School Classroom Support Fu	nd (For information regarding this	fund, see page 4, #5)	19	00
For delinquent payment, add penalty of 5% p	lus interest at 1.25% per month.		20	00
21 Underpayment of estimated tax interest		Annualized	21	00
Total tax, penalty and interest due - Add lines	18-21; pay in full with return	Balance Due	22	00
Under penalty of perjury, I declare the information contained in this de Signature of Office or Trustee		ue and correct to the best of my knowledge and Signature of Preparer	d belief.  Date	
Printed Name L Ventages MHR	9/20/223 the Oklahoma Tax Commission	Printed Name of Preparer		
Bonnie Peruttzi  Title Phone Number	tax preparer.	David Gandall, CFE (	CPA Preparer's PTIN	
Executive Director 405-360-7		405-949-0189	P00086877	
SCHEDULE 512-E-X: AMENDED RETURN SCH	EDULE (See instructions on pa	ge 3)	-	
A Did you file an amended Federal income tax r				
Provide a copy of the amended Federal return a	nd a copy of "Statement of Adjusti	ment", IRS refund check or deposit	slip.	
B If this return is being filed due to a Federal au	dit, provide a complete copy of	the RAR.		
C Explanation or reason for amended return (Pr	ovide all necessary schedules):			

2022 Form 512-E - Page 2



### Oklahoma Return of Organization Exempt from Income Tax

Name of Organization::	mployer Identification Number:								
		Am	nount from line 14 o	n page 1		00			
Line 15 provides you the opport organizations. Place the line nur the amount you are donating. If schedule showing how you wou	mber of the organization from giving to more than one organization.	n page 4 of this	s form in the box belov	w and ente	r				
Donations from your refund	\$2	\$5 5	\$		15	00			
16 Add lines 14 and 15 and ente		16	00						
Amount to be refunded to you	Refund	17	00						
Direct Deposit Note:	Is this refund aging to	or through an ac	count that is located out	side of the l	Jnited States?	Yes No			
All refunds must be by direct deposit. See Direct Deposit my refund in my: Checking Account Savings Account									
Information on page 5 for deta	Routing Number:								
	Account Number:								
Tax Due (if line 7 is larger tha	Tax Due	18	00						
19 Donation: Public School Classr	19	00							
For delinquent payment, add	20	00							
21 Underpayment of estimated to	zed	21	00						
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return						00			
Under penalty of perjury, I declare the information				v knowledge and	d belief.				
Signature of Office or Trustee	Check this box if the Oklahoma Tax Commission	Signature of Preparer			Date				
Printed Name		may discuss this return with your tax preparer.	Printed Name of Preparer						
Title		Phone Number		Preparer's PTIN					
SCHEDULE 512-E-X: AMENDED	RETURN SCHEDULE (See i	nstructions on p	age 3)						
A Did you file an amended Fede	eral income tax return?	Ye	es No						
Provide a copy of the amended	Federal return and a copy of "S	tatement of Adjus	stment", IRS refund check	or deposit	slip.				
B If this return is being filed due	to a Federal audit, <b>provide</b> a	complete copy of	of the RAR.						
Explanation or reason for amended return ( <b>Provide</b> all necessary schedules):									

### **Instructions for Filing an Amended Return**

When filing an amended return, place an "X" in the Amended return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 10. Enter any refund previously received or overpayment applied on line 11. Complete the Amended Return Schedule, Schedule 512E-X on page 2.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service (IRS) when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.

### **General Instructions**

Every organization shall make a return for each year. 68 Oklahoma Statutes (OS) Section 2368.

Part 1 and the signature section must be completed by all organizations. If you were required to file an annual information return with the IRS, enclose a copy of the information return including any supporting schedules (e.g. Form 990, 990-EZ, 990-PF).

Part 2 is to be completed by organizations who have unrelated trade or business income. If you were required to file an income tax return with the IRS, enclose a copy of the tax return including any supporting schedules (e.g. Form 990-T).

Corporate returns shall be due no later than 30 days after the due date established under the Internal Revenue Code (IRC).

Exempt Organizations are subject to tax on unrelated business income. 68 OS Sec. 2359.

Investment income of exempt organizations subject to federal excise tax is not subject to Oklahoma income tax; however, any income subject to income tax under the IRC is subject to Oklahoma income tax.

Complete the Oklahoma Statement of Unrelated Business Income and attach a schedule of any other taxable income.

Total unrelated trade or business deductions includes the "specific deduction" allowed on the Federal return.

If you do not have a Federal Employer Identification Number, you may obtain one by visiting the IRS website at irs.gov.

If you are a member, either directly or indirectly, of an electing pass-through entity (PTE), subtract Oklahoma income and add Oklahoma losses covered by the election pursuant to the provisions of the Pass-Through Entity Act of 2019. **Provide** a schedule listing the PTE, federal identification number, the year of the election, federal taxable income (loss) and Oklahoma taxable income (loss) that is covered by the election pursuant to this Act. Also **provide** a copy of the OTC acknowledgement letter received by the PTE. 68 OS Sec. 2355.1P-4.

### Line 5 - TAX

The income tax rate is 4%.

<u>Trust</u>: If the exempt organization is a trust, the following rates apply. Enter a "1" in the box on Form 512-E, line 5.

If taxable income is:	At least	-	But less than					
	-0-	-	1,000	Pay	0.00	+	0.25%	over0
	1,001	-	2,500	Pay	2.50	+	0.75%	over1,000
	2,501	-	3,750	Pay	13.75	+	1.75%	over2,500
	3,751	-	4,900	Pay	35.63	+	2.75%	over3,750
	4,901	-	7,200	Pay	67.25	+	3.75%	over4,900
•	7,201		over	Pay	153.50	+	4.75%	over7,200

### Recapture of the Oklahoma Affordable Housing Tax Credit:

If under IRC Section 42 a portion of any federal low-income housing credits taken on a qualified project is required to be recaptured during the first 10 years after a project is placed in service, the taxpayer claiming Oklahoma Affordable Housing Tax Credits with respect to such project shall also be required to recapture a portion of such credits. The amount of Oklahoma Affordable Housing Tax Credits subject to recapture is proportionally equal to the amount of federal low-income housing credits subject to recapture. Add the recaptured credit to the Oklahoma income tax and enter a "2" in the box on Form 512-E, line 5.

### Making an Oklahoma installment payment pursuant to IRC Section 965(h):

If a taxpayer elected to make installment payments of tax due pursuant to the provisions of subsection (h) of Section 965 of the IRC, such election may also apply to the payment of Oklahoma income tax, attributable to the income upon which such installment payments are based. Add the installment payment to the Oklahoma income tax and enter a "3" in the box on Form 512-E, line 5. **Provide** a schedule of the tax computation. 68 OS Sec. 2368(K).

Mail to: Oklahoma Tax Commission • PO Box 26800 • Oklahoma City, OK 73126-0800

### **Donations from Refund**

1 - Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children You may donate from your tax refund to support programs for volunteers to act as Court Appointed Special Advocates for abused or neglected children. Donations will be placed in the Income Tax Checkoff Revolving Fund for Court Appointed Special Advocates. Monies will be expended by the Office of the Attorney General for the purpose of providing grants to the Oklahoma CASA Association. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma CASA Association, Inc., PO Box 54946, Oklahoma City, OK 73154.

### 2 - Y.M.C.A. Youth and Government Program

You may donate from your tax refund to support the Oklahoma chapter of the Y.M.C.A. Youth and Government program. Monies donated will be expended by the State Department of Education for the purpose of providing grants to the Program so young people may be educated regarding government and the legislative process. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma State Department of Education, Y.M.C.A. Youth and Government Program, Office of the Comptroller, 2500 North Lincoln Boulevard, Room 415, Oklahoma City, OK 73105-4599.

### 3 - Support the Wildlife Diversity Fund

You may donate from your tax refund to support the conservation of rare or declining fish and wildlife along with common species not hunted or fished. Donations to the Oklahoma Department of Wildlife Conservation's Wildlife Diversity program supports field surveys of animals considered to be of greatest conservation need, as well as educational wildlife programs for all Oklahomans. Tax deductible donations to the Wildlife Diversity Fund also can be made at wildlifedepartment.com or by mail: Oklahoma Department of Wildlife Conservation, Re: Wildlife Diversity Fund, PO Box 53465, Oklahoma City, Oklahoma 73152.

### 4 - Support of Programs for Regional Food Banks in Oklahoma

You may donate from your tax refund to support the Regional Food Bank of Oklahoma and the Community Food Bank of Eastern Oklahoma (Oklahoma Food Banks). The Oklahoma Food Banks are the largest hunger-relief organizations in the state – distributing food to charitable and faith-based feeding programs throughout all 77 counties in Oklahoma. Your donation will be used to help provide food to the more than 500,000 Oklahomans at risk of hunger on a daily basis. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Human Services, Revenue Processing Unit, Re: Programs for OK Food Banks, PO Box 248893, Oklahoma City, OK 73124.

### 5 - Public School Classroom Support Fund

You may donate from your tax refund to support the Public School Classroom Support Revolving Fund, which will be used by the State Board of Education to provide one or more grants annually to public school classroom teachers. Grants will be used by the classroom teacher for supplies, materials, or equipment for the class or classes taught by the teacher. Grant applications will be considered on a statewide competitive basis. You may also mail a donation to: Oklahoma State Board of Education, Public School Classroom Support Fund, Office of the Comptroller, 2500 North Lincoln Boulevard, Room 415, Oklahoma City, OK 73105-4599.

### 6 - Oklahoma Pet Overpopulation Fund

You may donate from your tax refund to support the Oklahoma Pet Overpopulation Fund. Monies placed in this fund will be expended for the purpose of developing educational programs on pet overpopulation and for implementing spay/neuter efforts in this state. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Agriculture, Food and Forestry, Animal Industry Division, 2800 North Lincoln Boulevard, Oklahoma City, OK 73105.

### 7 - Support the Oklahoma AIDS Care Fund

You may donate from your tax refund to support the Oklahoma AIDS Care Fund. Monies will be expended by the Department of Human Services for the purpose of providing grants to the Fund for purposes of emergency assistance, advocacy, education, prevention and collaboration with other entities. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Department of Human Services, Revenue Processing Unit, Re: OK Aids Care Fund, PO Box 248893, Oklahoma City, OK 73124.

### 8- Oklahoma Silver Haired Legislature and Alumni Association Programs

You may donate from your tax refund to support the Oklahoma Silver Haired Legislature and their Alumni Association activities. The Oklahoma Silver Haired Legislature was created in 1981 as a forum to educate senior citizens in the legislative process and to highlight the needs of older persons to the Oklahoma State Legislature. Monies generated from donations will be used to fund expenses of the Silver Haired Legislators, training sessions, interim studies and advocacy activities. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma Silver Haired Legislature and Alumni, PO Box 25352, Oklahoma City, OK 73125.

### **Direct Deposit Information**

Complete the direct deposit section on the tax return to have the refund directly deposited into your account at a bank or financial institution. Refunds, with limited exceptions, must be made by direct deposit.

- Place an 'X' in the appropriate box as to whether the refund will be going into a checking or savings account. Please keep in mind you will not receive notification of the deposit.
- Pill out the routing number. The routing number must be nine digits. Using the sample check shown below, the routing number is **120120012**. If the first two digits are not 01 through 12 or 21 through 32, the direct deposit will fail to process.
- Enter your account number. The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Enter the number from left to right. On the sample check shown below, the account number is **2020268620**.

**Please Note:** The OTC is not responsible if a financial institution refused a direct deposit. If a direct deposit is refused, a check will be issued to the address shown on the tax return.

**WARNING!** Due to electronic banking rules, the OTC will NOT allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution, you will be issued a paper check.

