# **Filing Instructions**

Prepared for:

Prepared by:

THE OUTREACH HOUSE 805 S. MAIN STREET, SUITE A LOMBARD, IL 60148-2630

2022 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE

Form 8879-TE	IRS e-file Signature Authorizatior for a Tax Exempt Entity	ו	OMB No. 1545-0047
Department of the Treasury	For calendar year 2022, or fiscal year beginning, 2022, and ending, 2022, and ending		2022
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information	n. EIN or SS	M
Name of filer	MDEACH HOHCE		545709
	TREACH HOUSE erson subject to tax JACKIE ERNST	20-0	545709
Name and title of officer or pe			
Part I Type of	Return and Return Information		
	Irrn for which you are using this Form 8879-TE and enter the applicable amount, if	f any from the retur	rn Form 8038-CP and
Form 5330 filers may enter or <b>10a</b> below, and the amo	r dollars and cents. For all other forms, enter whole dollars only. If you check the pount on that line for the return being filed with this form was blank, then leave line lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the a	box on line <b>1a, 2a</b> e <b>1b, 2b, 3b, 4b, 5</b>	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere X b Total revenue, if any (Form 990, Part VIII, column (A), lir	ne 12)	1b 334,826.
2a Form 990-EZ che			
3a Form 1120-POL			
4a Form 990-PF che			
5a Form 8868 check			
6a Form 990-T chec			
7a Form 4720 check			
8a Form 5227 check			8b
9a Form 5330 check			9b
10a Form 8038-CP ch		Part III, line 22)	10b
Part II Declarat	tion and Signature Authorization of Officer or Person Subject	to Tax	
Under penalties of perjury,	, I declare that $[{f X}]$ I am an officer of the above entity or $[{f \Box}]$ I am a person sul	bject to tax with res	spect to (name
of entity)	, (EIN)	and that I hav	e examined a copy of the
later than 2 business days payment of taxes to receiv	it the entry to this account. To revoke a payment, I must contact the U.S. Treasur prior to the payment (settlement) date. I also authorize the financial institutions i re confidential information necessary to answer inquiries and resolve issues relate nber (PIN) as my signature for the electronic return and, if applicable, the consen	involved in the proc ed to the payment.	essing of the electronic I have selected a
-	ONI PARTNERS LLC	to enter my	PIN 99999
	ERO firm name		Enter five numbers, but
			do not enter all zeros
with a state age	on the tax year 2022 electronically filed return. If I have indicated within this retu ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize disclosure consent screen.		-
return. If I have i	person subject to tax with respect to the entity, I will enter my PIN as my signatu indicated within this return that a copy of the return is being filed with a state age rogram, I will enter my PIN on the return's disclosure consent screen.	•	-
Signature of officer or person subject		Da	te
	tion and Authentication		
	our six-digit electronic filing identification your five-digit self-selected PIN. 1591831 Do not enter		
-	meric entry is my PIN, which is my signature on the 2022 electronically filed return ccordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information	n indicated above.	
ERO's signature	Date	11/21/23	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested	10 00 30	
LHA FOR Privacy Act and	d Paperwork Reduction Act Notice, see instructions.		Form <b>8879-TE</b> (2022)
202521 12-16-22			

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Department of the Treasury Internal Revenue Service

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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name	pe Doing business as		20-05457	09
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returr	805 S. MAIN STREET, SUITE A		31244009	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	338,379.
	Amer	10  MBARD, 11  00148-2030		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: CATHERINE DINOTI		for subordinates	? Yes X No
	pend	5454 IRVING, CHICAGO, IL 60660		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
		f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation:	A State of legal domicile: II
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: FIRS	r THIN	<u>GS FIRST PRO</u>	OVIDES BABY
DC U		BASICS (DIAPERS, WIPES, WASH, CLOTHING FO	R BABI	ES IN THE Y	ORK
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3				2
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			2
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
viti	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		156,689.	335,313.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8.	-487.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		156,697.	334,826.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	28,764.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	···	15,000.	0.
ăX	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.	104 (77	101 000
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		104,677.	191,900.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		119,677.	220,664.
	19	Revenue less expenses. Subtract line 18 from line 12		37,020.	114,162.
S OL				ginning of Current Year	End of Year
Assets	g 20	Total assets (Part X, line 16)		220,780.	434,942.
Net A	7	Total liabilities (Part X, line 26)		0.	100,000.
	<u>  22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		220,780.	334,942.

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

Sign	Signature of officer			Date				
Here	CATHERINE LYNOTT, EXECUTI	VE						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	DANTE ODONI		11/21	/23 self-employed P00386225				
Preparer	Firm's name ODONI PARTNERS LL	С		Firm's EIN 46-3579543				
Use Only	Firm's address 416 E. ROOSVELT R	OAD, SUITE 110						
	WHEATON, IL 60187			Phone no. 312 - 440 - 0960				
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)				
~								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2022) THE OUTREACH HOUSE	20-0545709 Page
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: NONE	
2	Did the organization undertake any significant program services during the year which were not listed on the	ne
	prior Form 990 or 990-EZ?	Yes X N
3	If "Yes," describe these new services on Schedule O.	ces? Yes X N
5	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$196, 363. including grants of \$)	(Revenue \$
	THE OUTREACH HOUSE PROVIDES A FOOD PANTRY, CLOTHES CLO	
	ASSISTANCE TO PREVENT UTILITY SHUT OFF. FIRST THINGS	FIRST PROVIDES
	BABY BASICS (DIAPERS, WIPES, WASH, CLOTHING FOR BABIES	S IN THE YORK
	TOWNSHIP, GLENDALE HEIGHTS AND ADDISON, IL AREA.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
łc	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
	Other program services (Describe on Schedule O.)	
4d		,
4d	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     196,363.	)

 Form 990 (2022)
 THE
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 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			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	Х	
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		X
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, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
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		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the experimetion provide in a set of the experimental experimental experimental of the United Obstand			X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
U	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			
		4.4%		x
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		127
16		16		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21 	900	(2022)
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 THE
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 Part IV
 Checklist of Required Schedules (continued)

				T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
<b>.</b>	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>⊢</u> ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	990 (2022) THE OUTREACH HOUSE		20-0545	709	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			I		Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a				5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		<u> </u>
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 ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fil	e a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		L
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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	12b				
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		L
	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	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	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	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				-
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

#### 15421121 252768 OUTREACH

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Form	990	(2022)
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#### THE OUTREACH HOUSE

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		F			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· ⊢	•		
74	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si		····· –	74		
U				76		х
•	persons other than the governing body?		·····	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		_	-		v
	The governing body?			8a		<u>X</u>
b	Each committee with authority to act on behalf of the governing body?		······ [-'	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			-		Yes	
10a	Did the organization have local chapters, branches, or affiliates?		Li	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		[1	l0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the for	·m? _	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		· ·	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			l2b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "/		Γ			
	on Schedule O how this was done	,		12c		
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 approva		·····			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
2	The organization's CEO, Executive Director, or top management official			15a		Х
				15b		X
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		····· ⊢	150		
40-						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			10-		Х
	taxable entity during the year?		·····	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's	-			
200	exempt status with respect to such arrangements?		<u></u> 1	16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	1(c)(3)s o	nly) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest poli	cy, and fi	nanc	ial	
	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 boo	oks and records				
	CATHERINE LYNOTT - 3124400960					
	5454 IRVING, CHICAGO, IL 60606				990	

Form 990 (20	022) THE OUTREACH HOUSE	20-0545709	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 Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the organization?	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) AMY THORPE	2.00										
CHAIR				x				0.	0.	0.	
(2) KRIS DESMEDT	2.00									•	
VICE-CHAIR				X				0.	0.	0.	
(3) TAMI MOBERG SECRETARY	2.00			x				0.	0.	0.	
(4) CAROL O'NIELL	2.00										
TREASURER				X				0.	0.	0.	
(5) DEAN ALBRIGHT	2.00										
DIRECTOR		Х						0.	0.	0.	
(6) RUTH CLEMENTS GOTTLIEB	2.00										
DIRECTOR		Х						0.	0.	0.	
(7) STEVE FLINT	2.00										
DIRECTOR		Х						0.	0.	0.	
(8) SHARON DEPRIZIO	2.00										
DIRECTOR		Х						0.	0.	0.	
(9) DAVE IVEY	2.00									_	
DIRECTOR		Х						0.	0.	0.	
(10) EVELYN RODRIGUEZ	2.00										
DIRECTOR		Х						0.	0.	0.	
222007 12 12 22										Form <b>990</b> (2022)	

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Form 990 (2022)

#### 15421121 252768 OUTREACH

									Page <b>8</b>			
Part VI			loye	ees,			ghes	t C		· /	1	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	Average Position Reportable (do not check more than one box, unless person is both an compensatio		(D) Reportable compensation from	(E) Reportable compensation from related	on amount of					
		(list any clist any hours for related or grant linguistications below employee emplo					ghest compensated nployee	rmer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
	total al from continuation sheets to Part VII al (add lines 1b and 1c)	, Section A							0.	0 0 0	•	0.
2 Tota	al number of individuals (including but no apensation from the organization							o re	_		•	0
	the organization list any <b>former</b> officer,											es No
4 For	1a? If "Yes," complete Schedule J for su any individual listed on line 1a, is the su related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	3	X
5 Did renc	any person listed on line 1a receive or a dered to the organization? <i>If "Yes." com</i>	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	lual for services	5	X
	B. Independent Contractors	mpensated ind	eper	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compens	sation from	1
the organization. Report compensation for the calendar year ending with or within the organization's tax year.								(C)				
	Name and business address         NONE         Description of services         Compensation									ation		
	al number of independent contractors (ir 0,000 of compensation from the organiz	•	ot lin	nited	l to f	thos (	se lis )	ted	above) who received mo	ore than		

and the federated campaigns       ta	Pa	rt ۱	VIII	Statement of Re	ven	ue						
Total revenue         Preduct activity         Unrestance         Preduct activity           1 a         1				Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII		(0)	
Boy Muncharating dues         Ib           c         b         Muncharating dues         Id           d         dial         Id         Id         Id           d         dial         Id         Id         Id           d         dial         Id         Id         Id         Id           d         dial         dial         Id         Id         Id <t< td=""><th></th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Related or exempt</td><td>Unrelated</td><td>Revenue excluded</td></t<>										Related or exempt	Unrelated	Revenue excluded
Business Code         Image: Code	ts ts	1	a	Federated campaigns		1a						
Business Code         Image: Code	ran											
Business Code         Image: Code	s, G		с	Fundraising events								
Business Code         Image: Code	Sift: ar /		d	Related organizations		1d						
Business Code         Image: Code	imil					· · ·						
Business Code         Image: Code	tior sr S		f		-							
Business Code         Image: Code	Dthe							335,313.				
Business Code         Image: Code	onti nd (		•		lines 1	a-1f <b>1g</b>	5		225 212			
georgeneration         2 a	a C		h	Total. Add lines 1a-1f				Ducino co do	335,313.			
a Total. Add lines 2a21       a Total. Add lines 11a11d         a Total. Add lines 11a11d       Base refut evenue       2.2.         a Total. Add lines 11a11d       Base refut evenue       2.2.         a Total. Add lines 11a11d       Business Code       2.2.         a Total. Add lines 11a11d       334, 8266.       -487.         b Total. Add lines 11a11d       334, 8266.       -487.         c Total. Add lines 11a11d       334, 826.       -487.								Business Code				
a Total. Add lines 2a21       a Total. Add lines 11a11d         a Total. Add lines 11a11d       Base refut evenue       2.2.         a Total. Add lines 11a11d       Base refut evenue       2.2.         a Total. Add lines 11a11d       Business Code       2.2.         a Total. Add lines 11a11d       334, 8266.       -487.         b Total. Add lines 11a11d       334, 8266.       -487.         c Total. Add lines 11a11d       334, 826.       -487.	/ice	2										
a Total. Add lines 2a21       a Total. Add lines 11a11d         a Total. Add lines 11a11d       Base refut evenue       2.2.         a Total. Add lines 11a11d       Base refut evenue       2.2.         a Total. Add lines 11a11d       Business Code       2.2.         a Total. Add lines 11a11d       334, 8266.       -487.         b Total. Add lines 11a11d       334, 8266.       -487.         c Total. Add lines 11a11d       334, 826.       -487.	Serv											
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g Total. Add lines 2a:21         g           3         Investment income (including dividends, interest, and other similar amounts)         2.         2.           4         Income from investment of tax exempt bond proceeds         5         Royaties         5           6         0         0         0         0         0           6         0         0         0         0         0           6         0         0         0         0         0         0           6         0 <th>Pro</th> <td></td> <td></td> <td>All other program service</td> <td>rever</td> <td>nue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pro			All other program service	rever	nue						
other similar amounts)       2.       2.         4       Income from investment of tax-exempt bond proceeds												
4       Income from investment of tax-exempt bond proceeds         5       Royatties <ul> <li>(i) Real</li> <li>(ii) Personal</li> <li>(iii) Personal</li> <li>(ii) Persona</li></ul>		3	3	Investment income (inclue	ding o	dividends, i	ntere	st, and				
5         Royatties         6a         (i) Personal           6a         Gross rents         6a         (ii) Personal           b         Less: rental expenses         6b         6c           c         Rental income or (loss)         6c         6c           7         Gross amount from sales of a sales or other than inventory         7a         3, 064.           b         Less: cost or other basis and sales expenses         7b         3, 553.         7c         -489.         -489.           6         Gain or (loss)         7a         3, 064.         9a         -489.         -489.         -489.           8         Gross income from fundraising events (not including \$ or          -489.         -489.         -489.         -489.           9         Gross income from fundraising events.         Ba				other similar amounts)					2.	2.		
6 a Gross rents         6 a Gross           b Less: rental income or (loss)         c Rental income or (loss)         6 d Gross         6 d G G Gross         6 d G G G G G G G G G G G G G G G G G G		4	ŀ			•	•	ł				
6 a Gross rents         6a           b Less: rental expenses         6b           c Rental income or (loss)         6c           d Net rental income or (loss)         6c           7 a Gross amount from sales of assets other than inventory         60         60           7 a Gross amount from sales of assets other than inventory         7a         3, 064.         7a           7 a Gross income from from from from from from from from		5	5	Royalties								
b         Less: rental expenses         6b           c         Rental income or (loss)         6c           d         Net rental income or (loss)         6c           7         a cross amount from sales of assets other than inventory         7a         3,064.           b         Less: cost or other basis         7a         3,0553.           c         Gain or (loss)         7a         3,553.           c         Gain or (loss)         7a         3,553.           d         Net gain or (loss)         -489.         -489.           d         Net gain or (loss)         -489.         -489.           d         Net gain or (loss)         -6f         -489.           orontributions reported on line 1c). See         Ba         Ba         Ba           Part IV, line 18         Ba         Ba         Ba         -489.           9 a         Gross income from gaming activities. See         9a         -489.         -489.           10 a         Gross sales of inventory, less returns and allowances         10a         -489.         -489.           10 a         Gross sales of inventory, less returns and allowances         10a         -489.         -489.           c         Net income or (loss) from gasles of invent		_			-	(i) Rea		(II) Personal				
c       Rental income or (loss)       Gc		6										
d       Net rental income or (loss)												
7 a Gross amount from sales of assets other than inventory       7a 3,064.         7a Gross amount from sales of assets other than inventory       7a 3,064.         b Less: cost or other basis and sales expenses       7b 3,553.         c Gain or (loss)       7b 3,553.         7b 3,553.       7c -489.         c Gain or (loss)       -489.         d Net gain or (loss)       -489.         a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See Part IV, line 18       Ba         b Less: clirect expenses       8b         c Tords income or (loss) from fundraising events       9a         9a Gross income from gaming activities. See Part IV, line 19       9a         9b Less: clirect expenses       9b         c Net income or (loss) from gaming activities       9a         10a a Gross ales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       9a         c All other revenue       9a         c All other revenue       9a         c All other revenue       334,826.       -487.         c Total. Add lines 11a.11d       0.												
assets other than inventory       Ta       3,064.         b       Less: cost or other basis and sales expenses       Tb       3,553.         c       Gain or (loss)       Tc       -489.         d       Net gain or (loss)       -489.       -489.         assets other than inventory       Tc       -489.       -489.         b       Less: direct expenses       Bb       Bb       -         a forse sales of inventory, less returns and allowances       10a       10a       -         b       Less: cost of goods sold       10b		7		(	"	(i) Securit	ies	(ii) Other				
Bulk       Less: cost or other basis and sales expenses       7b       3,553.         c       Gain or (loss)       7c       -489.         d       Net gain or (loss)       -489.       -489.         d       Net gain or (loss)       -489.       -489.         d       Net gain or (loss)       of       -489.       -489.         d       Net gain or (loss)       of       of       -489.       -489.         e       Gross income from fundraising events (not including \$       of       of       of       of         e       Net income or (loss) from fundraising events       Bb       b       ess: direct expenses       Bb         g       a Gross income from gaming activities.       Ba       of       of       of         g       a Gross income from gaming activities.       of       of       of       of         g       a Gross sincome from gaming activities.       of       of       of       of       of         it       It is a Gross sales of inventory, less returns and allowances       it <it a="" divertory<="" is="" td="">       of       of       of       of         b       Less: cost of goods sold       it       of       of       of       of       of       of       &lt;</it>			u		7a							
c       Gain or (loss)       Tc       -489.         d       Net gain or (loss)       -489.       -489.         8       Gross income from fundriaising events (not including \$ of contributions reported on line 1c). See       Ba       Ba         Part IV, line 18       Ba       Bb       Bb       Bb         c       Net income or (loss) from fundriaising events       -       -         9       Gross sincome from gaming activities. See       9a       -       -         9       B cross sales of inventory, less returns and allowances       10a       10b       -       -         10       a Gross sales of inventory, less returns and allowances       10a       10b       -       -         11       a			b	•								
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b       8a         9 a Gross income from gaming activities. See Part IV, line 19 9b       9a       9a         9 a Gross sales of inventory, less returns and allowances       9b       9b       9b         10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       10b         c Net income or (loss) from sales of inventory	ne			and sales expenses	7b	3,55	53.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b       8a         9 a Gross income from gaming activities. See Part IV, line 19 9b       9a       9a         9 a Gross sales of inventory, less returns and allowances       9b       9b       9b         10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       10b         c Net income or (loss) from sales of inventory	ven		с	Gain or (loss)	7c	-48	89.					
B including \$of   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on line 1c). See   Part IV, line 18   b   contributions reported on fundraising events   Part IV, line 19   part IV, line 19   b   Less: direct expenses   part IV, line 19   part IV, line 10   part IV, line 10   part IV, line 10   part IV, line 10 </td <th>Re</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-489.</td> <td>-489.</td> <td></td> <td></td>	Re								-489.	-489.		
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       Image: contribution of the second se	her	8	3 a	Gross income from fundraisi	ng ev	ents (not						
Part IV, line 18       Ba         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9         9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9a         b Less: direct expenses       9a         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         d All other revenue       0         e Total. Add lines 11a-11d       334, 826.       -487.       0.	đ			°								
b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events          9       a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b          c       Net income or (loss) from gaming activities           c       Net income or (loss) from gaming activities           10 a       Gross sales of inventory, less returns and allowances       10a          b       Less: cost of goods sold       10b           c       Net income or (loss) from sales of inventory       Business Code          b						-						
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9b 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   d All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions												
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a   b   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions												
Part IV, line 19       9a       9b         b Less: direct expenses       9b       9b         c Net income or (loss) from gaming activities       0       0         10 a Gross sales of inventory, less returns and allowances       10a       0         b Less: cost of goods sold       10b       0         c Net income or (loss) from sales of inventory       8usiness Code       0         11 a       8usiness Code       0       0         c       4ll other revenue       0       0         e Total. Add lines 11a-11d       334, 826.       -487.       0.       0.		٩		· · · ·		•						
b       Less: direct expenses       9b       Image: set of the		5	, u	-	-							
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Business Code   b Solution   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions			b									
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         so generative b       Business Code         11 a       Business Code         b       0         c       0         d All other revenue       0         e       Total revenue. See instructions         12       Total revenue. See instructions							s					
b Less: cost of goods sold 10b 10b 10b 11 a Business Code 11 a Business Code 11 a 12 11 a 12 11 a 12		10										
c       Net income or (loss) from sales of inventory         11 a       Business Code         b				and allowances			10a					
Business Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code         c       Image: Code       Image: Code       Image: Code         d       All other revenue       Image: Code       Image: Code         e       Total. Add lines 11a-11d       Image: Code       Image: Code         12       Total revenue. See instructions       334,826.       -487.       O.       O.			b	Less: cost of goods sold			10b					
11 a			с	Net income or (loss) from	sales	s of invento	ry	·····				
e Total. Add lines 11a-11d         334,826.         -487.         0.         0.	SI	_						Business Code				
e Total. Add lines 11a-11d         334,826.         -487.         0.         0.	eor	11										
e Total. Add lines 11a-11d         334,826.         -487.         0.         0.	llan /eni											
e Total. Add lines 11a-11d         334,826.         -487.         0.         0.	sce Bey											
12         Total revenue. See instructions         334,826.         -487.         0.         0.	Σ											
		12							334,826.	-487.	0.	0.
	23200	-	_					I				Form <b>990</b> (2022)

THE OUTREACH HOUSE

Form 990 (2022)

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<sup>9</sup> 

	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,250.	26,250.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	~ -1 1	<u> </u>		
10	Payroll taxes	2,514.	2,514.		
11	Fees for services (nonemployees):				
а	Management	0.000	6 0 7 0	1 0 0 0	
b	Legal	8,202.	6,972.	1,230.	
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	1,526.		1,526.	
12	Advertising and promotion	1,127.		1,127.	
13	Office expenses	1,12/•		1,12/•	
14 15	Information technology				
15 16	Royalties	68,919.	62,716.	6,203.	
17	Occupancy Travel	00,919.	02,710.	0,205.	
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,019.		1,019.	
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	11,343.	8,507.	2,836.	
23	Insurance	1,454.		1,454.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	33,165.	33,165.	0.	
b	SUPPLIES	25,824.	25,824.		
с	REPAIRS & MAINTENANCE	13,860.	11,781.	2,079.	
d	UTILITIES	11,213.	9,531.	1,682.	
е	All other expenses	14,248.	9,103.	5,145.	
25	Total functional expenses. Add lines 1 through 24e	220,664.	196,363.	24,301.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022)

THE OUTREACH HOUSE 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).

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Form 990 (2022)

#### THE OUTREACH HOUSE Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			213,152.	1	256,981.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	ficer, director,			
		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
		controlled entity or family member of any of thes	e persons	;		5	
	6	Loans and other receivables from other disqualit	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	159,600.			
	b	Less: accumulated depreciation	10b	21,492.	0.	10c	138,108.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			7,628.	15	39,853.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		220,780.	16	434,942.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
iabi		controlled entity or family member of any of thes	e persons	;		22	
_	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third par	ties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24). C	omplete Part X	•		
		of Schedule D		····· -	0.		100,000.
	26	Total liabilities. Add lines 17 through 25			0.	26	100,000.
6		Organizations that follow FASB ASC 958, che	ck here	X			
ice;		and complete lines 27, 28, 32, and 33.		-	000 700		224 040
alar	27				220,780.	27	334,942.
ñ	28	Net assets with donor restrictions				28	
un		Organizations that do not follow FASB ASC 9	58, check	here			
Net Assets or Fund Balances		and complete lines 29 through 33.		Ļ			
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
it A	31	Retained earnings, endowment, accumulated in			220 700	31	224 040
Ne	32	Total net assets or fund balances		·····	220,780.	32	334,942.
	33	Total liabilities and net assets/fund balances			220,780.	33	<u>434,942.</u> Form <b>990</b> (2022

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Form	1990 (2022) THE OUTREACH HOUSE	20-	-0545709	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	334		
2	Total expenses (must equal Part IX, column (A), line 25)	2	220	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	114	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	220	,7	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	334	. <u>,</u> 94	<u>42.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C	).		
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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of	ame of the organization							Employer identification number		
_	THE	OUTREACH H	OUSE				2	0-0545709		
Part I	Reason for Public (	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions	6.			
The organ 1 2 3 4	nization is not a private found A church, convention of ch A school described in <b>sect</b> A hospital or a cooperative A medical research organiz city, and state:	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	on of churches described Attach Schedule E (Forn anization described in <b>s</b>	l in <b>sectio</b> n 990).) <b>ection 170</b>	on 170(b)(1 )(b)(1)(A)(ii	ii).	(iii). Enter	the hospital's name,		
5 6 7 X	<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</li> </ul>									
8 9 10	A community trust describe An agricultural research org or university or a non-land-g university:	ganization described grant college of agric	in section 170(b)(1)(A)( ulture (see instructions).	ix) operate Enter the i	name, city	, and state of t	he college	or		
10	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Co	npt functions, subjecters taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment		
11 12 a	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> </ul>									
b	<ul> <li>Type I. A supporting orgative supported organization organization. You must of Type II. A supporting org control or management of organization(s). You must of the support of</li></ul>	on(s) the power to rec complete Part IV, Se anization supervised of the supporting orga	gularly appoint or elect a actions A and B. I or controlled in connect anization vested in the s	majority c	of the direct	ctors or trustee	s of the su	ipporting		
c [ d [	<ul> <li>Type III functionally interits supported organizatio</li> <li>Type III non-functionally interits is not functionally interiment (see instruct)</li> </ul>	n(s) (see instructions / integrated. A supp egrated. The organiz	). You must complete I porting organization oper ration generally must sat	Part IV, Se ated in co isfy a distr	ections A, nnection v ibution rec	<b>D, and E.</b> vith its support quirement and	ed organiz	zation(s)		
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.									
	er the number of supported on wide the following information	•	d organization(s)					L		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	anization listed ng document? <b>No</b>	(v) Amount of support (see ins		(vi) Amount of other support (see instructions)		
Total										

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53,969.	38,507.	77,476.	156,697.	380,204.	706,853.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	53,969.	38,507.	77,476.	156,697.	380,204.	706,853.
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)						
	Public support. Subtract line 5 from line 4.						706,853.
Sec	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	53,969.	38,507.	77,476.	156,697.	380,204.	706,853.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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						706,853.
	Gross receipts from related activities,	-				12	
13	First 5 years. If the Form 990 is for the	0	st, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
0.0	organization, check this box and stor						
_	ction C. Computation of Publi		-				100 00
	Public support percentage for 2022 (I						<u>100.00 %</u>
	Public support percentage from 2021					15	. %
16a	33 1/3% support test - 2022. If the o						V
	stop here. The organization qualifies		-		line of <b>F</b> in 0.0 d /00/		
D	33 1/3% support test - 2021. If the c			41 a			
47-	and <b>stop here.</b> The organization qual				10 160 or 16b		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
1-	meets the facts-and-circumstances te	-	-		-	Za, and line 15 is 1	
	10% -facts-and-circumstances test	-					10% 01
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organization						
10	The organization in the organization			i, 100, 17a, 01 17L	, oneon unis dux di		(Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A	(Form 990	) 2022

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			_			
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
<b>15</b> Public support percentage for 2022 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
232023 12-09-22			_		Scheo	lule A (Form 990) 2022
		15	)			

2022.05000 THE OUTREACH HOUSE

Ye<u>s</u>

No

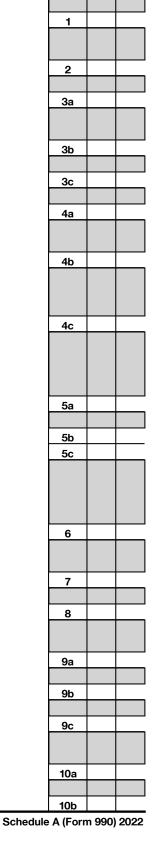
### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

232024 12-09-22



	Supporting Org	anizations	(continued)
Schedule A	(Form 990) 2022	THE	OUTREACH

1

2

1

Yes No

Yes No

#### Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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

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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. 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,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

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

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

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

ee instructions)	ions)	ee instructi	e vear (	t during the	art Tesi	Integral Par	o satisfv	used i	organizatior	nethod that the	ext to the	heck the box i	<b>1</b> (
ee II	istruct	ee II	e vear 🛛	during the	art lesi	Integral Par	o satisty	i used f	organizatior	nethod that the	iext to the i	neck the box i	1 (

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how	vou supported a	governmental entity	(see instructions)	)
-	 	D0301100 111 11011	you supported u	governinental entity	1000 1101 40101101	<u>.</u>

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructior
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

 Schedule A (Form 990) 2022
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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	dule A (Form 990) 2022 THE OUTREACH				0-0545709 Page 7
	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	I
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE OUTRE	АСН НОС	JSE			20-0545709	Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, line	, 3b, 3c, 4b, 4c, 5	a, 6, 9a, 9b, 9	9c, 11a, 11b, ar	nd 11c; Part IV, Sectio	on B, lines 1 a	nd 2; Part IV, Section	n C,
	Section D, lines 5, 6, and 8; (See instructions.)	and Part V, Section	n E, lines 2,	5, and 6. Also	complete this part for	any additiona	l information.	iit V,
	-						Sobodula A (Former	
232028 12-09-2	<sup>7</sup> 2			20			Schedule A (Form S	50) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

20-0545709

THE	OUTREACH	HOUSE

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

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

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

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

Name of organization

Part I

Г.

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#### THE OUTREACH HOUSE

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUPAGE FOUNDATION 3000 WOODCREEK DR STE 310 DOWNERS GROVE, IL 60515	\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GRACE A BERSTED FOUNDATION BANK OF AMERICA CHARLOTTE, NC 28255	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAN GIBBONS FOUNDATION P O BOX 1182 ELMHURST, IL 60126	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NORTHERN TRUST CHARITABLE GIVING <u>PROGRAM</u> <u>33 S STATE ST STE 750</u> <u>CHICAGO, IL 60603</u>	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MORGAN PAUL & PAMELA MEYER 320 OAKWOOD COURT WHEATON, IL 60189	\$ <u>    10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FOREFONT/MISSION SUSTAINABILITY INITIATIVE 200 W MADISON ST 2ND FLOOR CHICAGO, IL 60606	\$27,261.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022)

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#### Schedule B (Form 990) (2022)

Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FURNISHED FINDER PRIONEER PROPERTIES         INC         12900 STROH RANCH PLACE SUITE 125         PARKER, CO 80134	\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15	-22		Schedule B (Form 990) (2022

THE OUTREACH HOUSE

Page 3

Employer identification number

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Schedule B (Form 990) (2022)

#### 15421121 252768 OUTREACH

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Name of o	rganization		Employer identification number						
THE O	UTREACH HOUSE		20-0545709						
Part III			tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)						
(a) No.	Use duplicate copies of Part III if additional s	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		(e) Transfer of gift							
		(0)							
-	Transferee's name, address, a	nd <b>ZIP</b> + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(a) - a p 5	(1) 2 2 2 3 3 2	(-,						
-									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
		(e) Transfer of gift							
	Turneferre la nome address a		Deletionekie of two of over to two of our						
-	Transferee's name, address, a		Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
-		(e) Transfer of gift							
		(c) Handler er gitt							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
223454 11-15	5-22	~	Schedule B (Form 990) (2022)						
		25							

#### 15421121 252768 OUTREACH

2022.05000 THE OUTREACH HOUSE

OUTREAC1

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1	545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		202	22
Depart	ment of the Treasury		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to	Public
	Revenue Service		0 for instructions and the latest information.		Inspect	
Nam	e of the organizati	on THE OUTREACH HOUSE			identificatio 0-05457	
Pa	tl Organiza		d Funds or Other Similar Funds or Ac			
		n answered "Yes" on Form 990, Part IV, lin			•	
			(a) Donor advised funds (k	<b>o)</b> Funds and	d other accou	ints
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised funds			
~			exclusive legal control?		Yes	No No
6	•	•	idvisors in writing that grant funds can be used on or donor advisor, or for any other purpose conferrir	-		
	impermissible priv		in donor advisor, or for any other purpose comerni	•	Yes	No
Pa			ganization answered "Yes" on Form 990, Part IV, I			
1		servation easements held by the organization				
	Preservation	n of land for public use (for example, recrea	ition or education)	rically impor	tant land area	a
	Protection o	f natural habitat	Preservation of a certifi	ied historic s	structure	
	Preservation	n of open space				
2			fied conservation contribution in the form of a con			
	day of the tax year	r.		Held	at the End of th	ie Tax Year
а				2a		
b	-			2b		
c			ucture included in (a)	2c		
d		vation easements included in (c) acquired a	•			
2				2d	the toy	
3	year	valion easements modified, transferred, rei	leased, extinguished, or terminated by the organiz	allon duning	line lax	
4	-	where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
		orcement of the conservation easements it			Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation		during the ye	ear
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	ements duri	ng the year	
8			e satisfy the requirements of section 170(h)(4)(B)(i			
					Yes	└── No
9			on easements in its revenue and expense stateme			
		ounting for conservation easements.	note to the organization's financial statements that	l describes	lne	
Pa	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other Si	milar Ass	ets.	
		f the organization answered "Yes" on Form				
1a	If the organization	elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and balar	nce sheet w	orks	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in furtherand	ce of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and balance	sheet works	of	
			exhibition, education, or research in furtherance	of public se	rvice,	
	-	ing amounts relating to these items:				
~						
2	-		asures, or other similar assets for financial gain, p	rovide		
~	•	unts required to be reported under FASB A	ISC 958 relating to these items:	¢		
a h		Form 990. Part X		• \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
232051 09-01-22	26						
	20						

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE OUT	REACH HOUSE				<u>20-0</u>	)545709	Page <b>2</b>
Pa	rt III Organizations Maintaining C	ollections of Art, H	listorical Tre	asures, o	r Other S	Similar Ass	ets <sub>(continue</sub>	ed)
3	Using the organization's acquisition, accessi	on, and other records, cl	heck any of the f	ollowing that	make sign	ificant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	d [	Loan or excl	nange progra	am			
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain ho	w they further th	e organizatio	on's exempt	t purpose in P	art XIII.	
5	During the year, did the organization solicit o	r receive donations of ar	t, historical treas	ures, or othe	er similar as	sets		
_	to be sold to raise funds rather than to be ma						Yes	No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pai		f the organization	n answered '	'Yes" on Fo	orm 990, Part I	IV, line 9, or	
10	Is the organization an agent, trustee, custodi		for contributions	or other ass	ets not inc	luded		
Ia	on Form 990, Part X?						Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
с	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21,	for escrow or cu	stodial acco	unt liability'	?	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Pa	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	) Three years ba	ick <b>(e)</b> Four y	ears back
<b>1</b> a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		ne 1g, column (a))	) held as:				
а	Board designated or quasi-endowment		)					
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organization	h that are held an	d administer	ed for the			es No
	organization by:							
	(i) Unrelated organizations							
h	(ii) Related organizations							
U A							3b	
Pa	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm							
_	Complete if the organization answere		art IV. line 11a. Se	ee Form 990	. Part X. lin	e 10.		
	Description of property	(a) Cost or other				umulated	(d) Book	value
	Description of property	basis (investment	.,		• •	eciation		value
1a	Land			,				
b	Buildings							
c	Leasehold improvements							
d	Equipment							
	Other		15	9,600.	2	21,492.	138	,108.
	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part X o						,108.
		· · · · · · · · · · · · · · · · · · ·				Sched	lule D (Form §	

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	Schedule D				OUTREACH	HOUSE
1	Part VII	Investn	nents - Ot	her Se	curities.	

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	1
	escription		(b) Book value
(1) NORTHERN IL FOOD BANK			18,809
(2) RENT DEPOSIT			21,044
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			20.052
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.			39,853
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Descriptions of light life s			(b) Book value
(1) Federal income taxes			100.000
(1) Federal income taxes (2) IFF CHICAGO			100,000
(1) Federal income taxes (2) IFF CHICAGO (3)			100,000
(1) Federal income taxes (2) IFF CHICAGO (3) (4)			100,000
(1) Federal income taxes (2) IFF CHICAGO (3) (4) (5)			100,000
<ul> <li>(1) Federal income taxes</li> <li>(2) IFF CHICAGO</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>			100,000
(1)         Federal income taxes           (2)         IFF         CHICAGO           (3)         (4)           (5)         (6)           (7)         (7)			100,000
(1) Federal income taxes (2) IFF CHICAGO (3) (4) (5) (6) (7) (8)			100,000
(1)         Federal income taxes           (2)         IFF         CHICAGO           (3)         (4)           (5)         (6)           (7)         (7)			100,000

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 THE OUTREACH HOUSE		20-0545709 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>})</u>	
Pal	t 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.

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# 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.



20-0545709

THE OUTREACH HOUSE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TOWNSHIP, GLENDALE HEIGHTS AND ADDISON , IL AREA

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

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

FCFRCRRRCRCR

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

FORM 990, PART VI, SECTION C, LINE 19:

NSNSNSNSSN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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Form <b>4562</b>					
Department of the Treasury Internal Revenue Service					
Name(s) shown on return					

# **Depreciation and Amortization**

(Including Information on Listed Property) 990

Attach to your tax return.

2022 Attachment Sequence No. 179 Identifying number

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instruct	ions and the latest information.
	Business or activity to which this form relates

	OUTREACH HOUSE						AGE 10		20-0545709
Par	t I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you h	ave any lis	ted prop	erty, c	omplete Part	V before y	1
	laximum amount (see instructions)								1,080,000.
	otal cost of section 179 property plac								
	hreshold cost of section 179 propert								2,700,000.
	eduction in limitation. Subtract line 3								
-	ollar limitation for tax year. Subtract line 4 from lin							5	
6	(a) Description of p	property	(	b) Cost (busine	ess use only	)	(c) Elected of	cost	-
									-
						_			-
						_			-
	at a law and the First and the area and first	n line 00				7			-
	sted property. Enter the amount fror otal elected cost of section 179 prop		in column (c) li		·····			8	
	entative deduction. Enter the smalle								
	arryover of disallowed deduction from								
	usiness income limitation. Enter the								
	ection 179 expense deduction. Add								
	arryover of disallowed deduction to 2					3			
	Don't use Part II or Part III below for								
Par	t II Special Depreciation Allow	ance and Other D	epreciation (Do	n't include	e listed p	ropert	y.)		
14 S	pecial depreciation allowance for qua	alified property (oth	er than listed pr	operty) pla	ced in se	rvice	during		
th	ne tax year						-	. 14	27,405.
<b>15</b> P	roperty subject to section 168(f)(1) el	ection							
<b>16</b> O	ther depreciation (including ACRS)							16	
Par	t III MACRS Depreciation (Don'	t include listed pro	perty. See instru	uctions.)					
			Section	on A					
<b>17</b> M	ACRS deductions for assets placed	in service in tax ye	ars beginning be	efore 2022			·····	17	
<b>18</b> If y	you are electing to group any assets placed in ser						L		
	Section B - Asset				Ising the	Gene	ral Deprecia	tion Syste	em I
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/invest only - see instr	ment use	(d) Rec peri	overy od	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				25 y			S/L	
h	Residential rental property	/			27.5		MM	S/L	
		/			27.5		MM	S/L	
i	Nonresidential real property	/			39 y	rs.	MM	S/L	
	Section C - Assets	/ Placed in Service	During 2022 To	v Voor He	ina tha /	ltorn	MM MM	S/L	tom
00-									
<u>20a</u>	Class life 12-year				12 y	irc.		S/L S/L	
<u>b</u>	30-year				30 y		MM	S/L	
 d	40-year	/	l 		40 y		MM	S/L	
Par		I /	1		y			/L	1
	isted property. Enter amount from lin							21	
	otal. Add amounts from line 12, lines		es 19 and 20 in	column (a)	and line	21			
	nter here and on the appropriate line							22	27,405.
	or assets shown above and placed ir								, = = = = =
	ortion of the basis attributable to sec				2	23			
	12-08-22 LHA For Paperwork Red		, see separate3	nstruction					Form <b>4562</b> (2022)

Form 4562 (202	2) <b>TH</b>	E OUTREA	СН Н	OUSE							20-	0545	709	Page 2
	ted Property (Include			ner vehicl	es, cert	ain aircra	aft, an	d property	used for	r				
No	ertainment, recreation te: For any vehicle for	which you are u	, ising the	standard	l mileac	je rate or	dedu	cting lease	e expens	e, comp	olete <b>on</b>	<b>ly</b> 24a,		
	o, columns (a) through								mito for r			abiles 1		
	Section A - Deprecia evidence to support the			-			-	24b If "Y						No
	(b)	(c)				es (e)		(f)	L (	<u>e evide</u> g)		h)	Yes	<u>NO</u> (i)
<b>(a)</b> Type of pro	perty Date	Business/		<b>(d)</b> Cost or		sis for depre		Recovery		hod/	Depre	eciation	Ele	cted
(list vehicles	s first) placed in service	use percenta		ther basis	(bu	use only		period	Conv	ention	dedi	uction		on 179 Ost
25 Special depr	reciation allowance for	qualified listed	property	placed i	n servic	e during	the ta	ix year and	ł					
used more t	han 50% in a qualified	business use								25				
26 Property use	ed more than 50% in a	qualified busine	ess use:											
			%											
			%											
<b>07</b> Duration	<u> </u>		%											
27 Property use	ed 50% or less in a qua								0/1		r –			
	: : : :		% %						S/L - S/L -					
			%						S/L -					
28 Add amount	s in column (h), lines 2			e and on	line 21.	page 1			•	28				
	s in column (i), line 26											29		
				B - Infori										
Complete this se	ection for vehicles use	d by a sole prop	rietor, pa	artner, or	other "	more tha	n 5%	owner," or	related	person.	lf you pr	ovided v	ehicles	
to your employe	es, first answer the qu	estions in Section	on C to s	ee if you	meet a	n except	ion to	completin	g this se	ction fo	r those v	ehicles.		
											,			
			(a)		-	b)		(c)	(0	-	-	e)	(f	
	s/investment miles driver		Vel	nicle	Vel	hicle	V	/ehicle	Veh	icle	Ver	nicle	Veh	icle
	clude commuting miles)													
	uting miles driven duri personal (noncommuti													
-														
	Iriven during the year.													
	through 32													
	icle available for perso		Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
during off-du	uty hours?													
	icle used primarily by													
than 5% ow	ner or related person?							_						
	ehicle available for per	sonal												
use?	• •					<u> </u>								
		C - Questions f	-	-				-				14		
-	lestions to determine wners or related perso	-	xception	to comp	leting S	ection B	tor ve	enicies use	ea by em	pioyees	who a	rent		
	tain a written policy s		ohibits a	ll nerson	al use o	of vehicle	s incl	udina com	mutina	by your			Yes	No
-		=						-	-					
	itain a written policy s													
employees?	See the instructions f	or vehicles used	by corp	orate offi	cers, di	rectors, o	or 1%	or more ov	wners					
39 Do you treat	all use of vehicles by	employees as p	ersonal ı	use?										
	ide more than five veh													
	e vehicles, and retain													
	t the requirements cor													
	r answer to 37, 38, 39	, 40, or 41 is "Ye	es," don'i	t comple	e Secti	on B for	the co	overed veh	icles.					
Part VI Amo	ortization (a)		(b)		(c)			(d)		(e)			(f)	
	Description of costs	Date	amortization		Amortizat amount			Code section		Amortiza	tion	Ar	nortization r this year	
42 Amortization	of costs that begins of	during your 202:	begins 2 tax vea	ı ır:	anoun			500001		period or per	oonidyt	10		
	D IMPROVEME		3022		131	,195	•			15M			52,4	478.
			: :	1										
43 Amortization														
	n of costs that began b	before your 2022		I r							43			
44 Total. Add a	n of costs that began t mounts in column (f).	2	tax yea						I		43 44		52,	478.

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OUTREAC1

<sup>32</sup> 2022.05000 THE OUTREACH HOUSE