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

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

990EF	990EF EF Transmission Status (Keep for your records)								
Name(s) as shown on return Transition House, Inc.	EIN number 73-1155089								
The following will be transmit	ted to the IRS.	X 990	990-T	Amended 990	🗌 Ar	nended 990-T			
		8868	4720	FinCEN 114					
The following state returns wi	ill be transmitted:								
<u> </u>									
The following returns have be	een suppressed or are n	ot eligible and	d will NOT be transn	nitted.					
<u> </u>									
EF Notes									

000			Í,	Deturn	of One on in	-tion Exercis	6 F	-	_	OMB No. 1545-0047	
Forn	9	90				ation Exemp				2022	
			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.								
		f the Treasury nue Service			4	990 for instructions	-	11 TO 11		Open to Public Inspection	
A	For th	e 2022 calend	lar year, or ta			07-			06	5-30 ,2023	
В	Check if	applicable:	C Name of orga	anization T	ransition Ho	use, Inc.	1 C - 3100		D Empl	oyer identification number	
	Address	change	Doing busine	ess as						73-1155089	
	Name ch	nange	Number and	street (or P.O. b	oox if mail is not delivered	to street address)	Ro	om/suite	E Telep	hone number	
	Initial ret	um	700 S	Asp						(405)360-7926	
	Final ret	urn/terminated	City or town,	state or provinc	e, country, and ZIP or for	eign postal code			G Gross	s receipts	
	Amende	d return	Norman	n, OK 73	069				\$	414,178	
	Applicati	on pending	F Name and ac	ddress of princip	al officer:			H(a) Is this a	group return	for subordinates? Yes X No	
				_				H(b) Are all	subordinate	es included? Yes No	
<u> </u>	Tax-exe	mpt status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527	lf "No,	" attach a lis	st. See instructions	
<u> </u>	Website		thouse.	org				H(c) Group	exemption	number	
-	_	organization: X		Trust As	sociation Other		L Year of formation:	1983 M	State of leg	al domicile: OK	
Pa	Int I	Summar	2								
	1	1			sion or most signific		vide transi	tional liv	ving a	nd community	
ø		outreach	for adul	lts reco	vering from	mental illness					
Governance							1				
ern		Oh a alu Ahi a hu			-11			<u></u>	10		
20	2			•	ALCONDE - 10,000	erations or disposed o			1 1		
~	3		•	•	erning body (Part \	SCENEDDAGADOUR. W COU & W K			3	9	
Activities &	5					body (Part VI, line 1b 22 (Part V, line 2a)			4	9	
tivit	6	Total number	7								
Act			410								
		7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b									
		Net unrelated	0								
	8	8 Contributions and grants (Part VIII, line 1h) 90,245 9 Program service revenue (Part VIII, line 2g) 235,955								Current Year 114,832	
e	9									266,645	
enu	10									594	
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17, 50					477	30,721			
77.0	12								4,177	412,792	
-	13					es 1-3)				0	
	14					4)				0	
	15					column (A), lines 5-10		25	8,109	295,731	
ses	16a	Professional	fundraising fe	es (Part IX,	column (A), line 11	e)				0	
Expenses	b	Total fundrais	sing expenses	s (Part IX, co	olumn (D), line 25)		8,435				
EX	17	Other expense	ses (Part IX, c	olumn (A), li	nes 11a-11d, 11f-2	4e)		105	5,762	126,031	
	18					umn (A), line 25)		363	3,871	421,762	
	19	Revenue less	s expenses. S	Subtract line	18 from line 12 .			(19	9,694)	(8,970)	
or	S S						L	Beginning of Curr	ent Year	End of Year	
Net Assets or	20							106	5,444	201,954	
tAs	21								7,787	112,262	
-										89,692	
	rt II	Signatu			to the difference of the second se			1 1 1			
						ring schedules and statement rmation of which preparer has		/ knowledge and be	het, it is		
		_		. /	2 - 10	Q 11 11	0			0/0/0	
Sig	n	Signature of office	ie Perutz	ZI F	tome ZI	enth, MA	<u> </u>	<i>ia</i>		7/20/2023	
1000		3				D '			Date	= / (
Her	C	Benni Type or print nam		zı, Exec	cutive direct	or					
		Print/Type pre			Preparer's signature		Date	0		PTIN	
Pai	h			OFF OF				Check	L "		
	u parei		Ganuall	and we have a set of the set of the	David W Gand	ALL CRE CPA	09-20-2023	Eirm's EIN	ployed	P00086877	
	Only			dwg ind	rexel Blvd			Firm's EIN Phone no.			
	, eni	I mins address			a City OK 73:	107		Fridie IIU.	405-0	49-0189	
				wat valle	vit i J.			and the second			

May the IRS discuss this return with the preparer shown above? See instructions	 Yes	X No
For Paperwork Reduction Act Notice, see the separate instructions.	Form 9	90 (2022)

EEA

000			Poturo	OMB No. 1545-0047								
Form	95	10	Return of Organization Exempt From Income Tax									
			Under section 501(c),	2022								
Depart	ment of t	he Treasury	Do not ente	Open to Public								
		le Service	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
_		022 calendar year, or tax year beginning 07-01 , 2022, and ending 06-30 Discribule: C Name of organization Transition House, Inc. D Employer ider										
		pplicable:		ransition House, Inc.							identification number 3-1155089	
Ξ.	ddress c ame cha	-	Doing business as	ox if mail is not delivered to street address)			Room/sui	ite	F T		e number	
Ξ.	itial retu	-	700 S Asp				10011/00			•	405)360-7926	
		n/terminated		e, country, and ZIP or foreign postal code					GG	Gross re		
A	mended	return	Norman, OK 7306						\$		414,178	
А	pplicatio	n pending	F Name and address of princip	al officer:				H(a) Is this a	a group re	turn for s	ubordinates? Yes X No	
								H(b) Are al	l subord	inates i	ncluded? Yes No	
<u>I T</u>	ax-exem	pt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	5	27		If "No	attach	a list. S	ee instructions	
	ebsite:		v.thouse.org					H(c) Group	exempt	tion nun		
			· 🔟 🔟	sociation Other	L	Year of formation	on: 198	3 м	State o	f legal c	lomicile: OK	
Par	T	Summary			<u> </u>					•.		
	1	-	-	sion or most significant activities:	Provi	de transitio	nal livii	ng and c	ommi	unity		
		outreach to	or adults recovering fro	om mental illness								
nce												
Governance	2	Chock this h	y if the organization	discontinued its operations or dispo	acad of r	more than 250	% of ite	not accot	•			
ove	3			erning body (Part VI, line 1a)			/0 01 115	net asset	s. 3	2	9	
	4		• •	ers of the governing body (Part VI, I					4		9	
Activities &	5										<u>3</u> 7	
tiviti	6	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6									41	
Act											0	
				e from Form 990-T, Part I, line 11.				70 7b			0	
				e nom ronn 990-1, Parti, nne 11.				Prior Year			Current Year	
	8	Contributions	and grants (Part VIII line	e 1h)					0,245	;	114,832	
0	9		•	ne 2g)			-		0,240 5,955		266,645	
Revenue	10	-		(A), lines 3, 4, and 7d)			-	23	3,955 47		200,045594	
Seve	11			ines 5, 6d, 8c, 9c, 10c, and 11e)				1	7,500		30,721	
Ľ.	12			(must equal Part VIII, column (A), I					4,177		412,792	
	13		· · · · · · · · · · · · · · · · · · ·	IX, column (A), lines 1-3)	,				.,		0	
	14			IX, column (A), line 4)							0	
				e benefits (Part IX, column (A), line				25	8,109)	295,731	
Se				column (A), line 11e)					-,		0	
Expenses			sing expenses (Part IX, c	(),)		8,435						
Å	17		ses (Part IX, column (A), I			-,		10	5,762	2	126,031	
_	18			st equal Part IX, column (A), line 25)				3,871		421,762	
	19			18 from line 12					9,694		(8,970)	
			•				Begir	ning of Curre			End of Year	
ance ance	20	Total assets	(Part X, line 16)					-	6,444		201,954	
Net Assets or -und Balances	21								7,787		112,262	
Net , Fund	22	Net assets o	r fund balances. Subtrac	t line 21 from line 20					8,657		89,692	
Par		Signatur							,		,	
Unde	penaltie			urn, including accompanying schedules and s			of my know	vledge and b	elief, it is	8		
true, o	correct, a	and complete. Dec	claration of preparer (other than o	fficer) is based on all information of which pre	parer has a	any knowledge.						
		Benni	e Perutzzi									
Sigr	ı [Signature of offic								Date		
Here	•	Benni	e Perutzzi, Executive	director								
	-	Type or print nar										
	I	Print/Type pre	parer's name	Preparer's signature		Date		Check		if PT	ÎN	
Paic									mployed		P00086877	
	arer	Firm's name dwg inc Firm's EIN										
	Only		0	rexel Blvd				hone no.				
	,			a City OK 73107					405	5-949	-0189	
May	he IRS	discuss this		hown above? See instructions .							Yes X No	
			Act Notice, see the sepa								Form 990 (2022)	

Form	990 (2022) Transition House, Inc.	73-1155089	Page 2
	rt III Statement of Program Service Accomplishments		0
	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	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$269,927 including grants of \$) (Revenue	\$	
Ψu	Transitional housing and care for persons with mental illness released from institutional care	Ψ	/
4b	(Code:) (Expenses \$ 71,700 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 341,627		
EEA		Fo	rm 990 (2022)

Form	1 990 (2022) Transition House, Inc.	73-1155089	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	•	5		^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
•				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11-		
	complete Schedule D, Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a				
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
10				X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	•	10		+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
00	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	n 990 (2022) Transition House, Inc.	73-1155089	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ĺ
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
00	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00		L
rai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	U		
U	reportable gaming (gambling) winnings to prize winners?	1c	x	
	repertance garming (garmening) withinings to pitce withers:	10		<u> </u>

Form	990 (2022) Transition House, Inc. 73-115508	9	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			<u> </u>
ia	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	ти		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		v
5a		5a 5b		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C Ca	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	0-		v
	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	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and 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		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2022) Transition House, Inc.	73-115	5089)	Р	age 6			
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throug	h 7b below, and	for a	"No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	le O. See instru	ctions	5.					
	Check if Schedule O contains a response or note to any line in this Part VI					Χ			
Se	ction A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9						
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
h									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			0		v			
	any other officer, director, trustee, or key employee?		-	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct			_		.,			
			-	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		_	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х			
6	Did the organization have members or stockholders?		L	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
	one or more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
а	The governing body?			8a	х				
b	Each committee with authority to act on behalf of the governing body?		-	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	00	~				
3				9		v			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Jule.)			Voo	No			
100	Did the extension have lead electers branches at effiliates?		Г	100	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		-	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		-	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form?	-	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		L	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe on Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
TUa	with a taxable entity during the year?			160		Х			
h			-	16a		~			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			10					
	organization's exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed Oklahoma								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	section 501(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Sche	dule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest 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 reco	rds.							
	Bonnie Peruttzi (405)360-7926, 700 S Asp. Norman, OK 73069								

Form 990 (202	2) Transition House, Inc.	73-1155089	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated 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 Emp	loyees	
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the	
organization's	tax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regar	dless of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average	`		heck more than one ess person is both ar				Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week			from the	from related	compensation				
	(list any	or	Ing	q	Ke	en	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc	stitut	Officer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t cor				
	below	uste	trus		/ee	nper				
	dotted line)	¢	tee			Highest compensated employee				
						ă				
(1) Bonnie Peruttzi	60.00									
Executive Director						x		63,400	0	0
(2) Kris Glenn	1.00									
Board member		х						0	0	0
(3) Rahil Khalili	1.00									
Board member		х						0	0	0
(4) Marilyn Korhonen	1.00									
Board member		Х						0	0	0
(5) Cordt Huneke	1.00									
Board member		Х						0	0	0
(6) Kristin Lazalier	1.00									
Board member		Х						0	0	0
(7) Sara King	2.00									
President				X				0	0	0
(8) Kelly Bergin	2.00									
Secretary				X				0	0	0
(9) Preston Court	2.00									
Vice-president				X				0	0	0
(10)Rebecca Delsigne	2.00									
Treasurer				X				0	0	0
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
										Form 000 (2022)

	990 (2022) Transition House, Inc.									73-11550	
Part	VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both ar						(D) Reportable	(E) Reportable	(Continued) (F) Estimated amount
		hours per week (list any hours for related organizations below dotted line)		er and		ector	(trustee) Highest compensated	Former	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c d	Subtotal Total from continuation sheets to Part VII, Section . Total (add lines 1b and 1c)	Α	· · · · · · · · · · · · · · · · · · ·	••••	•••		1		63,400	0	0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those li	isted a	bove	e) wł	no re	eceived	d mo	ore than \$100,000	of	O
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul						-				Yes No 3 X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th individual	an \$150,000)? If "Y	es,"	com						
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensatio	on from	any	unre		-				4 X 5 X
Secti	on B. Independent Contractors Complete this table for your five highest compensat	tod indonona	lont co	ntrac	otore	that	rocoi	und r	mara than \$100.00	10 of	
	compensation from the organization. Report comp										
	(A) Name and business addres	s							(B) Description of servic	es	(C) Compensation
											•
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above)	who	0		

Form 9	<u> </u>			House, Inc					73-115508	89 Page 9
Part	VIII	Statement of Reve	enue	e						
		Check if Schedule O cc	ontair	ns a respons	e or n	ote to any line in th	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	1 0			1a	46,000				
	b				1b	21,409				
Contributions, Gifts, Grants and Other Similar Amounts	.	c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 1e								
, Gr						40.000				
Sifts lar A						18,380				
Js, C	'	and similar amounts not in	-		1f	20.042				
utioi Jer \$	g				- 11	29,043				
A Of	y a	lines 1a-1f			1g	\$				
an Co	h				- U	Ψ	114,832			
	+ ··					Business Code	111,002			
	2a	Transitional Housing				624200	266,645	266,645		
8	b							,		
ervi	c									
ram Serv Revenue	d									
Program Service Revenue	e									
Pro	f	All other program service i	revei	nue						
	g	Total. Add lines 2a-2f					266,645			
	3	Investment income (includi	ng d	ividends, inte	erest, a	and				
		other similar amounts)					594	594		
	4	Income from investment of		•	proce	eeds				
	5	Royalties				1				
				(i) Real		(ii) Personal				
	6a		6a							
		Less: rental expenses	6b 6c							
		Rental income or (loss) Net rental income or (loss)								
						(ii) Other				
	/a	Gross amount from sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
Ø		and sales expenses	7b							
enu	c	Gain or (loss)	7c							
Sev	d	Net gain or (loss)			•					
Other Revenue	8a	Gross income from fundrai	ising							
ð		events (not including \$								
		of contributions reported o								
		1c). See Part IV, line 18			8a	,				
		Less: direct expenses			8b	,	40.007			40.007
		Net income or (loss) from f		raising event	s		18,967			18,967
	9a	Gross income from gaming activities, See Part IV, line	-		9a					
	h	Less: direct expenses			9a 9b					
		Net income or (loss) from (
			-	ing activities	····					
	10a	Gross sales of inventory, le returns and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s			/					
				,		Business Code				
(0	11a	Client Fees				624200	11,754	11,754		
nou	b									
ellaı ∍ven	c									
Miscellanous Revenue	d	All other revenue				900099				
2	-	Total. Add lines 11a-11d					11,754			
	12	Total revenue. See instruc	tion	s			412,792	278,993	0	18,967

De sati i	Check if Schedule O contains a response or note to	,	(B)		(ח)
	ide amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	10b of Part VIII.		expenses	general expenses	expenses
	s and other assistance to domestic organizations				
	omestic governments. See Part IV, line 21				
	s and other assistance to domestic				
individ	duals. See Part IV, line 22				
3 Grant	s and other assistance to foreign				
organ	izations, foreign governments, and				
foreig	n individuals. See Part IV, lines 15 and 16				
4 Benef	fits paid to or for members				
5 Comp	pensation of current officers, directors,				
truste	es, and key employees	63,400	51,354	10,778	1,268
6 Comp	pensation not included above to disqualified				
perso	ns (as defined under section 4958(f)(1)) and				
perso	ns described in section 4958(c)(3)(B)				
7 Other	salaries and wages	181,469	146,990	30,850	3,629
	on plan accruals and contributions (include	,	,	,	,
	on 401(k) and 403(b) employer contributions)				
	employee benefits	31,574	25,575	5,368	631
	bll taxes	19,288	15,623	3,279	386
	for services (nonemployees):	10,200	10,020	0,210	
	gement				
-	unting	12,399	10,043	2,108	248
		12,000	10,043	2,100	240
	ying				
	ssional fundraising services. See Part IV, line 17 .				
	tment management fees				
-	. (If line 11g amount exceeds 10% of line 25, column				
	mount, list line 11g expenses on Schedule O.)				
	rtising and promotion	10 707	0.700		
	expenses	10,767	8,722	1,830	215
	nation technology				
5 Royal	lties				
	pancy	66,377	53,765	11,284	1,328
7 Trave	91				
8 Paym	nents of travel or entertainment expenses				
for an	y federal, state, or local public officials				
9 Confe	erences, conventions, and meetings	1,384	1,121	235	28
0 Intere	st				
1 Paym	nents to affiliates				
2 Depre	eciation, depletion, and amortization	1,728	1,399	294	35
3 Insura	ance	7,498	6,073	1,275	150
4 Other	expenses. Itemize expenses not covered				
above	e (List miscellaneous expenses on line 24e. If				
	4e amount exceeds 10% of line 25, column				
	mount, list line 24e expenses on Schedule O.)				
	cle Expense	2,513	2,036	427	50
	sehold Supplies and Food	5,072	4,109	862	101
	pment Repairs & Maint	5,554	4,109	944	101
	It Program Supplies	12,739	10,318	2,166	255
-		12,139	10,310	2,100	200
	her expenses	404 700	244 007	74 700	0 405
	functional expenses. Add lines 1 through 24e	421,762	341,627	71,700	8,435
	costs. Complete this line only if the nization reported in column (B) joint costs				
	a combined educational campaign and				
fundra	aising solicitation. Check here				
follow	ring SOP 98-2 (ASC 958-720)				

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).

73-1155089 Page 10

	990 (20	· · ·			7	3-11550)89 Page 11
Par	t X	Balance Sheet					_
		Check if Schedule O contains a response or not	e to a	ny line in this Part X			
					(A)		(B)
	r				Beginning of year		End of year
	1	Cash - non-interest-bearing			77,843	1	178,100
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	18,870	3	15,900		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former	officer	director,			
		trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these perso		5			
	6	Loans and other receivables from other disqualified per	sons (a	s defined			
		under section 4958(f)(1)), and persons described in sec		6			
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	4,335	9	4,285		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	56,103			
	b	Less: accumulated depreciation	10b	52,434	5,396	10c	3,669
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	106,444	16	201,954		
	17	Accounts payable and accrued expenses	7,787	17	10,642		
	18	Grants payable	, -	18	101,620		
	19	Deferred revenue				19	,
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV		dule D		21	
	22	Loans and other payables to any current or former offic					
lies		trustee, key employee, creator or founder, substantial co					
Liabilities		controlled entity or family member of any of these perso				22	
Ë	23	Secured mortgages and notes payable to unrelated thi				23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			7,787	26	112,262
		Organizations that follow FASB ASC 958, check here	X		.,		,
		and complete lines 27, 28, 32, and 33.					
ŝ	27	Net assets without donor restrictions			98,657	27	89,692
nce	28	Net assets with donor restrictions			00,007	28	00,002
3ala		Organizations that do not follow FASB ASC 958, check					
ndE		and complete lines 29 through 33.					
Ъ	29	Capital stock or trust principal, or current funds				29	
s or	30	Paid-in or capital surplus, or land, building, or equipmer				30	
set	31	Retained earnings, endowment, accumulated income, o				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			98,657	32	89,692
Ne	33	Total liabilities and net assets/fund balances			106,444	33	201,954
	55	101a1 11a1111103 and her assets/10110 balances			100,444	_ 55 _	201,904

EEA

Form 990 (2022)

Form	990 (2022) Transition House, Inc.	73-1155089		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		412,7	792
2	Total expenses (must equal Part IX, column (A), line 25)	2		421,7	762
3	Revenue less expenses. Subtract line 2 from line 1	3		(8,9	970)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		98,0	657
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			5
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		89,0	692
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n 990	(2022)

EEA

SCHEDULE	A
(Form 990)	

(D)

(E)

Public Charity Status and Public Support

OMB No. 1545-0047	
2022	

(1 0111		,	Complete if the org	panization is a section 50	1(c)(3) organization or a section	4947(a)(1) no	nexempt char	itable trust.	2022
		t of the Treasury venue Service			n to Form 990 or Form 9				Open to Public
			Go to	www.irs.gov/Form	990 for instructions and	the latest i	nformatior		Inspection
		e organization						Employer identification	
		n House, Inc						73-115508	
Part				•	rganizations must o			t.) See instruction	<u>1S.</u>
	<u> </u>		•	,	nes 1 through 12, check o		,		
1		-			hurches described in se	`	5)(1)(A)(I).		
2					Schedule E (Form 990)				
3					ion described in section				
4			earch organization o e, city, and state:	perated in conjunc	tion with a hospital desc	ribed in se	ction 170(t	b)(1)(A)(iii). Enter the	
5	Х	An organizatio	n operated for the be	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	i
		section 170(b)	(1)(A)(iv). (Complete	e Part II.)					
6		A federal, state	e, or local governme	nt or governmenta	I unit described in section	n 170(b)(1)(A)(v).		
7		An organizatio	n that normally recei	ves a substantial pa	art of its support from a g	government	tal unit or f	rom the general public	2
			ection 170(b)(1)(A)(v	, , ,	,				
8					/i). (Complete Part II.)				
9		An agricultura	l research organizati	on described in se	ction 170(b)(1)(A)(ix) op	erated in c	onjunction	with a land-grant col	lege
		or university o	r a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
		university:							
10		receipts from a support from g	activities related to its ross investment inco	s exempt functions, me and unrelated l	33 1/3% of its support fr subject to certain excep pusiness taxable income e section 509(a)(2). (Con	tions; and (less secti	(2) no mor ion 511 tax	e than 33 1/3% of its	JSS
11		An organizatio	n organized and ope	erated exclusively	to test for public safety.	See sectior	n 509(a)(4)).	
12		An organizatio	n organized and ope	rated exclusively for	or the benefit of, to perfor	m the funct	tions of, or	to carry out the purpo	oses of
		one or more p	ublicly supported or	ganizations describ	ed in section 509(a)(1)	or section 8	509(a)(2).	See section 509(a)(3). Check
		the box on line	s 12a through 12d th	nat describes the ty	pe of supporting organization	ation and c	omplete lin	es 12e, 12f, and 12g	
а		Type I. A s	supporting organizat	ion operated, supe	rvised, or controlled by i	ts supporte	ed organiza	ation(s), typically by	giving
		the support	rted organization(s) t	he power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the	
		supporting	g organization. You r	nust complete Part	IV, Sections A and B.				
b		Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by hav	ing
		control or	management of the s	supporting organiza	tion vested in the same	persons that	at control o	r manage the suppor	led
		organizati	on(s). You must com	plete Part IV, Sect	ions A and C.				
С		Type III fu	nctionally integrated	. A supporting orga	anization operated in cor	nnection wi	ith, and fur	ctionally integrated v	vith,
		its support	ted organization(s) (see instructions). Y	ou must complete Part	IV, Section	s A, D, an	d E.	
d		Type III no	on-functionally integr	ated. A supporting	organization operated in	n connectio	on with its	supported organization	on(s)
		that is not	functionally integrate	ed. The organization	n generally must satisfy a	a distributio	n requirem	ent and an attentiven	ess
		requireme	nt (see instructions)	. You must comple	te Part IV, Sections A ar	nd D, and F	Part V.		
е		Check this	box if the organizati	on received a writte	en determination from the	e IRS that it	is a Type	I, Type II, Type III	
					integrated supporting o	rganizatior	1.		
f	Е	nter the numbe	r of supported orgar	izations					
g	Ρ	rovide the follow	wing information abo	ut the supported or	ganization(s).	1			1
	(i) Na	ame of supported or	ganization	(ii) EIN	 (iii) Type of organization (described on lines 1-10 above (see instructions)) 	(iv) Is the out listed in you docum	Ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Vaa	Nia		
						Yes	No		
(A)									
(B)									
(C)									

Schedu	le A (Form 990) 2022 Transition Ho	use. Inc.				73-1155089	Page 2
Part			d in Sections	170(b)(1)(A)	(iv) and 170(. «go .
	(Complete only if you checked th						lifv under
	Part III. If the organization fails to						,
Secti	on A. Public Support					ŀ	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	324,567	393,410	412,030	344,177	412,198	1,886,382
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	324,567	393,410	412,030	344,177	412,198	1,886,382
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,886,382
Secti	on B. Total Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	324,567	393,410	412,030	344,177	412,198	1,886,382
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	309	445	570	477	594	2,395
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,888,777
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or		-		h tax year as a	section 501(c))(3)
	organization, check this box and stop her						Γ
Secti	on C. Computation of Public Support P						
14	Public support percentage for 2022 (line 6	6, column (f), di	ivided by line 1	1, column (f))		14	99.87
15	Public support percentage from 2021 Sch	edule A, Part I	I, line 14			15	99.88
16a	33 1/3% support test - 2022. If the organi	zation did not c	heck the box o	on line 13, and	line 14 is 33 1	/3% or more, c	heck this
	box and stop here. The organization qual						
b	33 1/3% support test - 2021. If the organized	-	• • • •	-			
	this box and stop here. The organization						. [
17a	10%-facts-and-circumstances test - 2022	•	• • • •	•			
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization				1		[
b	10%-facts-and-circumstances test - 2021				ine 13, 16a, 16	Sb. or 17a. and	
~	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	and quantos c		FF 51.00
18	Private foundation. If the organization did				or 17b. check t	his box and se	e
	instructions						- Г

Schedu	e A (Form 990) 2022 Transition Hou	ise, Inc.				73-1155089	Page 3
Part			d in Section 5	509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify und	der Part II.
	If the organization fails to qualify			•			
Sectio	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						()
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
т	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
0 7a	Amounts included on lines 1, 2, and 3						
1a	received from disgualified persons .						
h	Amounts included on lines 2 and 3						
b							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Centi	line 6.)						
	on B. Total Support	(-) 2010	(h) 2010	(a) 2020		(-) 2022	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's firs	st, second, thire	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here	e		<u></u>			
Section	on C. Computation of Public Support Po	ercentage					
15	Public support percentage for 2022 (line 8	, column (f), di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part I	II, line 15			16	%
Section	on D. Computation of Investment Incom	ne Percentag	е				
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021	Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the organ	ization did not	check the box	on line 14, and	d line 15 is mor	e than 33 1/3%	6, and line
	17 is not more than 33 1/3%, check this be	ox and stop he	ere. The organi	zation qualifies	s as a publicly s	supported orga	nization
b	33 1/3% support tests - 2021. If the organizatio	n did not check a	a box on line 14	or line 19a, and	line 16 is more th	nan 33 1/3%, and	b
	line 18 is not more than 33 1/3%, check this bo	x and stop here.	The organizatio	n qualifies as a p	publicly supported	d organization .	
20	Private foundation. If the organization did		-			-	

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Part	IV Supporting Organizations		
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, comp	ete Se	ctions A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Pa		
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and comple	e Part	V.)
Secti	on A. All Supporting Organizations		
			Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
•	organization was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe		
	lines 3b and 3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	Ob	
	organization made the determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E		
40	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	10	
h	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	
0	Did the organization support any foreign supported organization that does not have an IRS determination	40	
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$		
	purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
54	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		
	was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		
²	designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line		
	7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	110		
b	A family member of a person described on line 11a above?	11a 11b		
b C	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
0	provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Centia	supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations		Vaa	No
1	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
00000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ruction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	\Box The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA		edule A (F	orm 990) 2022

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izatio	ns		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	, trust	on Nov. 20, 1970 (exp	lain in Part	VI). See
	instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Sectio	ons A throug	gh E.
Pooti	on A - Adjusted Net Income		(A) Prior Year	(B) Cu	rrent Yea
Secu	on A - Adjusted Net Income		(A) FIIOI Teal	(op	otional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
			<u>-</u>	(B) Cu	rrent Yea
Section	on B - Minimum Asset Amount		(A) Prior Year		otional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
-	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
•	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
<u> </u>					
Section	on C - Distributable Amount			Curr	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
-	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	-	earated Type III suppo	rtina orazni	zation

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

Schedule A (Form 990) 2022

_{chedu} Part	Ie A (Form 990) 2022 Transition House, Inc. V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat		1550)89 Pag
an	V Type III Non-Functionally Integrated 509(a)(3) 3	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	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	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is res	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,		(ii)	<u> </u>	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i)	Underdistributions	S	Distributable
	/	Excess Distributions	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
 h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
•	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
,	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Free and free m 0040				
c	Evenes from 2020				
d	Evenes from 2024				
e	Evenes from 2022				
A	Excess from 2022				Schedule A (Form 990) 2

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

SCHE	DULE D Supplementa	I Financial Stateme	ents		OMB No. 154	5-0047
(Form	1 990) Complete if the organ	zation answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			202	2
Doportr	Part IV, life 6, 7, 8, 9, 10	128, 01 120.		Open to P	ublic	
	Revenue Service Go to www.irs.gov/Form990		Inspection			
	the organization		Em	ployer identification		
	tion House, Inc.			73-1155089	9	
Par	t I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" of					
		(a) Donor advised fund		(b) Funds	and other accounts	
1	Total number at end of year			(6) 1 4146		
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	•			—	
	funds are the organization's property, subject to the organization	•				No
6	Did the organization inform all grantees, donors, and donor a					
	only for charitable purposes and not for the benefit of the dou conferring impermissible private benefit?		other purpose		Yes	□ No
Part	· · · · ·					
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7	7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation		servation of a hist	orically importar	nt land area	
	Protection of natural habitat	Pres	servation of a cer	tified historic str	ucture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution i	in the form of a co	onservation		_
	easement on the last day of the tax year.				t the End of the	Tax Year
a	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str			2b 2c		
c d	Number of conservation easements included in (c) acquired			20		
u	historic structure listed in the National Register		Πά	2d		
3	Number of conservation easements modified, transferred, re		nated by the orga		the	
	tax year		, ,	C C		
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, h	andling of		_	_
	violations, and enforcement of the conservation easements i				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enfo	orcing conservation	on easements du	uring the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	g conservation ea	asements during	the year	
			-	-	-	
8	Does each conservation easement reported on line 2(d) abo	•	section 170(h)(4)	(B)(i)	_	
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conserva					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financ	cial statements that	at describes the		
Part	organization's accounting for conservation easements.	Art Historical Treasures	or Other Sin	nilar Assets		
1 art	Complete if the organization answered "Yes" of			liai Assets.		
	If the organization elected, as permitted under FASB ASC 9			alance sheet wo	rks	
	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina			·		
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue stat	tement and balan	ce sheet works o	of	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or resea	arch in furtherand	e of public serv	ice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
<u> </u>	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art, historical tre		s for financial gair	i, provide the		
~	following amounts required to be reported under FASB ASC Revenue included on Form 990, Part VIII, line 1	•		¢		
a b	Assets included in Form 990, Part X			\$_ \$		
	perwork Reduction Act Notice, see the Instructions for Form 99			*	hedule D (Form	990) 2022

Schedul	e D (Form 990) 2022 Transition House, I						73-11550		Page 2
Part	III Organizations Maintaining C	ollections of Art,	, Historic	al Treas	ures, or Ot	her Si	milar Assets (c	ontinued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the fo	ollowing that n	nake sig	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pi	rogram			
b	Scholarly research		е	Other		•			
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	in how they	further the	e organizatior	n's exen	not purpose in Part		
•	XIII.				o organization				
5	During the year, did the organization solicit	or receive donations	of art histo	rical treas	ures or other	similar			
Ū	assets to be sold to raise funds rather than							Yes	□ No
Part			part of the	organizati		12		163	
1 an	Complete if the organization		" on Forn	000 D	art IV/ line	0 or	reported an am	ount on E	orm
	990, Part X, line 21.	answered res		II 990, F		9, 01 1	reported an am		UIII
1a	Is the organization an agent, trustee, custod					ts not			
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	ollowing tak	ole:					
							Am	ount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	•		
f	Ending balance					1f			
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for es	crow or cu	stodial accou	nt liabili	ty?	Yes	🗌 No
b	If "Yes," explain the arrangement in Part XII	II. Check here if the e	explanation	has been	provided on F	Part XIII			
Part	V Endowment Funds.								
	Complete if the organization	answered "Yes'	" on Forn	n 990, P	art IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
Ũ	programs								
f	Administrative expenses								
	·								
g	End of year balance								
2	Provide the estimated percentage of the cur	-	ce (line 1g,	column (a))) neid as:				
a	Board designated or quasi-endowment								
b	Permanent endowment%)							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the poss	ession of the organiz	zation that a	are held ar	nd administere	ed for th	e		
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	uired on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the	ne organization's end	dowment fu	nds.					
Part	VI Land, Buildings, and Equipm	nent.							
	Complete if the organization	answered "Yes'	" on Forn	n 990, P	art IV, line	11a. S	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book v	
		(investm	ent)	(0	other)	d	epreciation		
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment				56,103		52,434		3,669
u e	Other				50,105		52,454		0,000
	Add lines 1a through 1e. (Column (d) must e		t X colum	(B) line	10c)				3,669
TUIAI.	nuu mes ra unough re. (Column (u) must e	equal Form 990, Par		т (b), iiiie	100				5,009

Schedule D (For		с.			73-1	155089	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answere	ed "Yes" on For	r <u>m 990, Par</u>	t IV, line 11	b. See Form	990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book va	alue	.,	hod of valuation: -of-year market value	e
(1) Financial of	lerivatives						
(2) Closely-he	Id equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	(b) must equal Form 990, Part X, col. (B) line 1	2.)					
Part VIII	Investments - Program Related.						
	Complete if the organization answere	ed "Yes" on Fo	r <u>m 990, Par</u>	t IV, line 11	c. See Form	990, Part X,	line 13.
	(a) Description of investment		(b) Book va	alue	(c) Met	hod of valuation:	
					Cost or end	-of-year market value	Э
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 1	3.)					
Part IX	Other Assets.						
	Complete if the organization answere	ed "Yes" on Fo	rm 990, Par	t IV, line 11	d. See Form	<u>990, Part X,</u>	line 15.
	(a)	Description				(b) Book	< value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 1	5.)					
Part X	Other Liabilities.		000 D				
	Complete if the organization answere	ed "Yes" on Foi	rm 990, Par	t IV, line 11	e or 11f. See	Form 990, I	Part X,
	line 25.						
1.	(a) Description of liability	(b) Book	value	-			
(1) Federal in	ncome taxes			-			
(2)				-			
(3)				-			
(4)				-			
(5)				-			
(6)				-			
(7)							
(8)							
(9)				_			
	b) must equal Form 990, Part X, col. (B) line 25.)						
-	uncertain tax positions. In Part XIII, provide the te		-				_
organization's	iability for uncertain tax positions under FASB As	SC 740. Check her	e if the text of t	he footnote h	as been provided	in Part XIII	🗌

Schedu	le D (Form 990) 2022 Transition House, Inc.		73-1155089	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	412,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	412,792
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	412,792
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements		1	421,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	421,762
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	421,762
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.

SCHEDULE G (Form 990) Supplemental Information Regarding Fundrais Complete if the organization answered "Yes" on Form 990, F organization entered more than \$15,000 on For Attach to Form 990 or Form 99 Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 99					art IV, line 17, 18, or 1 n 990-EZ, line 6a.)-EZ.			OMB No. 1545-0047
Name of the organization							Employer identification	
Transition House, In	C.						73-1155	089
	ising Activities. C	omplete if the o	organizatio	on answer	ed "Yes" on Fo	orm 9		
	0-EZ filers are not	•	-				, ,	
	er the organization rais				ies. Check all that a	apply.		
a Mail solicitat	0		e 🗌	0	of non-government		3	
	email solicitations		f 🗌		of government grar			
c Phone solici			g []		draising events	1.5		
d In-person so			9 🗆	opeciariun				
	ation have a written or	oral agreement wi	th any individ	hual (includia	a officers directors	tructo	200	
-	es listed in Form 990,	-	-		-			□ Yes □ No
• • •				•	•			
	10 highest paid individ	,	nuraisers) pu	insuant to ag	reements under wh	iich the	e iundraiser is to b	е
compensated a	t least \$5,000 by the c	nganization.						
(i) Name and addr or entity (fu		(ii) Activity	(iii) Did func custody or contrib	control of	(iv) Gross receipts from activity	(0	Amount paid to or retained by) idraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
-			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				1				

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.

			ansition House, Inc.			1155089 Page 2
Pa	rt II	Fundraising Events. Comp	-			-
		than \$15,000 of fundraisin	-	d gross income on Form	1990-EZ, lines 1 and 6	b. List events with
		gross receipts greater than		(h) Event #0		
			(a) Event #1 June Bug Jam	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ø						
enu	1	Gross receipts	20,353			20,353
Revenue						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	20,353			20,353
	4	Cash prizes				
	5	Noncash prizes				
	_					
ses	6	Rent/facility costs				
pen	7					
Ě	7	Food and beverages				
Direct Expenses	8	Entertainment				
Δ	0					
	9	Other direct expenses	1,386			1,386
		·				
	10	Direct expense summary. Add li	nes 4 through 9 in column (d	l)		1,386
_	11	Net income summary. Subtract				18,967
Pa	rt III	Gaming. Complete if the o	-	es" on Form 990, Part I	V, line 19, or reported r	nore than
		\$15,000 on Form 990-EZ,	line 6a.			
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(-) g (-))
Re	1	Gross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
Ð						
irec	4	Rent/facility costs				
	5	Other direct expenses				
	~	Valuete en labor	☐ Yes %	☐ Yes %		
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add li	ines 2 through 5 in column (c	()		
				.,		
	8	Net gaming income summary. S	Subtract line 7 from line 1, co	lumn (d)		
			`			<u> </u>
g	En	ter the state(s) in which the organ	ization conducts gaming act	ivities:		
	a lst	the organization licensed to condu	uct gaming activities in each	of these states?		Yes No
	b lf"	No," explain:				
10		ere any of the organization's gami	0	· ·		Yes No
		Vee lleveleire	ng licenses revoked, suspen	· ·		Yes No

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

Form 8879-TE

IRS e-file Signature Authorization

OMB No. 1545-0047

IUI A TAX EX	empr⊏i	ші
ficant voor beginning	07.01	2022

For calendar year 2022, or fiscal year beginning , 2022, and ending 06-30 ,2023 07-01

Department of the Treasury		Do not send to the IRS. Keep for your records.					.022	
Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.								
Name of	f filer					EIN or SSN		
Transi	tion House, Inc.					73-1155089		
Name a	nd title of officer or pe	erson subject to t	ах					
Bennie	e Perutzzi, Exec	utive director	•					
Part	I Type of F	Return and F	Returr	n Ir	oformation			
8038-C 3a, 4a, 3b, 4b,	P and Form 5330 5a, 6a, 7a, 8a, 9a	filers may ente , or 10a below, , or 10b, which	er dolla and th ever is	rs a ne a ap	g this Form 8879-TE and enter the applicable amount, if any nd cents. For all other forms, enter whole dollars only. If ye mount on that line for the return being filed with this form v plicable, blank (do not enter -0-). But, if you entered -0- on one line in Part I.	ou check the box on vas blank, then leave	line 1a, line 1b	o, 2b,
1a	Form 990 check I	nere	Х	b	Total revenue, if any (Form 990, Part VIII, column (A), line	e 12)	1b	412,792
2a	Form 990-EZ che	ck here		b	Total revenue, if any (Form 990-EZ, line 9)		2b	
3a	Form 1120-POL	check here		b	Total tax (Form 1120-POL, line 22)	. :	3b	
4a	Form 990-PF che	eck here		b	Tax based on investment income (Form 990-PF, Part V, I	ine 5)	4b	
5a	Form 8868 check	here		b	Balance due (Form 8868, line 3c)	:	5b	
6a	Form 990-T chec	k here		b	Total tax (Form 990-T, Part III, line 4)		6b	
7a	Form 4720 check	here		b	Total tax (Form 4720, Part III, line 1)		7b	

8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	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		

2022 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 retum, 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.

DINI sheak and hav and

PIN: Check one b				
X I authorize	dwg inc	to enter my PIN	73069	as my signature
	ERO firm name		Enter five numb do not enter all	
agency(ies	vear 2022 electronically filed return. If I have in) regulating charities as part of the IRS Fed/S closure consent screen.			
filed return	er or person subject to tax with respect to the e . If I have indicated within this return that a cop Fed/State program, I will enter my PIN on the	y of the return is being filed with a state ag		
Signature of officer	or person subject to tax		Date 09-1	4-2023
	ertification and Authentication			
	. Enter your six-digit electronic filing identifica blowed by your five-digit self-selected PIN.	tion 733707 8305	53	
		Do not er	ter all zeros	
	bove numeric entry is my PIN, which is my sig is return in accordance with the requirements iness Returns.			
ERO's signature	David W Gandall CFE CPA	Date	09-20-2023	3
	ERO Must Ret	ain This Form - See Instructions		
	Do Not Submit This Forr	n to the IRS Unless Requested To	o Do So	
For Privacy Act a	nd Paperwork Reduction Act Notice, see the ir	nstructions.		Form 8879-TE (2

990 Name(s) as shown on return	Overflow Statement (This page is not filed with the return. It is for your records only.)		2022	Page 1
Transition Hou	se, Inc.		7	3-1155089
	Deferred revenue			
Description	n of deferred grant revenue		\$	<u>Amount</u> 50,810
Long term port	n of deferred grant revenue			<u>50,810</u>
		otal:	\$	101,620

FOR TAX YEAR 2022 TRANSITION HOUSE, INC.

dwg inc 1912 N Drexel Blvd Oklahoma City, US (405)949-0189

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

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

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

Due date:

11-15-2023

The return reflects neither a refund nor a balance due.

Please note:

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

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

990	Tax Exempt Diagnostic Summary			
Name Transition House, Inc.		Employer Identification # 73-1155089		
Demographics_				
Mailing Address:	Phone:	(405)360-7926		
700 S Asp				
Norman, OK 73069				
Resident State: OK				
Diagnostics				
Preparer: David W Gandall C	Invoice:	Date: 09-20-2023		
Return Information				
Item on Return	2022	2021 Federal		
lien on Reidin	Federal	(If available)		
Total Revenue	412,792	344,177		
Total Expenses	421,762	363,871		
Net Excess (Deficit)	(8,970)	(19,694)		
Net Assets or Fund				
Balances	89,692	98,657		

State/City Information

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