

**TRANSITION HOUSE, INC.**  
**BOARD OF DIRECTOR'S MEETING**  
**THURSDAY ● NOVEMBER 17, 2022 ● 5:30 PM**

**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.**

**Value Statement: 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. **President's Report** – Stacey
  - a. TH retreat update
  - b. Holiday donation contest-prize
6. **Business**
  - a. Consideration of Staff Holiday Bonuses
  - b. Discussion regarding staff changes
  - c. Discussion regarding Holiday Party/Open House
  - d. Consideration of 990 and related tax documents
  - e. Consideration of TH Financial Reports
  - f. Consideration of Prospective Board member
7. **Treasurer's Report** – Rebecca
  - a. Bank Signature Card for FY'23 Board Officers update
8. **Board Activity Report** (Board members report on their work related to Transition House fund raising, connections, etc. and their goals for the next month)
9. **Client Report**
10. **Staff Report**
11. **Executive Director's Report** – Bonnie
12. As May Arise
13. Adjourn Board meeting

**Enc:** Board Agenda, Director's Report, Minutes from previous Board meeting; Monthly & Financial Reports; TH Tax Returns – 990 & 512-E

Note: Board meeting documents are available at <https://www.thouse.org/th-board-information>

**TH Board Meetings for 2022**

- Thursday, January 20, 2022, 5:30pm – canceled
- Thursday, February 17, 2022, 5:30pm
- Thursday, March 17, 2022, 5:30pm
- Thursday, April 21, 2022, 5:30pm
- Thursday, May 19, 2022, 5:30pm
- Thursday, June 16, 2022, 5:30pm
- Thursday, July 21, 2022, 5:30pm
- No August Meeting
- Thursday, September 15, 2022, 5:30pm
- Thursday, October 20, 2022, 5:30pm
- Thursday, November 17, 2022, 5:30pm
- No December Meeting – TH Holiday Party/Open House – Thursday, December 15, 2022

**Excused:**

**TRANSITION HOUSE, INC., BOARD OF DIRECTORS**  
 Our Vision: A community committed to connection, recovery, wellness, and joy.  
 Our Mission: Changing Lives by Creating Pathways for Mental Wellness.

 <b>Stacey Clement</b> TH Board President School Security Regional Representative, Homeland Security	 <b>Sara King, MPH, CHES</b> TH Board Vice-President OU Health Science Center Lecturer, Associate Director of the Institute of Public Health Program	 <b>Rebecca Delaigne</b> TH Board Treasurer Branch Manager First Fidelity Bank	 <b>Preston Court, M.Ed.</b> TH Board Secretary Aquatics Assistant Coordinator University of Oklahoma
 <b>Cary Bryant</b> TH Board Past-President Lieutenant Norman Police Department	 <b>Cathy Billings</b> TH Board Member Director of Community Dev., OK Health Dept.	 <b>Kris Glenn</b> TH Board Member Director of Parking & Transportation University of Oklahoma	 <b>Cordt Huneke</b> TH Board Member IT Business Partner Boeing
 <b>Marilyn Korhonen</b> TH Board Member Director of Strategic Research Initiatives for Gallego College of Engineering, University of Oklahoma	 <b>Kristen Lazaller</b> TH Board Member Principal Gifts Officer, The University of Oklahoma Foundation, Inc.	 <b>Bob Moore, LPC</b> TH Board Member Licensed Professional Counselor & Supervisor	 <b>Darlen Moore</b> TH Board Member Real Estate Agent, Menkis
 <b>Gerardo Ramirez-Perez</b> OU Price College of Business JC Penney TH Board Fellow	 <b>Steve Boyer, MA, C-PRSS</b> TH Client Representative	 <b>Charla Young, LCSW</b> Board Clinical Consultant	

## DIRECTOR'S REPORT FOR THE NOV. 17, 2022 BOARD MEETING

### ADMINISTRATIVE REPORT:

#### 1. Staff:

- After returning from her Military Leave, Amanda, Trinity and I spent time talking about the changes in TH since she was gone and her professional strengths and goals. She decided that she's stepping down from her position at TH – effective end of November. This continues to be a very positive transition and Trinity has decided that she's interested in pursuing a Case Manager position at COCMHC. This provides her opportunities for better pay, she can continue her connection with TH and our clients, and her strengths can really benefit their organizational needs. We wish her all the best and hope she is able to get a position at COCMHC that allows her opportunities to continue our connection.
- As a result of Trinity's decision, Jack has accepted the full time Recovery Coordinator position. We are still in the process of working out details. It will be formalized next week. Jack will be able to remain as an FTE until he begins Graduate School at the end of May. We will reevaluate opportunities for him to remain a part of TH once he begins school. At that point we'll need to hire a new FTE for the Recovery Coordinator position. We've already talked to one of our students who has expressed interest.
- Staff will be taking vacation leave during the Holiday Season. I will be off the week of Christmas and following week.
- Each year at this time the Board is given the opportunity to consider Holiday Bonuses for Staff. I would ask that the Board include Trinity if the decision is made to give bonuses.

#### 2. Board:

- Special Thanks to the Board for all of your hard work. We appreciate your support!
- Prospective Board Member – Stacey has spoken with a prospective Board Member, Kelly Bergin, who will be attending the Board meeting as a guest this month. Kelly is an attorney in Norman and was recommended by Alex.

#### 3. TH Retreat: The Retreat is at The Well on Friday, November 18.

- 9 am Food/Connection
- 9:30 am Welcome/Ice Breaker/Community partner
- 10:30 am Board Roles and Responsibilities (Alex Bliss)
- 12:30 pm Lunch (provided)
- 1:30 pm Fundraising and Goal Setting (Kristen Lazalier)
- 2:30 TH staff
- 3:00 pm Committee Time

#### 4. Cleveland County Mental Health Task Force: No meeting this month.

#### 5. TH Policy Work: Alex has been working on the Governance Policies and has sent a draft to me, but I cannot review it until after I complete the ARPA grants.

#### 6. Donor Tracking Tool - Bloomerang: Bloomerang is continuing to develop our donor tracking tool. Target time to go live is after the first of the year.

#### 7. E-Team: Marilyn and I have met with members of OU's E-Team. There are opportunities to have them do outside evaluation of TH and more. We are continuing to explore options with this opportunity and trying to find ways to cover costs.

#### 8. Beyond Recovery: (here's a some information about Beyond Recovery that was included in the ARPA grant)

- COVID-19 has had a major impact on our community's mental health. TH serves a population that already has severe mental illness, substance use disorders, extreme poverty, housing and food insecurity, and health issues. The onset of COVID-19 has increased the acuity of those we serve. To limit risk and exposure, limiting services was necessary. The fiscal impact of this reduction resulted in significant loss of funds from ODMHSAS through our fee for service contract. Since we could not maintain a full census safely, TH loss revenue. **Through Beyond Recovery, TH is working to restore levels of services, stabilize staffing, and build new and improved opportunities for well-being and accountability for those seeking assistance.**
- A vital lesson learned is that recovery is essential to those with serious mental illness and addiction, however it is not the end of the healing process. We have learned that if we do not provide the opportunities for clients to grow beyond reduction of symptoms, there is a greater likelihood of recidivism. We have seen evidence that guides us to believe that helping people discover a part of life that is joy-filled and balanced motivates them to maintain healthier life choices past the initial phases of the recovery process.
- This initiative is in its very early stages. Our Team is excited about it and we're hopeful that we can move forward with this opportunity.

### FINANCE REPORT:

#### 1. Financial status/Bank Balance: Bank Balance for end of Oct. 2022 = \$85,586.09

#### 2. Audit & Tax Returns: TH's Audit is almost complete and our Tax returns were completed today. They are posted with the Board information and on our Reports page on the website.

#### 3. ARPA:

- I have been working on the City of Norman ARPA application and submitted it today for \$70,000. We are pursuing funding for a new initiative – Beyond Recovery. Some Board members received a draft of our request. The request supports efforts to create more competitive salaries for TH staff. For our new initiative to be successful, it's essential that we stabilize our Team.
- TH is part of a group that will be 'testing' the application process for state ARPA funds. This is a process we are not to share with others since they want to test the process with a small group first. The portal opens on Tuesday, November 15 at 2pm and we have to begin the application by November 16 at 2pm. There is a Zoom meeting on Friday at 2pm that I will be a part of to discuss the process. (I'll be stepping out of the retreat for about an hour.)

### FUND RAISING:

#### 1. TH Fund Raising: We have been in the restricted period for fund raising as a United Way funded partner. After November 15, we can resume fund raising efforts. Some of the staff plan on doing a Facebook Donation Drive for Giving Tuesday.

#### 2. JBJ'23: I have already begun talking with clients and prospective performers – one of whom is one of our social work students. Excitement is starting to build!

### CLIENT REPORT:

#### 1. TL Program Census: Census was 12, but we just had 2 people graduate from the program this week! We haven't scheduled their celebrations yet since both are working. Amanda is working to fill empty beds, but referrals are not very promising.

#### 2. Client Highlights: From the Halloween Party to Birthday Celebrations, Staff continues to go above and beyond to help people find feelings of joy as they manage through what is often an extremely difficult time of year for them. A special treat this month was getting hoodies for the TLP clients. This tradition started a couple of years ago and is a great way to help people get needed warmth while feeling cared for and surrounded in comfort. Who knew hoodies could do so much!

#### 3. Upcoming Holiday Activities: Thanksgiving Celebration: Wed., Nov. 23 in the Drop-In Center. Holiday Party/Open House: Thur., Dec. 15 – 3-5pm.

***Yes, it's hard work, but in the end... Lives are Saved, Joy is Found!***



**Transition House, Inc.**  
**Minutes of Board of Directors**  
**Thursday, October 20, 2022, at 5:30 PM**  
**Meeting Location: Drop-in Center – 700 Asp, Suite 4, Norman, OK**

- 1) **Call to order:** Stacey called the meeting to order at 5:35 PM CST.  
(7 members present at start of meeting for quorum.)
- 2) **Welcome and Introductions** – guest Alex Towler-Bliss

**Board Members Present**

Rebecca Delsigne, Treasurer  
Preston Court, Secretary  
Kris Glenn  
Stacey Clement, President  
Darien Moore  
Bob Moore  
Marilyn Korhonen

**Board Members Absent**

Sara King (Excused)  
Kristen Lazalier (Excused)  
Cordt Huneke  
Cathy Billings

**Staff**

Bonnie Peruttzi, Amanda Sherf, Kaylee Deisering,  
Jack Paden, Gerardo Ramirez Perez (Board Fellow)

**Guests**

Amy, Krisa, Chris

- 3) **Consideration of the Agenda:** Motion made by Bob and seconded by Cary to pass the agenda without dissent. Approved by all present. Motion passed.
- 4) **Consideration of last meeting's Minutes:** Motion made by Cary and seconded by Rebecca to approve the minutes of the September meeting. Approved by all present. Motion passed.
- 5) **President's Report – Stacey**  
Discussed TH Board Retreat for November 18, 2022, from 9AM-4PM at the Well. Committee breakdown; Executive, Finance, Nominating, Fundraising. Looking at June Bug Jam information for 2023. Collecting Board information and committee requests. Introduced competition for winning the prize for most donations for the holiday season – this competition will run from this meeting until the next! Donations can go to Eileen.
- 6) **Business:**
  - a. **Presentation & Consideration of New Employee Handbook**  
Alex presented New Employee Handbook; requested any feedback/questions/concerns from the Board. Cary questioned the consistency of the confidentiality statement on pg. 3; Alex discussed removing this statement for consistency and that we may amend pieces of the handbook, if desired, and still vote on the adoption of the handbook at this meeting. No further concerns,

praise from the board for the incredible document/tool that has been created. Motion made by Cary to adopt the New Employee Handbook with the amendment of removing the confidentiality clause on pg. 3 and seconded by Rebecca. Approved by all present. Motion passed.

- b. **TH Retreat** – included in President’s report
  - c. **Consideration to retain Jack Paden as a Temp Recovery Coord. through the beginning of 2023**  
Discussion regarding Jack’s skills and the incredible work and positive light he brings to TH, holistically. Looking at funding for this position and what costs may be incurred to keep him. Looking at roughly ~\$5700 cost to keep Jack through January 2023. Motion made by Cary to keep Jack through January 2023 and seconded by Kris. Approved by all present. Motion passed.
  - d. **Consideration of Board meeting schedule for 2023** – no discussion, all board members present good with time/dates.
- 7) **Treasurer’s Report – Rebecca**
- a. Bank Signature Card for FY’23 Board Officer update
  - b. Rebecca outlined current finances, updates, and projections.
- 8) **Board Activity Report**
- a. Around the table discussion about how Board members have promoted TH and/or fundraised.
- 9) **Client Report** – Amy reported on the clients and shared her friendship with other clients and her joy for learning drumming and being a part of TH and all the opportunities, she has been granted through this place. Krisa shared her friendship with Amy and the opportunities and skills she has been provided through the programs offered here.
- 10) **Staff Report** – Sharing all the positive outcomes from the clients as of late. Also discussing the program being full – yay!
- 11) **Executive Director’s Report:** Director’s report was included in the agenda.
- 12) **As May Arise** - None
- 13) **Adjourn Board meeting:** Motion made by Cary. Seconded by Kris. Approved by all present. Meeting adjourned at 7:08 PM.

Submitted by: Preston Court, Secretary.

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Stacey Clement, President

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Preston Court, Secretary

**Roll Call Voting Record**

M= Motion S= Second Y=Yes N=No

Board Members	Agenda	Minutes	New Employee Handbook	Consideration of Jack Paden Retainment	Adjournment
Stacey Clement	Y	Y	Y	Y	Y
Sara King					
Rebecca Delsigne	Y	S – Y	S – Y	Y	Y
Preston Court	Y	Y	Y	Y	Y
Cary Bryant	S – Y	M – Y	M – Y	M – Y	M – Y
Cathy Billings					
Kris Glenn	Y	Y	Y	S – Y	S – Y
Cordt Huneke					
Kristen Lazalier					
Bob Moore	M – Y	Y	Y	Y	Y
Darien Moore	Y	Y	Y	Y	Y
Marilyn Korhonen	Y	Y	Y	Y	

# Transition House, Inc., Monthly Report

Oct 2022

## I. PEOPLE SERVED

<b>A. Total # of (Unduplicated) Participants:</b>		<b>67</b>
<b>B. Transitional Living Program (TLP)</b>		
1. Number of Clients:		11
2. Details:		
# of males:		9
# of females:		4
# employed:		5
# volunteering outside of TH:		0
# in school:		1
# in crisis bed:		0
3. TL Days:		365

## II. INCOME/EXPENDITURES

<b>A. Total Income:</b>		\$32,249.78
<b>B. Total Expenditures:</b>		\$28,284.77
<b>C. TLP</b>		
1. Expenditures:		\$22,348.46
2. TLP Client Fees:		\$1,161
3. Cost/TLP Day:		\$61.23
<b>D. COP</b>		
1. Expenditures:		\$5,936.31
2. Cost/COP Contact:		\$23.10

## C. Community Outreach Program (COP)

	duplicated	unduplicated
1. Total # of Participants:	65	56
Drop-In:	53	
Activities:	9	
Community Wellness Project:	3	
Student Wellness Project:	0	
2. Total # of Contacts:	257	
Drop-In:	255	
Activities:	23	
Community Wellness Project:	3	
Student Wellness Project:	0	
3. Details:		
Services:	# Participants	# Contacts
Supportive Counseling:	1	1
Crisis Intervention:	0	0
Grocery Shopping:	0	0
Community Living Support:	7	14
Social/Recreational:	33	229
Grocery Shopping/ Social:	3	6
Grocery Shopping/Com. Living:	2	4
Community Wellness:	3	3
<b>Unduplicated Totals:</b>	<b>56</b>	<b>257</b>

## IV. NARRATIVE

October kicks off the Holiday Season at Transition House! Staff works to be very intentional and mindful when this time of year rolls around. For many, this time represents loss, isolation, feeling alone, disappointed, etc. Thanks to a strong connection that continues to grow at TH, people are finding a new sense of joy that they may never have experienced. Though not for all, and certainly not perfect, we've worked together to create fun and joy. I continue to be very proud of our Team - our clients who work so hard to change their lives, our staff who gives it their all to make a difference, and our Board and volunteers to believe in our work and support our efforts.

After a rough few years with the pandemic, we're starting to see a sense of norm and increased services. TLP was full for almost the entire month! We're seeing an increase in the number of clients who are employed and significant increases in clients paying fees. We even have a new client who is working on a Psychology degree. It's exciting to see the increases in well-being.

Another significant improvement is with our COP. The number of contacts - which means connections - with Outreach clients has almost doubled since July. Great job Kaylee and all staff for keeping those connections going after people leave the TLP. It's making a difference.

We are also working with people in the TLP who are preparing to transition to their own apartments. It's exciting to see people who have worked hard and are finding that it is possible for them to live a healthy life in the community. For one, this is his first time living in his own apartment in over a decade. Years of homelessness and couch surfing left it's mark, yet now he's employed at a good job with benefits and a new set of skills to help him maintain employment. He's recently expressed how much he's learned at TH and how many times his new skills have helped him with challenges on the job.

We're proud of our People! Each is doing their best and working hard to create a better life for themselves.



*Bonnie L. Perutti, MHR, Executive Director*

11/11/2022

## Transition House, Inc., Monthly Report

Oct 2022

Oct 2022	
<b>V. HOURS OF DIRECT SERVICES:</b>	<b>273</b>
<b>A. Individual Basis (total hours):</b>	<b>96.5</b>
1. Daily Living:	15.5
2. Pre-voc./Vocational:	0.5
3. Social Skills:	15
4. Crisis Intervention:	6
5. Treatment/Rehab. Plans:	51.5
6. Supportive Counseling:	8
<b>B. Group Basis (total hours):</b>	<b>123</b>
1. Daily Living:	80.5
2. Pre-voc/Vocational:	3
3. Social Skills:	39.5
<b>C. Com Outreach (total hours):</b>	<b>41.5</b>
1. Structured Activities:	12
2. Drop-In:	28.5
3. Community Wellness Project:	1
4. Student Wellness Project:	0
<b>D. Referrals/Screening/Interviewing (total hours):</b>	<b>12</b>
<b>VI. HOURS OF NON-DIRECT SERVICES:</b>	<b>266.5</b>
1. Consultation:	197.5
2. Documentation & Activity Prep:	57.5
3. Training:	11.5
9/14- Recovery housing voucher Amanda	
<b>VII. HOURS OF ADMINISTRATIVE WORK:</b>	<b>252</b>
1. Meetings:	14
2. Community Contacts:	34
3. Administrative Duties:	204
<i>Guest Speaker (who, when)</i>	
<b>VIII. SCREENING FOR T.H. PROGRAM:</b>	
1. Total #of Inquiries:	29
2. Total #of Referrals Received:	4
3. Total # Interviewed For Admission:	2
4. Total # Accepted:	1
<b>IX. DONATIONS to T.H.:</b>	
<b>1. Volunteer Names:</b>	<b>Volunteers Hours</b>
AJ Elmore	12
Mackenzey Cunningham	12
Peyton Armstrong	3
Hadassah Jones	3
Tyrese Chavez	6
Julie White	9
Mary Lee	8.0
<i>Total:</i>	<b>52</b>
<b>2. In-Kind Donations (List of Donors; Items Donated):</b>	<b>Estimated Value</b>
Bob Moore - consultation	\$400
Coats - Marilyn Korhonen	\$100
<b>TOTAL:</b>	<b>\$500</b>



## Transition House FY'23 Monthly Financial Report - Preliminary

TH INCOME:		Admin:	FR:	TL:	COP:	Total:	Oct FR FY'23	TH Budget FY'23	\$ Over Budget	% of Budget
Contributions	142.80	24.28	2.86	24.28	91.39	142.80	142.80	8.33	134.47	1714.29%
United Way/Norman	3,833.33	651.67	76.67	1,215.01	1,889.99	3,833.33	3,833.33	3,833.33	0.00	100.00%
Fund Raising										
Fund Raising Exp.	2,500.00						(4.74)	(208.33)	203.59	2.28%
Fund Raising Inc.	20,500.00						(1.49)	1,708.33	(1,709.82)	-0.09%
FR Events - Total	(6.23)	(1.06)	(0.12)	(2.52)	(2.53)	(6.23)	(6.23)	1,500.00	(1,506.23)	-0.42%
DMHSAS										
Unreimbursed services	0.00								0.00	0.00%
**ODMHSAS contract-billed	0.00								0.00	0.00%
DMHSAS	24,241.67	4,121.08	484.83	16,969.17	2,666.58	24,241.67	24,241.67	22,500.00	1,741.67	107.74%
Other Gov. Grants	1,548.21	263.20	30.96	1,145.68	108.37	1,548.21	1,548.21	1,416.67	131.54	109.29%
Foundation Grants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	833.33	(833.33)	0.00%
Civic Clubs Donations/Grants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	83.33	(83.33)	0.00%
Donor Drive	1,329.00	225.93	26.58	850.56	225.93	1,329.00	1,329.00	1,833.33	(504.33)	72.49%
Client/Participant Fees	1,161.00	197.37	23.22	940.41	0.00	1,161.00	1,161.00	683.33	477.67	169.90%
Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	(25.00)	0.00%
Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
<b>TOTAL</b>	<b>32,249.78</b>	<b>5,482.46</b>	<b>645.00</b>	<b>21,142.59</b>	<b>4,979.74</b>	<b>32,249.78</b>	<b>32,249.78</b>	<b>32,716.65</b>	<b>(466.87)</b>	<b>98.57%</b>
<b>TH EXPENSES:</b>										
Salaries	17,974.15	3,055.61	359.48	11,503.46	3,055.61	17,974.15	17,974.15	18,286.67	(312.52)	98.29%
Employees Health, Dental, Life Ins.	891.26	151.51	17.83	570.41	151.51	891.26	891.26	2,666.67	(1,775.41)	33.42%
Worker's Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	416.67	(416.67)	0.00%
FICA/Pay.Tax/OES	1,375.03	233.76	27.50	880.02	233.76	1,375.03	1,375.03	1,658.33	(283.30)	82.92%
Legal/Accounting	222.50	37.83	4.45	142.40	37.83	222.50	222.50	833.33	(610.83)	26.70%
Office Supplies	894.17	152.01	17.88	572.27	152.01	894.17	894.17	166.67	727.50	536.49%
Telephone/Internet/Website	352.05	59.85	7.04	225.31	59.85	352.05	352.05	375.00	(22.95)	93.88%
Postage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.33	(33.33)	0.00%
Rent	4,200.00	714.00	84.00	2,688.00	714.00	4,200.00	4,200.00	4,200.00	0.00	100.00%
Utilities	1,050.23	178.54	21.00	672.15	178.54	1,050.23	1,050.23	1,000.00	50.23	105.02%
Household	131.63	22.38	2.63	84.24	22.38	131.63	131.63	200.00	(68.37)	65.82%
Maint/Rep-Property	210.00	35.70	4.20	134.40	35.70	210.00	210.00	83.33	126.67	252.01%
Maint/Rep-Equipment	388.73	66.08	7.77	248.79	66.08	388.73	388.73	416.67	(27.94)	93.29%
Training/Development	0.00	0.00	0.00	0.00	0.00	0.00	0.00	333.33	(333.33)	0.00%
Food	91.19	15.50	1.82	58.36	15.50	91.19	91.19	166.67	(75.48)	54.71%
Client Supplies/Activities	350.01	59.50	7.00	224.01	59.50	350.01	350.01	766.67	(416.66)	45.65%
Streaming Services	24.98	4.25	0.50	15.99	4.25	24.98	24.98	20.83	4.15	119.92%
Vehicle - Gas	61.34	10.43	1.23	39.26	10.43	61.34	61.34	166.67	(105.33)	36.80%
Vehicle - Maint/Repair	67.50	11.48	1.35	43.20	11.48	67.50	67.50	208.33	(140.83)	32.40%
Vehicle- Insurance/Tag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233.33	(233.33)	0.00%
Dues & Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.67	(41.67)	0.00%
Advertising	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.33	(8.33)	0.00%
General/Prof Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	266.67	(266.67)	0.00%
Dir./Officers Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	167.50	(167.50)	0.00%
Other Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
<b>TOTAL</b>	<b>28,284.77</b>	<b>4,808.41</b>	<b>565.70</b>	<b>18,102.25</b>	<b>4,808.41</b>	<b>28,284.77</b>	<b>28,284.77</b>	<b>32,716.67</b>	<b>(4,431.90)</b>	<b>86.45%</b>
Dif. Between Inc vs Exp:	3,965.01	674.05	79.30	3,040.33	171.33	3,965.01	3,965.01	(0.02)	3,965.03	#####
Overall Program %		17%	2%	64%	17%	100%	Bank Balance	\$85,586.09		



## Transition House FY'23 Year to Date Financial Report - Preliminary

TH INCOME:		Admin:	FR:	TL:	COP:	Total:	Year to Date FY'23	TH Budget FY'23	\$ Over Budget	% of Budget
Contributions	213.94	36.37	4.28	36.37	136.92	213.94	213.94	33.36	180.58	641.31%
United Way/Norman	15,333.32	2,606.66	306.67	4,860.05	7,559.94	15,333.32	15,333.32	15,333.36	(0.04)	100.00%
Fund Raising									0.00	0.00%
Fund Raising Exp.	2,500.00						(85.92)	(833.36)	747.44	10.31%
Fund Raising Inc.	20,500.00						348.51	6,833.36	(6,484.85)	5.10%
FR Events - Total	262.59	44.64	5.25	106.11	106.58	262.59	262.59	6,000.00	(5,737.41)	4.38%
DMHSAS										
Unreimbursed services	0.00								0.00	0.00%
**ODMHSAS contract-billed	0.00								0.00	0.00%
DMHSAS	85,925.01	14,607.25	1,718.50	60,147.51	9,451.75	85,925.01	85,925.01	90,000.00	(4,074.99)	95.47%
Other Gov. Grants	3,549.10	603.35	70.98	2,626.33	248.44	3,549.10	3,549.10	5,666.64	(2,117.54)	62.63%
Foundation Grants	10,000.00	1,700.00	200.00	6,400.00	1,700.00	10,000.00	10,000.00	3,333.36	6,666.64	300.00%
Civic Clubs Donations/Grants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	333.36	(333.36)	0.00%
Donor Drive	6,840.00	1,162.80	136.80	4,377.60	1,162.80	6,840.00	6,840.00	7,333.36	(493.36)	93.27%
Client/Participant Fees	3,758.00	638.86	75.16	3,043.98	0.00	3,758.00	3,758.00	2,733.36	1,024.64	137.49%
Interest	112.09	19.06	2.24	19.06	71.74	112.09	112.09	100.00	12.09	112.09%
Miscellaneous	28.86	4.91	0.58	0.00	23.38	28.86	28.86	0.00	28.86	100.00%
<b>TOTAL</b>	<b>126,022.91</b>	<b>21,423.89</b>	<b>2,520.46</b>	<b>81,617.01</b>	<b>20,461.55</b>	<b>126,022.91</b>	<b>126,022.91</b>	<b>130,866.80</b>	<b>(4,843.89)</b>	<b>96.30%</b>
<b>TH EXPENSES:</b>										
Salaries	70,532.31	11,990.49	1,410.65	45,140.68	11,990.49	70,532.31	70,532.31	73,146.64	(2,614.33)	96.43%
Employees Health, Dental, Life Ins.	7,407.35	1,259.25	148.15	4,740.70	1,259.25	7,407.35	7,407.35	10,666.64	(3,259.29)	69.44%
Worker's Comp.	4,407.00	749.19	88.14	2,820.48	749.19	4,407.00	4,407.00	1,666.64	2,740.36	264.42%
FICA/Pay.Tax/OES	5,656.40	961.59	113.13	3,620.10	961.59	5,656.40	5,656.40	6,633.36	(976.96)	85.27%
Legal/Accounting	668.75	113.69	13.38	428.00	113.69	668.75	668.75	3,333.36	(2,664.61)	20.06%
Office Supplies	1,450.21	246.54	29.00	928.13	246.54	1,450.21	1,450.21	666.64	783.57	217.54%
Telephone/Internet/Website	1,262.84	214.68	25.26	808.22	214.68	1,262.84	1,262.84	1,500.00	(237.16)	84.19%
Postage	60.00	10.20	1.20	38.40	10.20	60.00	60.00	133.36	(73.36)	44.99%
Rent	17,000.00	2,890.00	340.00	10,880.00	2,890.00	17,000.00	17,000.00	16,800.00	200.00	101.19%
Utilities	4,838.40	822.53	96.77	3,096.58	822.53	4,838.40	4,838.40	4,000.00	838.40	120.96%
Household	483.51	82.20	9.67	309.45	82.20	483.51	483.51	800.00	(316.49)	60.44%
Maint/Rep-Property	253.50	43.10	5.07	162.24	43.10	253.50	253.50	333.36	(79.86)	76.04%
Maint/Rep-Equipment	1,517.40	257.96	30.35	971.14	257.96	1,517.40	1,517.40	1,666.64	(149.24)	91.05%
Training/Development	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,333.36	(1,333.36)	0.00%
Food	627.73	106.71	12.55	401.75	106.71	627.73	627.73	666.64	(38.91)	94.16%
Client Supplies/Activities	1,757.82	298.83	35.16	1,125.00	298.83	1,757.82	1,757.82	3,066.64	(1,308.82)	57.32%
Streaming Services	99.92	16.99	2.00	63.95	16.99	99.92	99.92	83.36	16.56	119.87%
Vehicle - Gas	278.13	47.28	5.56	178.00	47.28	278.13	278.13	666.64	(388.51)	41.72%
Vehicle - Maint/Repair	117.55	19.98	2.35	75.23	19.98	117.55	117.55	833.36	(715.81)	14.11%
Vehicle- Insurance/Tag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	933.36	(933.36)	0.00%
Dues & Subscriptions	263.00	44.71	5.26	168.32	44.71	263.00	263.00	166.64	96.36	157.83%
Advertising	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.36	(33.36)	0.00%
General/Prof Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,066.64	(1,066.64)	0.00%
Dir./Officers Liability	2,003.00	340.51	40.06	1,281.92	340.51	2,003.00	2,003.00	670.00	1,333.00	298.96%
Other Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
<b>TOTAL</b>	<b>120,684.82</b>	<b>20,516.42</b>	<b>2,413.70</b>	<b>77,238.28</b>	<b>20,516.42</b>	<b>120,684.82</b>	<b>120,684.82</b>	<b>130,866.64</b>	<b>(10,181.82)</b>	<b>92.22%</b>
Dif. Between Inc vs Exp:	5,338.09	907.48	106.76	4,378.72	(54.87)	5,338.09	5,338.09	0.16	5,337.93	#####
Overall Program %		17%	2%	64%	17%	100%	20,670.72			

## Notes about the return

**2021**

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

EF Transmission Status

2021

(Keep for your records)

Name(s) as shown on return

EIN number

Transition House, Inc.

73-1155089

The following will be transmitted to the IRS.

- 990
- 990-T
- Amended 990
- Amended 990-T
- 8868
- 4720
- FinCEN 114

The following state returns will be transmitted:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

The following returns have been suppressed or are not eligible and will NOT be transmitted.

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

EF Notes

# Return of Organization Exempt From Income Tax

**2021**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning **07-01**, 2021, and ending **06-30**, 2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Transition House, Inc.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**700 S Asp**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Norman, OK 73069**

**D** Employer identification number  
**73-1155089**

**E** Telephone number  
**(405) 360-7926**

**G** Gross receipts  
\$ **346,799**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.thouse.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1983** **M** State of legal domicile: **OK**

**H(c)** Group exemption number ▶

<b>Part I Summary</b>			
1 Briefly describe the organization's mission or most significant activities: <b>Provide transitional living and community outreach for adults recovering from mental illness</b>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 5
	6	Total number of volunteers (estimate if necessary)	6 41
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0
Revenue			Prior Year
	8	Contributions and grants (Part VIII, line 1h)	143,440
	9	Program service revenue (Part VIII, line 2g)	247,945
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,645
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	412,600
Expenses			Current Year
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	267,172
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	7,277
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,233
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	364,405	
	19	Revenue less expenses. Subtract line 18 from line 12	48,195 (19,694)
Net Assets or Fund Balances			Beginning of Current Year
	20	Total assets (Part X, line 16)	125,569
	21	Total liabilities (Part X, line 26)	7,218
	22	Net assets or fund balances. Subtract line 21 from line 20	118,351 98,657
		End of Year	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

**Bonnie Perutzi** *Bonnie L Perutzi, MHA* 11/10/2022  
 Signature of officer Date

**Bonnie Perutzi, Executive director**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **David W Gandall CFE CPA** Preparer's signature: **David W Gandall CFE CPA** Date: **11-10-2022** Check  if self-employed PTIN: **P00086877**

Firm's name ▶ **dwg inc** Firm's EIN ▶  
 Firm's address ▶ **1912 N Drexel Blvd** Phone no. **405-949-0189**  
**Oklahoma City OK 73107**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

# Return of Organization Exempt From Income Tax

## 2021

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning **07-01**, 2021, and ending **06-30**, 2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Transition House, Inc.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**700 S Asp**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Norman, OK 73069**

**D** Employer identification number  
**73-1155089**

**E** Telephone number  
**(405) 360-7926**

**G** Gross receipts  
\$ **346,799**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.thouse.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1983** **M** State of legal domicile: **OK**

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Provide transitional living and community outreach for adults recovering from mental illness</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>41</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 143,440	<b>Current Year</b> 90,245
	<b>9</b> Program service revenue (Part VIII, line 2g)	247,945	235,955
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570	477
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,645	17,500
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>412,600</b>	<b>344,177</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	267,172	258,109
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>7,277</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,233	105,762	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>364,405</b>	<b>363,871</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>48,195</b>	<b>(19,694)</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 125,569	<b>End of Year</b> 106,444
	<b>21</b> Total liabilities (Part X, line 26)	7,218	7,787
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>118,351</b>	<b>98,657</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ **Bonnie Perutzi**  
Signature of officer

▶ **Bonnie Perutzi, Executive director**  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name: **David W Gandall CFE CPA** Preparer's signature: **David W Gandall CFE CPA** Date: **11-10-2022** Check  if self-employed PTIN: **P00086877**

Firm's name ▶ **dwg inc** Firm's EIN ▶  
 Firm's address ▶ **1912 N Drexel Blvd** Phone no. **405-949-0189**  
**Oklahoma City OK 73107**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**Provide transitional living and community outreach for adults recovering from mental illness**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 232,878 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**Transitional housing and care for persons with mental illness released from institutional care**

**4b** (Code: \_\_\_\_\_) (Expenses \$ 61,858 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**Community Outreach and outpatient assistance to persons not in a transitional living program. The service provides support and socialization apart from the traditional clinical setting.**

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ▶ **294,736**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c detailing IRS filings and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			X
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

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.

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

Section A. Governing Body and Management

Table with 5 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Oklahoma
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bonnie Peruttzi Executive Director	60.00					X	61,000	0	0	
(2) Kristin Lazalier Board member	1.00	X					0	0	0	
(3) Robert Moore Board member	1.00	X					0	0	0	
(4) Stacey Clement Board member	2.00	X					0	0	0	
(5) Cordt Huneke Board member	1.00	X					0	0	0	
(6) Steve Boyer Client representative	1.00	X					0	0	0	
(7) Charla Young Clinical consultant	1.00	X					0	0	0	
(8) Preston Court Board member	1.00	X					0	0	0	
(9) Sara King Board member	2.00	X					0	0	0	
(10) Cathy Billings Board member	1.00	X					0	0	0	
(11) Kris Glenn Board member	1.00	X					0	0	0	
(12) Cary Bryant President	2.00			X			0	0	0	
(13) Patrick Cody Secretary				X			0	0	0	
(14) Rebecca Delsigne Treasurer	2.00			X			0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Darien Moore Vice President	1.00			X				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							61,000	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	42,500				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	29,934				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,811				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			90,245			
Program Service Revenue			Business Code				
	<b>2a</b> <u>Transitional Housing</u>		624200	235,955	235,955		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			235,955				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		477	477			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . . ▶						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>					
<b>d</b> Net gain or (loss) . . . . . ▶							
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		15,206				
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	2,622			
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		12,584		12,584	
<b>9a</b> Gross income from gaming activities, See Part IV, line 19 . . . . .	<b>9a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue			Business Code				
	<b>11a</b> <u>Client Fees</u>		624200	4,916	4,916		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .		900099				
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			4,916				
<b>12 Total revenue.</b> See instructions . . . . . ▶			344,177	241,348	0	12,584	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	61,000	49,410	10,370	1,220
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	142,554	115,469	24,234	2,851
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .				
9	Other employee benefits . . . . .	33,258	26,939	5,654	665
10	Payroll taxes . . . . .	21,297	17,251	3,620	426
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	11,775	9,537	2,002	236
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	7,752	6,279	1,318	155
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	58,544	47,421	9,952	1,171
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	965	782	164	19
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	1,728	1,399	294	35
23	Insurance . . . . .	7,506	6,080	1,276	150
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>Vehicle Expense</b>	1,874	1,518	319	37
b	<b>Household Supplies and Food</b>	3,943	3,194	670	79
c	<b>Equipment Repairs &amp; Maint</b>	4,757	3,853	809	95
d	<b>Client Program Supplies</b>	6,918	5,604	1,176	138
e	All other expenses _____				
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	363,871	294,736	61,858	7,277
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	97,492	1	77,843
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	16,670	3	18,870
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,285	9	4,335
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	56,103		
	b	Less: accumulated depreciation	50,707	10c	5,396
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	125,569	16	106,444	
Liabilities	17	Accounts payable and accrued expenses	7,218	17	7,787
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,218	26	7,787
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	118,351	27	98,657
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	118,351	32	98,657
	33	<b>Total liabilities and net assets/fund balances</b>	125,569	33	106,444

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	344,177
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	363,871
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(19,694)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	118,351
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	98,657

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		x
<b>b</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 . . . . .		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> Transition House, Inc.	<b>Employer identification number</b> 73-1155089
---	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	329,238	324,567	393,410	412,030	344,177	1,803,422
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	329,238	324,567	393,410	412,030	344,177	1,803,422
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						1,803,422

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	329,238	324,567	393,410	412,030	344,177	1,803,422
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	327	309	445	570	477	2,128
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						1,805,550
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.88 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.89 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 . . . . . ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	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	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017 . . . .		
b	Excess from 2018 . . . .		
c	Excess from 2019 . . . .		
d	Excess from 2020 . . . .		
e	Excess from 2021 . . . .		



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Transition House, Inc.

73-1155089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                       | Yes           | No |
|---------------------------------------|---------------|----|
| (i) Unrelated organizations . . . . . | <b>3a(i)</b>  |    |
| (ii) Related organizations . . . . .  | <b>3a(ii)</b> |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		56,103	50,707	5,396
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				<b>5,396</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
<b>Total.</b> (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, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 344,177.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 363,871.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Transition House, Inc.

Employer identification number

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>June Bug Jam</u> (event type)	<u></u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	15,206			15,206
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	15,206			15,206
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	2,622			2,622
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				2,622
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				12,584

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

- 9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b** If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b** If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Transition House, Inc.

Employer identification number

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 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 community  
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

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

For calendar year 2021, or fiscal year beginning 07-01, 2021, and ending 06-30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**Transition House, Inc.**

**73-1155089**

Name and title of officer or person subject to tax

**Bonnie Perutzi, 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 amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>344,177</u>
2a	Form 990-EZ check here . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here. . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	4b	
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c). . . . .	5b	
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1). . . . .	7b	
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19). . . . .	9b	
10a	Form 8038-CP check here . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize dwg inc to enter my PIN 72069 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on 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 signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 11-04-2022

## 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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ David W Gandall CFE CPA

Date ▶ 11-10-2022

**ERO Must Retain This Form - See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**FOR TAX YEAR 2021**

TRANSITION HOUSE, INC.

dwg inc

1912 N Drexel Blvd

Oklahoma City, US

(405)949-0189

**2021 Filing Instructions  
Transition House, Inc.  
Tax year ending 06-30-2022**

**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:**

11-15-2022

**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.

# dwg inc

1912 N Drexel Blvd  
Oklahoma City, OK 73107  
bigdwg@dwgcpa.com  
Phone: (405)949-0189 | Fax: (405)949-1189

November 10, 2022

Transition House, Inc.  
700 S Asp  
Norman, OK 73069

Subject: Preparation of 2021 Tax Returns

Transition House, Inc.:

Thank you for choosing dwg inc to assist with the 2021 taxes for Transition House, Inc.. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2021 federal and state income tax returns for Transition House, Inc.. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Transition House, Inc., the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2021 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(405)949-0189.

Sincerely,

David W Gandall CFE CPA  
dwg inc

Accepted By:

---

Officer

---

Date

# dwg inc

1912 N Drexel Blvd  
Oklahoma City, OK 73107  
bigdwg@dwgcpa.com  
Phone: (405)949-0189 | Fax: (405)949-1189

November 10, 2022

Transition House, Inc.  
700 S Asp  
Norman, OK 73069

Transition House, Inc.:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Transition House, Inc. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (405)949-0189.

Sincerely,

David W Gandall CFE CPA  
dwg inc



# dwg inc

1912 N Drexel Blvd  
Oklahoma City, OK 73107  
bigdwg@dwgcpa.com  
Phone: (405)949-0189 | Fax: (405)949-1189

November 10, 2022

Transition House, Inc.  
700 S Asp  
Norman, OK 73069

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (405)949-0189.

Sincerely,

David W Gandall CFE CPA  
dwg inc

# dwg inc

1912 N Drexel Blvd  
Oklahoma City, OK 73107  
bigdwg@dwgcpa.com  
Phone: (405)949-0189 | Fax: (405)949-1189

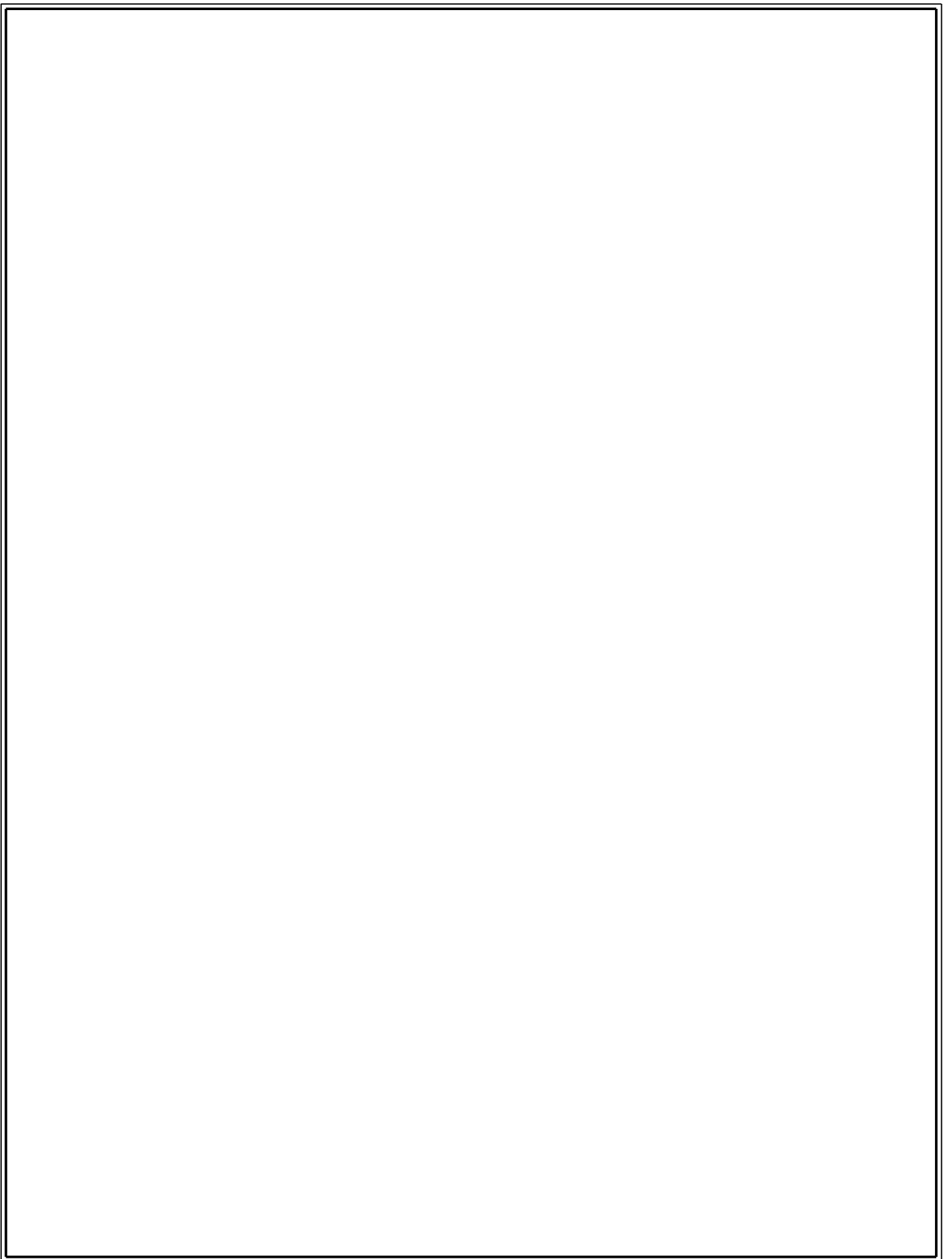
Customer Name	Customer Information	
Transition House, Inc. 700 S Asp Norman, OK 73069	Invoice #:	
	Date:	November 10, 2022
	Phone:	(405)360-7926
	E-mail:	

Your 2021 tax return was prepared by David W Gandall CFE CPA.

Description	Fee
<b>Federal And Supplemental Forms</b>	
Form 990	Return of Org Exempt from Income Tax, page 1
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8
Schedule D	Supplemental Financial Statement, page 1
Schedule D pg 2	Supplemental Financial Statement, page 2
Schedule D pg 3	Supplemental Financial Statement, page 3
Schedule D pg 4	Supplemental Financial Statement, page 4
Schedule G	Fundraising and Gaming Activities, page 1
Schedule G pg 2	Fundraising and Gaming Activities, page 2
Schedule O	Supplemental Information, page 1
Form 8879-TE	E-file Signature Authorization for Tax Exempt

<b>Total Forms</b>	<b>28</b>	<b>Forms Subtotal</b>	<b>0.00</b>
		<b>Total Balance Due</b>	<b>0.00</b>

Payment due upon receipt. Thank you for your business!



990

Tax Exempt  
Diagnostic Summary

2021

Name  
Transition House, Inc.

Employer Identification #  
73-1155089

Demographics

Mailing Address:  
700 S Asp  
Norman, OK 73069

Phone: (405)360-7926

Resident State: OK

Diagnostics

Preparer: David W Gandall C

Invoice:

Date: 11-10-2022

Return Information

Item on Return	2021 Federal	2020 Federal (If available)
Total Revenue	344,177	412,600
Total Expenses	363,871	364,405
Net Excess (Deficit)	(19,694)	48,195
Net Assets or Fund Balances	98,657	118,351

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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# Oklahoma Return of Organization Exempt from Income Tax

Form 512-E  
2021



## Section 501(c) of the Internal Revenue Code

**PART 1** For the year January 1 - December 31, 2021, or other taxable year beginning: 07/01 2021 ending: 06/30 2021 Place an 'X' if: (1) Initial return (2) Final return (3) Amended return (See Schedule 512E-X on page 2)

Name of organization: Transition House, Inc. Federal Employer Identification Number: 73-1155089 Date qualified for tax exempt status: 1983  
Address (number and street): 700 S Asp  
City: Norman State or Province: OK Country: USA ZIP or Foreign Postal Code: 73069

**PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME** (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990		
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C Unrelated business taxable income - enter here and on line 1 below		

**INCOME SUBJECT TO TAX**

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

**TAX COMPUTATION**

5 Tax at 6% of line 4. If trust, see rate schedule on page 2 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 O.S. 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 2021 Oklahoma estimated tax and extension payments and prior year carryforward	8	00
9 Oklahoma withholding (provide 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 ( )	00
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 2022 estimated tax (original return only)	14	00
15 Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	15	00
16 Add lines 14 and 15 and enter amount	16	00
17 Amount to be refunded to you (line 13 minus line 16) Refund	17	00

**Direct Deposit Note:** All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my:  checking account  savings account

Routing Number: Account Number:

18 Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due	18	00
19 Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #5)		19	00
20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month		20	00
21 Underpayment of estimated tax interest Annualized		21	00
22 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 document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee: Bonnie Perutezi Date: 11/10/2021	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/>	Signature of Preparer: David Gandall, CFE CPA Date:
Print Name: Bonnie Perutezi Title: Executive director Phone Number: 405.360.7926	Printed Name of Preparer: David Gandall, CFE CPA Phone Number: 405.949.0189	Preparer's PTIN: P00086877

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

# Oklahoma Return of Organization Exempt from Income Tax

Form 512-E  
2021



Section 501(c) of the Internal Revenue Code

**PART 1** For the year January 1 - December 31, 2021, or other taxable year beginning:  2021  ending:

Place an 'X' if: (1)  Initial return (2)  Final return (3)  Amended return (See Schedule 512E-X on page 2)

Name of organization:  Federal Employer Identification Number:  Date qualified for tax exempt status:

Address (number and street):

City:  State or Province:  Country:  ZIP or Foreign Postal Code:

**PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME** (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	<input type="text"/>	<input type="text"/>
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	<input type="text"/>	<input type="text"/>
C Unrelated business taxable income - enter here and on line 1 below	<input type="text"/>	<input type="text"/>

**INCOME SUBJECT TO TAX**

1 Unrelated business taxable income - from statement above (allocable to Oklahoma).....	1	<input type="text"/>	00
2 Other net income - <b>provide</b> schedule.....	2	<input type="text"/>	00
3 Oklahoma Capital Gain deduction (provide Form 561-C).....	3	<input type="text"/>	00
4 Oklahoma taxable income (total of lines 1, 2 and 3).....	4	<input type="text"/>	00

**TAX COMPUTATION**

5 Tax at 6% of line 4. If trust, see rate schedule on page 2 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 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box.....	5	<input type="text"/>	00
6 <b>Less:</b> Other Credits Form (total from Form 511-CR).....	6	<input type="text"/>	00
7 Balance of tax due (line 5 minus line 6, but not less than zero).....	7	<input type="text"/>	00
8 2021 Oklahoma estimated tax and extension payments and prior year carryforward.....	8	<input type="text"/>	00
9 Oklahoma withholding ( <b>provide</b> Form 1099, Form 500A, Form 500B or other withholding statement)	9	<input type="text"/>	00
10 Amount paid with original return and amount paid after it was filed (amended return only).....	10	<input type="text"/>	00
11 Any refunds or overpayment applied (amended return only).....	11	( <input type="text"/> )	00
12 Total of lines 8 through 11.....	12	<input type="text"/>	00
13 Overpayment (if line 12 is larger than line 7 enter amount overpaid).....	13	<input type="text"/>	00
14 Amount of line 13 to be credited to 2022 estimated tax (original return only).....	14	<input type="text"/>	00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

15 Donations from your refund..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$.....	15	<input type="text"/>	00
16 Add lines 14 and 15 and enter amount.....	16	<input type="text"/>	00
17 Amount to be refunded to you (line 13 minus line 16)..... <b>Refund</b> ...	17	<input type="text"/>	00

**Direct Deposit Note:**  **Is this refund going to or through an account that is located outside of the United States?**  Yes  No

Deposit my refund in my:  checking account  savings account

Routing Number:  Account Number:

18 Tax Due (if line 7 is larger than line 12 enter tax due).....	<b>Tax Due</b>	18	<input type="text"/>	00
19 Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #5).....		19	<input type="text"/>	00
20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month.....		20	<input type="text"/>	00
21 Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>		21	<input type="text"/>	00
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return.....	<b>Balance Due</b>	22	<input type="text"/>	00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input type="checkbox"/>	Signature of Preparer	Date
Print Name			Printed Name of Preparer	
Title	Phone Number		Phone Number:	Preparer's PTIN:

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



**Schedule 512-E-X: Amended Return Schedule**

**A** Did you file an amended Federal income tax return?  Yes  No

**Provide** a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

**B** If this return is being filed due to a Federal audit, **provide** a complete copy of the RAR.

**C** Explanation or reason for amended return (**Provide** 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 above.

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 [www.irs.gov](http://www.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 O.S. §2355.1P-4).

**Line 5 - TAX**

The income tax rate is 6%.

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

<b>If taxable income is:</b>	<b>At least</b>	<b>-</b>	<b>But less than</b>				
	-0-	-	1,000	Pay.....	1/2 of 1%		Taxable Income
	1,000	-	2,500	Pay.....	5.00	+	1% over ..... 1,000
	2,500	-	3,750	Pay.....	20.00	+	2% over ..... 2,500
	3,750	-	4,900	Pay.....	45.00	+	3% over ..... 3,750
	4,900	-	7,200	Pay.....	79.50	+	4% over ..... 4,900
	7,200		over	Pay.....	171.50	+	5% over ..... 7,200

**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 O.S. 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](http://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 Blvd., 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.

- 1** 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.
- 2** Fill 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.
- 3** 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.

<b>ABC Corporation</b> 123 Main Street Anyplace, OK 00000	<b>1234</b> <small>15-0000/0000</small>
PAY TO THE ORDER OF <b>SAMPLE</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>
<b>ANYPLACE BANK</b> Anyplace, OK 00000 For _____	DOLLARS <b>SAMPLE</b>
: <b>120120012</b>   : <b>2020268620</b>	<b>1234</b>

Routing  
Number

Account  
Number

**Note:** The routing and account numbers may appear in different places on your check.