

	_		** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2022
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it may	· ·	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1 , 2022 and ending		Inspection
	Check if		organization	D Employer identificat	tion number
	applicab	ole:	organization		
	Addre	ge UUT	TEACH		
X	Name chang		usiness as	20-5946552	2
Ļ	returr Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s THOMAS CIRCLE, NW 700	Suite E Telephone number 202-621-23	75
	returr termi ated	n_	THOMAS CIRCLE, NW 700 own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,654,940.
Г	Amer	nded WACU	INGTON, DC 20005	H(a) Is this a group retu	
	Appli tion	^{ca-} F Name a	nd address of principal officer: JEANNE MCCARTY	for subordinates?	
	pend	Ing SAME	AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
<u> </u>	Tax-ex	empt status:		527 If "No," attach a lis	t. See instructions
	Vebs			H(c) Group exemption r	
	orm o art I	f organization: [Summary	X Corporation Trust Association Other L	Year of formation: 2007 M S	state of legal domicile: '1'X
•	1	-	e the organization's mission or most significant activities: WE EQUIP	TEACHERS WITH	THE POWER
e	'		-WORLD LEARNING OUTDOORS TO UNLOCK STU		
Governance	2	Check this bo			
love	3	Number of vot	ing members of the governing body (Part VI, line 1a)		12
			ependent voting members of the governing body (Part VI, line 1b)		11
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		39
tivit	6		of volunteers (estimate if necessary)		2331
Ac	/ a		d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net differated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	4,341,826.	1,220,793.
anue	9	Program servi	ce revenue (Part VIII, line 2g)	1,390,071.	1,418,833.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,116.	15,314.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,733,013.	<u>2,654,940.</u> 0.
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	15	•	c or for members (Part IX, column (A), line 4)	2,515,073.	3,011,567.
sec	16a		undraising fees (Part IX, column (A), line 11e)	26,830.	0.
Expenses	. ь		ng expenses (Part IX, column (D), line 25) 275, 381.		
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,123,145.	1,546,461.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,665,048.	4,558,028.
	19	Revenue less	expenses. Subtract line 18 from line 12	2,067,965.	-1,903,088.
Net Assets or		Tatal accests /		Beginning of Current Year 6,534,344.	End of Year 4,941,756.
Asse	20	Total assets (F		223,585.	459,605.
Net /	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	6,310,759.	4,482,151.
	art II	Signature			_,,,,
	er nen	alties of periury	declare that I have examined this return including accompanying schedules and sta	atements and to the best of my kr	owledge and helief it is

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	JEANNE MCCARTY, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	JULIA L. LAFFERTY JULIA L. LAFFERTY	11/15/23 self-employed P02288149
Preparer	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.C.	Firm's EIN 52-1711839
Use Only	Firm's address 7910 WOODMONT AVE. STE. 500	
	BETHESDA, MD 20814	Phone no. (301) 986-0600
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
	1114 Exponential Deduction Act Nation and the second biometric	E 990 (0000)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

(Briefly describe the organization's mission: OUT TEACH EQUIPS TEACHERS WITH THE POWER OF REAL-WORLD LEARNING OUTDOORS TO UNLOCK STUDENT PERFORMANCE.
-	OUTDOORS TO UNLOCK STUDENT PERFORMANCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
ſ	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
ſ	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$1,621,226. including grants of \$) (Revenue \$398,1
	COACHING AND INSPIRING TEACHERS: TO HELP ALL ELEMENTARY STUDENTS BUILD
-	THE EARLY KNOWLEDGE AND SKILLS THEY NEED TO SUCCEED IN SCHOOL AND LIF
-	OUT TEACH EQUIPS TEACHERS TO USE OUTDOOR SPACES FOR ENGAGING, HANDS-O
-	EXPERIENCES THAT MAKE SCIENCE REAL, RELEVANT, AND RELATABLE FOR EVERY
-	STUDENT EVERY DAY. WE PROVIDE TEACHERS IN HISTORICALLY UNDERSERVED COMMUNITIES AND SCHOOLS WITH PROVEN PROFESSIONAL LEARNING PROGRAMS,
-	INCLUDING JOB-EMBEDDED COACHING, GROUP TRAININGS, PROFESSIONAL LEARNING
-	COMMUNITIES, AS WELL AS ONLINE RESOURCES, SO THEY CAN HARNESS THE POW
-	OF OUTDOOR EXPERIENCES TO ACCELERATE LEARNING AND SPARK A PASSION FOR
-	SCIENCE. LAST FISCAL YEAR, OUT TEACH TRAINED AND COACHED 765 TEACHERS
-	TO UNLOCK THE PERFORMANCE OF OVER 19,125 STUDENTS AND REACHED
-	ADDITIONAL TEACHERS THROUGH WORKSHOPS AT CONFERENCES AND WEBINARS.
4b ((Code:) (Expenses \$1,008,067. including grants of \$) (Revenue \$1,020,6
	BUILDING OUTDOOR LEARNING LABS AND PROVIDING INSTRUCTIONAL TOOLS FOR
	SCHOOLS: WE BELIEVE IN THE POWER OF LEARNING THROUGH EXPERIENCES. BY
-	GOING OUTSIDE THE CLASSROOM TO BRING LEARNING TO LIFE, WE HELP EVERY
-	STUDENT GROW A SCIENTIFIC MINDSET THAT EMPOWERS THEM TO ASK QUESTIONS
-	EXPAND LEARNING, AND MOVE FROM THEORY TO ACTION. TO PROVIDE MORE
-	EQUITABLE ACCESS TO REAL-WORLD SCIENCE EXPERIENCES, OUT TEACH DESIGNS
-	AND BUILDS OUTDOOR LEARNING LABS AT UNDERSERVED ELEMENTARY SCHOOLS. W
-	ALSO PROVIDE SCHOOLS AND DISTRICTS WITH EXPERT ADVICE ON IMPROVING
-	CAMPUSES WITH OUTDOOR LEARNING FEATURES DESIGNED TO INTEGRATE SCIENCE
-	SEAMLESSLY INTO INSTRUCTION. OUR CORPORATE PARTNERS PROVIDE FUNDING AND VOLUNTEERS TO SUPPORT OUR
-	MISSION AND IN FY2023, WE RALLIED MORE THAN 600 VOLUNTEERS TO HELP US
	(Code:) (Expenses \$1,045,203. including grants of \$) (Revenue \$)
	PROMOTING BROADER CHANGE THROUGH COMMUNITY ENGAGEMENT: OUT TEACH
-	CONDUCTS RESEARCH, PRESENTS AT NATIONAL CONFERENCES, LEADS
-	CONVERSATIONS ON SOCIAL MEDIA CHANNELS, AND PLACES STORIES IN MEDIA
Ċ	OUTLETS TO INFORM COMMUNITIES AND EDUCATION DECISION-MAKERS ABOUT THE
	IMPORTANCE OF EARLY AND EFFECTIVE SCIENCE INSTRUCTION, THE BENEFITS O
]	REAL-WORLD LEARNING OUTDOORS, AND THE RESULTS WE'VE ACHIEVED.
-	
4d /	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,674,496.
	Form 990 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
\$2002	12-13-22 SEE SCHEDULE OF OR CONTINUATION (S)

OUT TEACH

Form 990 (2022)

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20-5946552 Page 2

Form	<u>990 (2022)</u> OUT TEACH 20-5946	552	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	–		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	~	
IZd		12a	х	
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u></u>
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."	<u> </u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
232003	12-13-22	Form	990	2022)

Form	990 (2022) OUT TEACH 20-5946	5552	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			<u>u</u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		х
	Schedule K. If "No," go to line 25a	24a		<u></u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
50		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18	3	162	NU
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia Ib IbI	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
С	(oambling) winnings to prize winners?	10	х	

Form 990 (2022)

	990 (2022) OUT TEACH 20-5946	552	P	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
0.			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 39									
h	······································									
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	It "Yes," has it filed a Form 990-1 for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ba								
a		6b		1						
7	Organizations that may receive deductible contributions under section 170(c).	00								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
		7b								
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
Ŭ	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	N/	A						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4								
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders N/A 11a	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	120								
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u> Note: See the instructions for additional information the organization must report on Schedule O.	<u>13a</u>								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14a		14a		X						
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	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 activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <u>N/A</u>	17		1						
_	If "Yes," complete Form 6069.									
232005	12-13-22	Form	990	(2022)						

_	n 990 (2022) OUT TEACH rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b /		59465 nd for a "		esnor	Page nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru	ictions.	na ioi a	100	cspoi	130
	Check if Schedule O contains a response or note to any line in this Part VI					Z
Sec	tion A. Governing Body and Management					
			_		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		12			
	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		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	other				
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	pervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?		4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Σ
6	Did the organization have members or stockholders?			6		Z
7a						
	more members of the governing body?			7a		Σ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders	s, or				
	persons other than the governing body?			7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second seco	owing:				
а	The governing body?			8a	Х	
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 reached at the	;				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)				
			г		Yes	-
10a	Did the organization have local chapters, branches, or affiliates?			10a		2
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi	liates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the fo	orm?	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'	?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri	ibe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?		F	13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	L				
	taxable entity during the year?			16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	ipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed DC, TX, MD, VA, NC, GA, I	FL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection 50	01(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Sched	ule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest pol	licy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords				
	CLAIRE MOONEY - 202-621-2375					
	ONE THOMAS CIRCLE, NW, #700, WASHINGTON, DC 20005					
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	6					
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est Compensated	
	Employees, and Independent Contractors		
(Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	e this table for all persons required to be listed. Report compensation for the calendar year of the organization's current officers, directors, trustees (whether individuals or organizati	8	

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.

(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated	
	hours per	box, unless pofficer and a		ss per	son i	s both	nan	compensation	compensation	amount of
	week		Jer an	aaa	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) JEANNE MCCARTY	40.00	_	_	0	-		4			
CEO		х		х				209,700.	0.	19,071.
(2) CLAIRE MOONEY	40.00									
VICE PRESIDENT, FINANCE AND BUSINESS				Х				161,992.	0.	14,856.
(3) SUZANNAH KOILPILLAI	40.00									
VICE PRESIDENT, PARTNERSHIPS & GROWT						Х		140,269.	0.	5,482.
(4) SCOTT FEILLE	40.00									
VICE PRESIDENT, PROGRAMS						Х		120,135.	0.	9,257.
(5) DANIEL MORGAN	40.00									
DIRECTOR, STRATEGIC INITIATIVES						Х		101,511.	0.	11,728.
(6) MICHAEL SMITH	40.00									
DIRECTOR, OUTDOOR SPACES						Х		105,811.	0.	5,718.
(7) JOHN KOVAC	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) NICOLE LEVINE	7.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(9) DANIELLE SCATURRO	6.00									
PROGRAM COMMITTEE CHAIR UNTIL 02/202		Х						0.	0.	0.
(10) JAMES FERRI	6.00									
FINANCE COMMITTEE CHAIR		Х						0.	0.	0.
(11) SHALLY STANLEY	7.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(12) DALE STEWART	6.00									
GOVERNANCE COMMITEE CHAIR UNTIL 12/2		Х		Х				0.	0.	0.
(13) PEGGY BROOKINS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) TOM FRY	6.00									
REVENUE COMMITTEE CHAIR		Х						0.	0.	0.
(15) KELLY GARRETT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(16) TERESA YOUNG BERNSTEIN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(17) AMY WONG	5.00								_	
BOARD MEMBER		Х						0.	0.	0.
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Form 990 (2022) OUT TEAC	н								20-59	465	552 р	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title				ss per	ition more rson i:	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		compensa from th organizat and relat organizat	ation e ion ied
(18) KELLY HATCHER TURNER	5.00											
BOARD MEMBER	F 00	Х						0.		0.		0.
(19) CYNTHIA WILSON BOARD MEMBER	5.00	x						0.		ο.		0.
		-										
										_		
		•										
1b Subtotal								839,418.		0.	66,1	
c Total from continuation sheets to Part V <u>d Total (add lines 1b and 1c)</u>								0. 839,418.		<u>0.</u> 0.	66,1	$\frac{0.}{12.}$
2 Total number of individuals (including but								eceived more than \$100	000 of reportable			6
compensation from the organization											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•	•	-		Ŭ		•		3	X
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4 X	
and related organizations greater than \$155 Did any person listed on line 1a receive or	accrue compen	isati	on fr	rom	any	unre	late	ed organization or indivi	dual for services			
rendered to the organization? <i>If</i> "Yes." <i>con</i> Section B. Independent Contractors	nplete Schedule	e J fe	or sı	ich i	oers	on .					5	X
1 Complete this table for your five highest co the organization. Report compensation for	-	-								ensat	ion from	
(A) Name and business			, ricin	<u>.g</u>				(B) Description of s		C	(C) ompensatio	n
IDLEWILD PARTNERS INC												
326 CARROLL ST #2, BROOK	LYN, NY	11	23	1			_	IT SERVICES			115,4	35.
							_					
							_					
2 Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nitec	d to f	thos 1		ted	above) who received m	ore than			
					<u> </u>	-					Form 990 (2022)

		OUT TEACH				20-5946	552 Page 9
Pa	rt VI						
		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f PROGRAM FEES	Business Code	1,220,793.	1,418,833.		
Pr	•			1,418,833.			
	g 3 4 5	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pr	st, and oceeds	15,314.			15,314.
	6a b c		(ii) Personal				
svenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses(i) Securities7a7a7b7bGain or (loss)7c	(ii) Other				
Other Re	8 a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses					
	с 9 а	Net income or (loss) from fundraising events . Gross income from gaming activities. See					
	с 10 а	Part IV, line 199aLess: direct expenses9bNet income or (loss) from gaming activitiesGross sales of inventory, less returnsand allowancesLess: cost of goods sold					
Miscellaneous Revenue			Business Code				
Miscel Rev	c d 	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		2,654,940.	1,418.833.	0.	15,314.
23200	9 12-13			, ,	,,		Form 990 (2022)

		lete all columns. All othe			X
	Check if Schedule O contains a respon	se or note to any line in t (A)		(C)	<u>A</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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	407,021.	284,915.	89,312.	32,794.
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	2,185,933.	1,879,146.	149,908.	156,879.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	40,807.	32,458.	4,859.	3,490.
9	Other employee benefits	186,156.	130,049.	38,031.	3,490. 18,076.
10	Payroll taxes	191,650.	162,156.	15,795.	13,699.
11	Fees for services (nonemployees):		,		
a	Management				
		18,720.	18,720.		
	Accounting	82,453.	210.	82,192.	51.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	278,936.	178,153.	76,482.	24,301.
12	Advertising and promotion	168,690.	132,126.	32,781.	<u>24,301.</u> 3,783.
13	Office expenses	191,496.	151,943.	27,040.	12,513.
14	Information technology	54,861.	34,833.	13,352.	6,676.
15	Royalties				
16	Occupancy	51,983.	5,399.	46,584.	
17	Travel	162,352.	141,801.	19,103.	1,448.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,500.	2,500.	40.075	
23	Insurance	20,802.	6,781.	12,375.	1,646.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OUTDOOR CLASSROOM MATER	468,780.	468,546.	234.	
b	PROFESSIONAL LEARNING	44,888.	44,760.	103.	25.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,558,028.	3,674,496.	608,151.	275,381.
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)				Earm 990 (2022)

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Form 990 (2022)

Form 990 (2022)

OUT TEACH 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).

(A) (B) (B) <th></th> <th></th> <th>Check if Schedule O contains a response or not</th> <th>e to any</th> <th>/ line in this Part X</th> <th></th> <th></th> <th></th>			Check if Schedule O contains a response or not	e to any	/ line in this Part X			
2 Savings and temporary cash investments 3,521,698.2 697, 3 Piedges and grants receivable, net 1,126,907.3 722, 4 Accounts receivable, net 827,868.4 891, 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 7 9 Prepaid expenses and deterred charges 11,018.9 38, 10a Lad, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 2,500.0 0. 10c 42, 11 Investments - publicly traded securities 11 1,942., 11 1,942., 14 Intargible assets 14 13 14 14 13 Investments - publicly traded securities 197,422.1,7 401, 13 194,1,44.						(A)		
3 Pledges and grants receivable, net 1,126,907.3 722, 827,868.4 4 Accounts receivable, net 827,868.4 891, 5 Loars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loars and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,018.9 38, 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 2,500.0 0. 10c 42, 1 Investments - publicly traded securities 11 1,942, 1 1,942, 1 Investments - program-related. See Part IV, line 11 13 1 1 1 1,942, 1 Total assets. Add lines 1 through 15 (must equal line 3) 6,534,344.1 16,4941, 19,7,422,17 401, 1 Accounts payable		1	Cash - non-interest-bearing				1	587,431.
4 Accounts receivable, net 827,868.4 891, 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(0)(1)), and persons described in section 4958(0)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 111,018.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45,000. b Less: accumulated depreciation 10a 45,000. 0.0 0.0 11 Investments - building tade securities 111 1,942, 11 12 Investments - program-related. See Part IV, line 11 13 14 13 Investments - scourtilate depenses 197, 422.17 401, 14 Intangible assets. Add lines 1 through 15 (must equal line 33) 6, 534, 344.16 4, 941, 14 Scorw or custodial accound liabilities 20 22 22 20 <t< td=""><td rowspan="10">Assets</td><td>2</td><td>Savings and temporary cash investments</td><td></td><td></td><td></td><td>2</td><td>697,135.</td></t<>	Assets	2	Savings and temporary cash investments				2	697,135.
4 Accounts receivable, net 827,868.4 891, 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under sectin 4958(r)(1), and persons described in section 4958(c)(3)(E) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 11, 018.9 9 Prepaid expenses and deferred charges 111, 018.9 10a 45, 000. 0 b Less: accumulated depreciation 10a 2,500.0 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - program-related. See Part IV, line 11 13 14 13 14 14 15 Other assets. See Part IV, line 11 14 19 14 7,788.15 19,9 19 58,2 20 Tax-exempt bord liabilities 20 20 21 21 Ecrow or usotodial accound tiabilities 24 <td>3</td> <td>Pledges and grants receivable, net</td> <td></td> <td></td> <td></td> <td>3</td> <td>722,962.</td>		3	Pledges and grants receivable, net				3	722,962.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958)((1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11, 018. 9 38, 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45, 000. b Less: accumulated depreciation 10a 45, 500. 0. 10c 42, 11 Investments - publicly traded securities 111 1,942, 12 112 12 Investments - program-related. See Part IV, line 11 13 14 11 1,942, 16 Tothal assets. See Part IV, line 11 13 14 4,941, 19,7,788. 15 19,9, 18 Grants payable 10a 19,7,422. 17 401, 18 19 58, 21 Escrow or custodial account liability. Complete Part		4		827,868.	4	891,094.		
Secure of controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,018.9 10a Lad, buildings, and equipment: cost or other 10a 45,000. b Less: accumulated depreciation 10a 45,000. 12 Investments - publicly traded securities 11 1,942. 13 Investments - publicly traded securities 11 1,942. 14 13 14 13 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344.1 6,4,941. 19 Deferred revenue 19 58, 20 Tax-exempt bond liabilities 20 20 21 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 26, 163.23 <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5						
6 Loans and other receivables from other disqualified persons (as defined under section 4958((r)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 11, 018. 9 38, 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 2, 500. 0. 10c 422, 11 Investments - publicly traded securities 11 1, 942, 11 1, 942, 12 Investments - other securities. See Part IV, line 11 13 14 13 14 Intangible assets. 114 14 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 6, 534, 3444. 16 4, 941, 19 Deferred revenue 19 58, 20 21 20 21 2 Loans and other payable to any current or former officer, director, trustee, key employee, creator or former officer, direc			trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
ggg under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,018.9 38, 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45,000. b Less: accumulated depreciation 10b 2,500.0.0. 0.10c 42, 11 Investments - publicly traded securities 11 1,942, 11 12 Investments - publicly traded securities 11 1,942, 12 Investments - program-related. See Part IV, line 11 12 13 14 Intagible assets 14 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 6,534,344.16 4,941, 18 Deferred revenue 19 58, 20 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Loans and other payable to unrelated third parties 26,163.23			controlled entity or family member of any of thes	e perso	ons		5	
9 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,018.9 38, 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 45,000. b Less: accumulated depreciation 10a 45,000. 0.0c 42, 11 Investments - publicly traded securities 11 11,942, 11 12 Investments - program-related. See Part IV, line 11 12 13 14 Intargible assets 14 14 15 Other assets. See Part IV, line 11 7,788.15 19,9, 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344.16 4,941, 17 Accounts payable and accrued expenses 197,422.17 401, 18 Grants payable 18 20 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 26,163.23 <td>6</td> <td>Loans and other receivables from other disqualit</td> <td>ied per</td> <td>sons (as defined</td> <td></td> <td></td> <td></td>		6	Loans and other receivables from other disqualit	ied per	sons (as defined			
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,018.9 38, 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45,000. b Less: accumulated depreciation 10b 2,500. 0. 10c 42, 11 Investments - publicly traded securities 11 1,942, 11 1,942, 12 Investments - program-related. See Part IV, line 11 13 14 14 14 15 Other assets. See Part IV, line 11 13 14 14 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344. 16 4,941, 19 Deferred revenue 19 58, 20 20 21 20 Tax-exempt bond liabilities 20 21 20 21 21 Loans and other payable to unrelated third parties 26,163. 23 22 23 24 24 24 24 24 24 24 24 24 24 24 24 25 459, 0 2			under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45,000. b Less: accumulated depreciation 10a 45,000. 0. 10c 42, 11 Investments - publicity traded securities 11 1,942, 12 11 1,942, 12 Investments - other securities. See Part IV, line 11 11 1,942, 13 14 Investments - program-related. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344. 16 4,941, 17 Accounts payable and accrued expenses 197,422. 17 401, 18 19 Deferred revenue 19 58, 20 21 20 21 22 22 Loans and other payable to unrelated third parties 26,163,23 24 23 Secured mortgages and notes payable to unrelated third parties 26,163,23 24 24 25 Other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 22 25		7	Notes and loans receivable, net				7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45,000. b Less: accumulated depreciation 10a 45,000. 0. 10c 42, 11 Investments - publicity traded securities 11 1,942, 12 11 1,942, 12 Investments - other securities. See Part IV, line 11 11 1,942, 13 14 Investments - program-related. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344. 16 4,941, 17 Accounts payable and accrued expenses 197,422. 17 401, 18 19 Deferred revenue 19 58, 20 21 20 21 22 22 Loans and other payable to unrelated third parties 26,163,23 24 23 Secured mortgages and notes payable to unrelated third parties 26,163,23 24 24 25 Other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 22 25		8	Inventories for sale or use				8	
basis. Complete Part VI of Schedule D 10a 45,000. 0 10c 42, b Less: accumulated depreciation 10b 2,500. 0. 10c 42, 11 Investments - publicly traded securities 11 1,942, 11 1,942, 12 Investments - other securities. See Part IV, line 11 12 13 11 1,942, 13 Investments - program-related. See Part IV, line 11 13 14 14 14 14 Intangible assets 7,788. 15 19, 6,534,344. 16 4,941, 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344. 16 4,941, 17 Accounts payable and accrued expenses 197,422. 17 401, 18 19 Deferred revenue 19 58, 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 26,163. 23 24 25 26,16	As	9				11,018.	9	38,222.
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14 Intangible assets 14 15 Other assets. See Part IV, line 11 7,788.15 19, 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344.16 4,941, 17 Accounts payable and accrued expenses 197,422.17 401, 18 19 Deferred revenue 19 58, 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 26,163.23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26,163.23 26 Total liabilities. Add lines 17 through 25 223,585.26 459, Organizations that follow FASB ASC 958, check here X 450		12	Investments - other securities. See Part IV, line 1			12		
15 Other assets. See Part IV, line 11 7,788. 15 19, 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344. 16 4,941, 17 Accounts payable and accrued expenses 197,422. 17 401, 18 Grants payable 18 19 19 Deferred revenue 19 58, 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 26,163. 23 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 459, 26 Total liabilities. Add lines 17 through 25 223,585. 26 459, 26 Total liabilities. Add lines 17 through 25 223,585. 26 459,		13	Investments - program-related. See Part IV, line			13		
15 Other assets. See Part IV, line 11 7,788. 15 19, 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,534,344. 16 4,941, 17 Accounts payable and accrued expenses 197,422. 17 401, 18 Grants payable 18 19 19 Deferred revenue 19 58, 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 26,163. 23 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 459, 26 Total liabilities. Add lines 17 through 25 223,585. 26 459, 26 Total liabilities. Add lines 17 through 25 223,585. 26 459,		14	Intangible assets				14	
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18 Grants payable 18 19 Deferred revenue 19 58, 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 26, 163. 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 223, 585. 26 459, 0 26 Total liabilities. Add lines 17 through 25 223, 585. 26 459, 0		16	Total assets. Add lines 1 through 15 (must equa	3)	6,534,344.	16	4,941,756.	
19 Deferred revenue 19 58, 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 26, 163. 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585. 26 459, 0 Organizations that follow FASB ASC 958, check here X 4		17	Accounts payable and accrued expenses			197,422.	17	401,006.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 26, 163.23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585.26 459, Organizations that follow FASB ASC 958, check here X 450		18	Grants payable			18		
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 26, 163. 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585. 26 459, 000000000000000000000000000000000000		19	Deferred revenue				19	58,599.
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 26,163.23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585.26 459, Organizations that follow FASB ASC 958, check here X X X		20	Tax-exempt bond liabilities				20	
Image: second state of the second s		21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties 20,103.23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585.26 459, 000000000000000000000000000000000000	ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
23 Secured mongages and notes payable to unrelated third parties 20,103.23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585.26 459, 000000000000000000000000000000000000	litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
23 Secured mongages and notes payable to unrelated third parties 20,103.23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 585.26 459, 000000000000000000000000000000000000	iabi		controlled entity or family member of any of thes		22			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223,585.26 459, Organizations that follow FASB ASC 958, check here X X X		23	Secured mortgages and notes payable to unrela	ted thir	d parties	26,163.	23	
parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223,585.26 Organizations that follow FASB ASC 958, check here X		24					24	
of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223,585.26 Organizations that follow FASB ASC 958, check here X		25	Other liabilities (including federal income tax, pa	yables t	o related third			
26 Total liabilities. Add lines 17 through 25 223,585.26 459, Organizations that follow FASB ASC 958, check here X X			parties, and other liabilities not included on lines	17-24).	Complete Part X			
Organizations that follow FASB ASC 958, check here			of Schedule D		·····		25	
		26	<u> </u>	<u></u>		223,585.	26	459,605.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 Paid-in or capital surplus, or land, building, or equipment fund	"		-	ck here				
27 Net assets without donor restrictions 3,851,926.27 3,068, 28 Net assets with donor restrictions 2,458,833.28 1,413, 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 29 Capital stock or trust principal, or current funds 29 30 30 30	Ce					2 051 006		2 0 6 0 1 0 0
28 Net assets with donor restrictions 2,458,833.28 1,413, Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30	lan				······ -			3,068,190.
Organizations that do not follow FASB ASC 958, check here	or Fund Balaı	28				2,458,833.	28	1,413,961.
und complete lines 29 through 33. 29 b 29 capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30			-	58, che	ck here			
29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30								
% 30 Paid-in or capital surplus, or land, building, or equipment fund 30	ts							
	sse							
31 Retained earnings, endowment, accumulated income, or other funds 31	tAŝ	31				C 010 850	31	4 400 451
32 Total net assets or fund balances 6,310,759.32 4,482,	Ne							4,482,151.
		33	Total liabilities and net assets/fund balances	<u></u>		6,534,344.	33	4,941,756. Form 990 (2022)

Form **990** (2022)

11121115 759370 31865.0000

Form 990 (2022)
Part X Balance Sheet

OUT TEACH

Form	990 (2022) OUT TEACH	20-	5946552	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,55		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,90		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,31		
5	Net unrealized gains (losses) on investments	5	7	4,4	80.
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	4,48	2,1	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2022)

232012 12-13-22

(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.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
Nar	ne of t	the organizati							Employer	identification number
		Ū		TEACH						0-5946552
Pa	art I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	Ŭ		-		on of churches described	•)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3					anization described in se)(b)(1)(A)(ii	i).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		•			than 33 1/3% of its supp			-	•	•
					t to certain exceptions; a					
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
				mplete Part III.)	and the stand for a shift of a			0(-)(4)		
11					ively to test for public sa					
12		-	-		ively for the benefit of, to				-	
					d in section 509(a)(1) of					neck the box on
		-			f supporting organization					nivina
â					upervised, or controlled	• • •	-			
			-		gularly appoint or elect a	majority c				pporting
k		¬ -		complete Part IV, Se	or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by boy	ina
				-	anization vested in the sa			-		-
			-	t complete Part IV,		anic perso			ge the supp	
c		-			g organization operated	in connect	tion with a	and functional	llv integrate	d with
	·		-	• • • •). You must complete I				ily intograto	
c		-			porting organization oper				rted organiz	ation(s)
	-		-	• · ·	ation generally must sat				•	
			•	с с	nplete Part IV, Sections	•		•		
e		- ·			written determination fro				II, Type III	
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
1	Ente	er the number								
	Prov	vide the follow	ing informatior	about the supporte	d organization(s).					
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the organized in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tot	al									

Schedule A (Form 990) 2022

OUT TEACH

 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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2963805.	3328369.	3857433.	4341826.	1220793.	15712226.			
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									
4	Total. Add lines 1 through 3	2963805.	3328369.	3857433.	4341826.	1220793.	15712226.			
	The portion of total contributions									
Ũ	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)						4742393.			
6	Public support. Subtract line 5 from line 4.						10969833.			
	tion B. Total Support						100000000			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	2963805.	3328369.	3857433.	4341826.		15712226.			
	Gross income from interest,	23030031			10110200	100,950				
0	dividends, payments received on									
	securities loans, rents, royalties,	18,093.	4,448.	623.	1,116.	15,314.	39,594.			
•	and income from similar sources	10,055.	1,110.	023.	1,110.	13,314.	55,554.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
							1 5 7 5 1 0 2 0			
			<u>,</u>							
							, 300 , 222.			
13	-	-								
<u> 60</u>	organization, check this box and stop	o here					·····			
				- (0)		44	69 61 00			
			-				TO 10			
168							37			
			-							
D										
47.	· · ·		• •							
1/a	stop here. The organization qualifies as a publicly supported organization X 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	-			-	-	VI now the organiz	ation			
		-		• • • •						
b	33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	-		-		••••					
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s			

Schedule A (Form 990) 2022

232022 12-09-22

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	lization,
	check this box and stop here					<u></u>	
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2021		-			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage			<u> </u>	
17	Investment income percentage for 20)22 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	, Part III, line 17 $_{.}$			18	%
19a	33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and li	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	n did not check a	u box on line 14, 19	a, or 19b, check tl	his box and see in	structions	
23202	23 12-09-22					Sched	lule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes 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.)

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Schedule A (Form 990) 2022

	(Form 990) 2022	OUT TEACH
Part IV	Supporting O	ganizations (continued)

Yes No

1

			1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	 (see instructions)
	Show the best her	

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

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	---	--

- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **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.*

Schedule A (Form 990) 2022

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Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instruction
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 OUT TEACH

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		
b	Applied to 2022 distributable amount		
с	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
с	Excess from 2020		
d	Excess from 2021		
е	Excess from 2022		
		Sc	hed

Pa	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)
Sect	n D - Distributions	
1	mounts paid to supported organizations to accomplish exempt purposes	1
2	mounts paid to perform activity that directly furthers exempt purposes of supported	
	rganizations, in excess of income from activity	2
3	dministrative expenses paid to accomplish exempt purposes of supported organizations	3
4	mounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	otal annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive	

(i)

Excess Distributions

OUT TEACH

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Pre-2022

Current Year

(iii)

Distributable

Amount for 2022

lule A (Form 990) 2022

Schedule A (Form 990) 2022

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

3 Excess distributions carryover, if any, to 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

i Carryover from 2017 not applied (see instructions)

Line 8 amount divided by line 9 amount

Distributable amount for 2022 from Section C, line 6

Distributable amount for 2022 from Section C, line 6

2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.

9

<u>1</u>0

1

a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021

f Total of lines 3a through 3e

Schedule A	(Form 990) 2022	OUT TI			20-5946552 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	rmation. P 1, 2, 3b, 3c, 4 , lines 2 and 3	rovide the explanation o, 4c, 5a, 6, 9a, 9b, 9c ; Part IV, Section E, lir	c, 11a, 11b, and 11c; Part I nes 1c, 2a, 2b, 3a, and 3b;	D; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	(See instructions.)				
232028 12-09-2	22			20	Schedule A (Form 990) 2022

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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

20-5946552

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

OUT TEACH

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 not 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts un

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 I	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
OUT TI	EACH		20-5946552
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ons Type of contribution
1		\$ <u>250,0</u>	Person X Payroll
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contribution \$100,0	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
3		\$127,5	500. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
4		\$80,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
5		\$70,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
6		\$50,0	Person X Payroll

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	B (Form 990) (2022)			age 2
Name of o	rganization		Employer identification numb	er
OUT T	EACH		20-5946552	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution	n
7		\$50,0	Person X Payroll Noncash (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution	n
8		\$45,0	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution	n
9		\$36,0	000. Person X Payroll Image: Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ms Type of contribution	n
10		\$30,0	Person X Payroll Payroll Noncash OC (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution	n
		\$25,0	000. Person X Payroll Image: Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution	
12		\$25,0	Person X Payroll	

Schedule B (Form 990) (2022)

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Schedule	B (Form 990) (2022)		Page 2
Name of o	rganization	Em	ployer identification number
OUT T	EACH		20-5946552
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$25,000	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
14_		\$24,633	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.)

Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
OUT T	EACH		20-5946552
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

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Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4				
Name of c	organization		Employer identification number				
OUT T	EACH		20-5946552				
Part III	Exclusively religious, charitable, etc., contribution		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	charitable, etc., contributions of \$1,000 or l	ess for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	t				
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee				
		[
(a) No. from		(a) Line of sift	(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) Use of gift					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
223454 11-1	5-22		Schedule B (Form 990) (2022)				

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Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 4 **Open to Public** Inspection

Employer identification number

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	OUT TEACH			20-5946552
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			•
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ad funds	
Ū	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
			0	
Par				
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreation		a historic	ally important land area
	Protection of natural habitat			d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conse	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru		·····	2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ion during the tax
	year		-	-
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easer	nents during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statemen	t and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that o	lescribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		her Sim	illar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub			of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical trea		gain, pro	VIDE
	the following amounts required to be reported under FASB A			•
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	5 TOR FORM 990.		Schedule D (Form 990) 2022
232051	09-01-22	27		
		<u> </u>		

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Sche	dule D (Form 990) 2022 OUT TEA							20-59			_{age} 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	torical Tre	easures, or C	Other S	Simila	^r Assets	(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, chec	k any of the	following that m	ake sigr	nificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change program						
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how tl	hey further t	he organization's	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical trea	sures, or other s	similar a	ssets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if th	e organizatio	on answered "Ye	es" on F	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	is or other assets	s not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
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	Form 990, Part X, line	21, for	escrow or c	ustodial account	t liability	/?	🗆	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete		1								
		(a) Current year	(b)	Prior year	(c) Two years b	back (c	d) Three y	ears back	(e) Fou	r years	back
1a	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 cur		e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administered	for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz								3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		wment	funds.							
I ai	Complete if the organization answere		Dort	V lino 110 9	Soo Form 000 P	art V lir	no 10				
			,	1					(-1) D	1	-
	Description of property	(a) Cost or c basis (investr		. ,	t or other (other)	• •	cumulate reciation	a	(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
e	Other			4	5,000.		2,50	0.		2,5	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	<u>mn (B), line 1</u>	'0c.)					2,5	
								Schodulo		~ ^^^	0000

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities.

OUT TEACH

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 3	25.

(a) Description of liability (b) Book value <u>1.</u> (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 OUT TEACH			20-	5946552 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,939,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	74,480.		
b	Donated services and use of facilities	2b	210,272.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	284,752.
3	Subtract line 2e from line 1			3	2,654,940.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,654,940.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents with	Expenses per l	Return	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u>т</u> т	
1	Total expenses and losses per audited financial statements			1	4,768,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	і I	010 000		
а	Donated services and use of facilities	1 1	210,272.	- 1	
b	Prior year adjustments			- 1	
С	Other losses			- 1	
d	Other (Describe in Part XIII.)	·			010 070
е	Add lines 2a through 2d			2e	210,272.
3	Subtract line 2e from line 1			3	4,558,028.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	т т			
а	Investment expenses not included on Form 990, Part VIII, line 7b			- 1	
b	Other (Describe in Part XIII.)	4b			-
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,558,028.
Pa	rt 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.

PART X, LINE 2:

OUT TEACH IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE						
(THE CODE) FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN UNRELATED						
BUSINESS INCOME. IN ADDITION, OUT TEACH HAS BEEN DETERMINED BY THE						
INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING						
OF SECTION 509(A) OF THE CODE.						

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OUT TEACH

(Form 990) For certain Officers, Drestors, Trustees, Key Employees, and Highest Complete if the organization answered 'Yee' on Form 990, Part IV, line 23. Attach to Form 990. Description Description Description for the transmission for the organization answered 'Yee' on Form 990, Part IV, Becton A, line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990. The organization provided any of the following to or for a person listed on Form 990. Yes No Part II Questions Regarding Complementation Important information regarding these terms. Yes No Important information and grossup payments Important information regarding these terms. Yes No Important information regarding these terms. Important information regarding these terms. Yes No Important information regarding these terms. Important information regarding these terms. Yes No Important information regarding these terms. Important information regarding these terms. Yes No Important information regarding these terms. Important information regarding these terms. Yes No Important information regarding these terms. Important information regarding these terms. Yes No Important information regarding these terms. Importanterms. Yes No	SCHEDU	E J Compensation Information	С	MB No.	1545-004	17
Description of the instary interview of the organization Complete if the organization answered "Yee" on Form 990, Part IV, line 23, Match the form 900. Description Employer identification number 20-59 46552 Part I Questions Regarding Compensation Employer identification number 20-59 46552 Image:	(Form 99			20	22)
Department of the Network Attach to Form 990. Department Department<				Ζυ	<u> </u>	•
Intervention Cold between starting Cold between starting Employeer identification number 20 - 59 4 6 5 5 2 Part I Questions Regarding Compensation 20 - 59 4 6 5 5 2 Part I Questions Regarding Compensation provided any relevant information regarding these ferms. 7 with the appropriate box(s) if the organization provided any relevant information regarding these ferms. 7 with the appropriate box(s) if the organization provided any relevant information regarding these ferms. 7 with the appropriate box(s) if the organization provided any relevant information regarding these ferms. 7 with the appropriate box(s) if the organization provided any relevant information regarding these ferms. 7 with the appropriate box(s) if the organization provided any relevant information regarding the set box insets use of personal residence for personal use (back for companions compared to personal services (such as maid, chauffeur, chef) 9 if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relevant on the organization of all of the expenses described dowe? If "No." complete Part III to explain 10 10 2 Indicate which, if any, of the following the organization used to estabilish the compensation of the expensation committee 10 2 2 3 Indicate which, if any, or the following the organization used to estabilish the compensation committee 2 2 2 4 During the year, did any person listed on Form 990, P	Department of th		C			ic
OUT_TEACH 20-5946552 Part I Questions Regarding Compensation In Check the appropriate box(e) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these terms. Image: Complete Part III to provide any relevant information regarding these terms. Instructions or comparisons Payments for buainess use of personal residence Health or social club dues or initiation flees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line ta are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described aboxed PI I'No." complete Part III to social club dues or initiation flees 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a? 1b 2 Indicate which, if any, of the following the organization uses to establish the compensation or the capanization to establish compensation consultant X Compensation survey or study 2 Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII. Section A, line 1a, did the organization narguement? 4b X <td>Internal Revenue</td> <td>Service Go to www.irs.gov/Form990 for instructions and the latest information.</td> <td></td> <td>-</td> <td></td> <td></td>	Internal Revenue	Service Go to www.irs.gov/Form990 for instructions and the latest information.		-		
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization relies use of personal residence of personal use indications of the organization relies use of personal residence for personal residence indicates which, if any, of the following the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If 'No,' complete Part III to explain 1b 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If 'No,' complete Part III to explain 1b 1b If the officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to estabilish the compensation or the CEO/Executive Director, but explain in Part III. 1b 2 2 Indicate which, if any, of the following the organization rangement appropriate organization committee 1b 2 3 Indicate which, if any, of the following the organization rangement aparticulatin to estabialito commute to change of control payment? </td <td>Name of the</td> <td>-</td> <td></td> <td></td> <td></td> <td>nber</td>	Name of the	-				nber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person lised on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Provide any relevant information regarding the complexitient for business out of personal residence or personal residence or personal residence or provide any relevant for comparison of all of the expenses described adower of th%. No 2 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described adower? If No%. Complete Part III to provide any relevant information reguries substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, total that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Witten employment contract Z 3 Indicate which, if any, of the following the organization as uppermental monqualified retirement plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4b X 5 For persons liste	Dout		20-594	655	2	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Compute Part III to provide any relevant information regarding these items. Import VII, Section A, line 1a. Compute Part III to provide any relevant information regarding these items. Import Part III to provide any relevant information regarding these items. Travel for companions Paryments for business use of personal use Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant X Compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an	Parti	Questions Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Transing the companies of the companies of the complete Part III. Personal residence for personal use Personal residence for personal use Personal residence for personal use Personal residence for personal residence for personal residence for personal residence for companies of the companies of the complete part III to explain to reintbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain to reintbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain to reintbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain to reintbursement or provision of the organization used to establish the compensation of the organization require substantiation prior to reintbursing or allowing expenses incurred by all directors, trust establish compensation of the CEO/Executive Director, regarding the items checked on line 1a? 10 3 Indicate which, If any, of the following the organization used to establish the compensation of the organization is establish compensation of the CEO/Executive Director, tout explain In Part III. Compensation committee With the employment contract 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 5 For persona listed organization? 4a X 6 During the year, did any personal listed on Fo	de Obselv	ha annuanista hau(as) if the annualisation musuidad anu af the fellowing to suffer a summer listed on Ferre O	00		Yes	No
First-class or charter travel Housing allowance or residence or personal use Travel for companions Payments for business use of personal residence Tax in demunification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain b If any of the boxes on line 1a are checked, did the organization gor allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? a Indicate which, if any, of the following the organization used to establish the compensation of the corganization to establish the compensation or the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? P Participate in or receive payment from a supplemental nonqualified retirement plan? P Participate in or receive payment from an equity-based compensation arangement?			90,			
Image: Travel for companions Payments for business use of personal residence Health or social club dues or initiation fies Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expense described abov? If "No," complete Part III to explain 1b 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III. Compensation committee 2 Image: CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: Compensation committee 2 Image: CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish and groups or study Image: Ceorepresent committee 2 Image: CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish and groups on study in the methodyment contract Image: Ceorepresent study and pensent or change of control payment? 4 During the year, did any person listed on Form 990, Part VII, Sec						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any of the following the Organization Written employment contract 2 Indicate organization Compensation committee Written employment contract 3 Indipendent compensation consultant Image Control payment? 4a X Participate in or receive payment from an supplemental nonqualified retirement plan? 4a X Participate in or receive payment from an equity-based compensation for all of the organization? 5a X Chryse't on any 501c(X3), 501c)(4), and 501c)(23) organizations must complete lines 5-9. 5 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant X Compensation committee Witten employment contract X Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a X b Participate in or receive payment from a supplemental nonqualified retirement plan? da X c Participate in or receive payment from a supplemental nonqualified retirement plan? da X c Participate in or receive payment from a supplemental nonqualified retirement plan? da X			dence			
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		x
Regulations section 53.4958-6(c)?						
				9		
					n 990)	2022

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEANNE MCCARTY	(i)	209,700.	0.	0.	8,484.	10,587.	228,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	160,992.	1,000.	0.	6,743.	8,113.	176,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS, LED BY THE BOARD CHAIR, ESTABLISHES COMPENSATION

AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER. A COMPENSATION SURVEY OR

STUDY IS USED DURING THIS PROCESS TO DETERMINE A MARKET RANGE, AS IN

BENCHMARKING WITH SELECT EDUCATION NON-PROFITS. COMPENSATION IS FINALIZED

WITHIN THE MARKET RATE RANGE BASED ON EXPERIENCE, AND RESULTS THE SELECTED

CANDIDATE DEMONSTRATED IN RECENT ROLES. THE BOARD OF DIRECTORS APPROVES

THE COMPENSATION AND BENEFITS PACKAGE FOR THE CHIEF EXECUTIVE OFFICER.

Schedule J (Form 990) 2022

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.



OUT TEACH

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSTRUCT OUTDOOR LEARNING LABS. LAST YEAR, OUR LABS BROUGHT SCIENCE TO

LIFE FOR MORE THAN 118,000 STUDENTS IN 188 SCHOOLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUT TEACH EQUIPS TEACHERS WITH THE CONFIDENCE AND KNOW-HOW THEY NEED TO

TRANSFORM THE OUTDOORS INTO ACTIVE LABS THAT BRINGS LEARNING TO LIFE IN

SCIENCE AND BEYOND BY FOCUSING ON PERSONALIZED PROFESSIONAL LEARNING,

OUTDOOR SPACES AND EASILY ACCESSIBLE RESOURCES. DURING THE YEAR ENDED

JUNE 30, 2023, OUT TEACH PROGRAMS REACHED 1,596 TEACHERS AND 39,900

STUDENTS. OUT TEACH ALSO REACHES MORE THAN 118,000 STUDENTS EACH YEAR

WHO HAVE ACCESS TO OUT TEACH OUTDOOR LEARNING LABS AT THEIR SCHOOLS.

OUT TEACH'S BUSINESS MODEL INCLUDES MULTIYEAR STRATEGIC GROWTH

CAMPAIGNS IN WHICH FUNDING IS RAISED IN THE EARLY YEARS FOR DEPLOYMENT

IN THE LATTER YEARS. OUT TEACH RAISED 7.6M BETWEEN FY2020-FY2022 AND

HAS COMPLETED THE THIRD FULL YEAR OF A 5-YEAR STRATEGIC PLAN. IN THE

LAST TWO YEARS OF ITS STRATEGIC PLAN, OUT TEACH IS ACTIVATING THOSE

RESOURCES AND INVESTING IN ITS ORGANIZATIONAL CAPACITY, AND THOSE

SHOWING A DEFICIT AT THE END OF FISCAL YEAR 2023. IN MANAGEMENT'S

OPINION, OUT TEACH'S STRATEGIC PLAN IS ON TRACK.

FORM 990, PART VI, SECTION A, LINE 4:

 THE BYLAWS WERE UPDATED TO CHANGE THE NAME OF THE ORGANIZATION FROM REAL

 SCHOOL GARDENS TO OUT TEACH, AND TO ALIGN OUR PURPOSE MORE CLEARLY WITH OUR

 REBRAND AS OUT TEACH. CHANGES WERE ALSO MADE TO BOARD TERM LIMITS REQUIRING

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
OUT TEACH	20-5946552

THAT A BOARD MEMBER ROTATE OFF AFTER THEY HAVE COMPLETED A SINGLE 1-YEAR TERM AND TWO CONSECUTIVE 3-YEAR TERMS.

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

THE FORM 990 IS INITIALLY REVIEWED BY THE VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS AND THE CHIEF EXECUTIVE OFFICER. THE DOCUMENT IS REFINED THEN DISTRIBUTED TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. AFTER THE FINANCE COMMITTEE IS SATISFIED, THE FULL BOARD OF DIRECTORS IS PROVIDED A COPY TO REVIEW AND COMMENT ON IF NEEDED. THE FORM 990 IS THEN FINALIZED AND SUBMITTED TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW EMPLOYEES ARE BRIEFED ABOUT THE CONFLICT OF INTEREST POLICY AS PART OF AN ORIENTATION ABOUT STANDARDS OF PROFESSIONAL CONDUCT FOR THE ORGANIZATION. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH ALL EMPLOYEES AND THE BOARD OF DIRECTORS. AT THIS TIME, EACH DIRECTOR, OFFICER AND EMPLOYEE IS ASKED TO ACKNOWLEDGE IN WRITING THEIR UNDERSTANDING OF THE POLICY. IN ADDITION, EACH DIRECTOR, OFFICER AND EMPLOYEE IS ASKED TO COMPLETE A DISCLOSURE FORM THAT IDENTIFIES ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES THAT MIGHT REPRESENT A CONFLICT OF INTEREST. THE VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS SERVES AS THE COMPLIANCE OFFICER FOR THE ORGANIZATION, INVESTIGATING ANY REPORTED VIOLATIONS TO THE CONFLICT OF INTEREST POLICY. FINDINGS ARE PRESENTED TO THE BOARD OF DIRECTORS, INCLUDING THE CHIEF EXECUTIVE OFFICER, AND APPROPRIATE CORRECTIVE ACTIONS ARE DETERMINED. POSSIBLE CORRECTIVE ACTIONS INCLUDE FORMALLY ENDING EXTERNAL RELATIONSHIPS THAT PRESENT A CONFLICT OF INTEREST OR VOLUNTARILY EXITING FROM THE BOARD OR COMPANY.

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THE CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS ESTABLISHES COMPENSATION AND BENEFITS FOR EMPLOYEES IN THE ORGANIZATION, BASED ON MARKET RATE RANGE, EXPERIENCE, AND RESULTS DEMONSTRATED BY THE CANDIDATE. THE CHIEF EXECUTIVE OFFICER PRESENTS A PERSONNEL BUDGET TO THE BOARD OF DIRECTORS FOR THEIR INPUT AND APPROVAL. REVIEWS OF THE CEO ARE CONDUCTED BY THE BOARD CHAIR, AND DOCUMENTED IN THE BOARD'S MEETING MINUTES. THE COMPENSATION OF THE VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS IS ESTABLISHED USING THIS SAME CRITERIA BY THE CHIEF EXECUTIVE OFFICER.

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

OUT TEACH'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

LICENSE FEES & PERMITS:

PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	5,339.
FUNDRAISING EXPENSES	255.
TOTAL EXPENSES	6,984.

OUTSIDE CONTRACT SERVICES:PROGRAM SERVICE EXPENSES136,678.MANAGEMENT AND GENERAL EXPENSES52,983.FUNDRAISING EXPENSES17,818.TOTAL EXPENSES207,479.

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Schedule O (Form 990) 2022 Name of the organization	Page :
OUT TEACH	Employer identification number 20-5946552
HUMAN RESOURCES:	
PROGRAM SERVICE EXPENSES	23,051.
MANAGEMENT AND GENERAL EXPENSES	12,989.
FUNDRAISING EXPENSES	3,474.
TOTAL EXPENSES	39,514.
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	17,034.
MANAGEMENT AND GENERAL EXPENSES	5,171.
FUNDRAISING EXPENSES	2,754.
TOTAL EXPENSES	24,959.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	278,936.
FORM 990, PART XII LINE 2C	
THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIG	HT OF THE AUDIT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS	HAS NOT
CHANGED FROM THE PRIOR YEAR.	

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