** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ror the	and the color of t	enaing J	UN 30, 2024			
В	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre	OUT TEACH					
	Name chang	Doing business as		20-59465	52		
	Initial return	,	Room/suite	E Telephone number			
	Final return		700	202-621-3			
	termin ated			G Gross receipts \$	3,509,089.		
F	return	WASHINGTON, DC 20005		H(a) Is this a group re			
L	tion pendii	Finame and address of principal officer: O EATINE INCCART I		for subordinates			
$\overline{}$	Tayay		or 527	H(b) Are all subordinates in			
	Websi		01 327	H(c) Group exemption	list. See instructions		
		organization: X Corporation Trust Association Other	1 Year		State of legal domicile: TX		
	art I	Summary	L 1001	oriorination. 2007 i	Otate of legal dofficine, 222		
	1	Briefly describe the organization's mission or most significant activities: WE E	QUIP T	EACHERS WITH	THE POWER		
Activities & Governance		OF REAL-WORLD LEARNING OUTDOORS TO UNLOCK					
r	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14		
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			13		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			39		
Ξ	6	Total number of volunteers (estimate if necessary)			950		
Act	7 a			7a	0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		1,220,793. 1,418,833.	1,979,803. 1,524,895.		
Revenue	9	Program service revenue (Part VIII, line 2g)		15,314.	4,391.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,654,940.	3,509,089.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,011,567.	3,224,517.		
Sec	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	70,400.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 462,69	96.		•		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,546,461.	1,383,613.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,558,028.	4,678,530.		
	19	Revenue less expenses. Subtract line 18 from line 12		-1,903,088.	-1,169,441.		
50	g		Ве	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		4,941,756.	3,846,245.		
t As	21	Total liabilities (Part X, line 26)		459,605.	453,529.		
2	22	Net assets or fund balances. Subtract line 21 from line 20		4,482,151.	3,392,716.		
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.			
C:-		Signature of officer		I Date			
Sig He		JEANNE MCCARTY, CHIEF EXECUTIVE OFFICER		Duto			
пе	e	Type or print name and title					
_		Print/Type preparer's name Preparer's signature	[Date Check	PTIN		
Pai	d	JULIA L. LAFFERTY JULIA L. LAFFERT	ry 1	1/07/24 of self-employe			
	- parer	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P			2-1711839		
Use Only Firm's address 7910 WOODMONT AVE. STE. 500							
	•	BETHESDA, MD 20814		Phone no. (3	01) 986-0600		
Ma	y the II	RS discuss this return with the preparer shown above? See instructions		,	X Yes No		
	<u>. Ген</u>	Demonstrate Designation Ast National and the control of the contro			Form 990 (2022)		

20-5946552 Page **2** OUT TEACH Form 990 (2023)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUT TEACH EQUIPS TEACHERS WITH THE POWER OF REAL-WORLD LEARNING
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	COACHING AND INSPIRING TEACHERS: OUT TEACH HELPS SCHOOLS UNLOCK STUDENT
	PERFORMANCE IN HISTORICALLY UNDERSERVED COMMUNITIES BY CENTERING
	TEACHERS AND USING TECHNOLOGY. OUT TEACH DESIGNS PROFESSIONAL LEARNING
	THAT TEACHERS CAN TRUST, PROVIDING A COMPREHENSIVE SUITE OF VIRTUAL
	TRAINING, JOB-EMBEDDED COACHING, GROUP SESSIONS, AND ONLINE RESOURCES
	THAT ARE ACCESSIBLE ANYTIME, ANYWHEREENSURING THAT EDUCATORS HAVE THE
	SUPPORT THEY NEED AT THEIR FINGERTIPS. IN THE LAST FISCAL YEAR, OUT TEACH TRAINED AND COACHED OVER 400 TEACHERS ACROSS 84 SCHOOLS AND 14
	DISTRICTS, POSITIVELY IMPACTING MORE THAN 10,025 STUDENTS.
	DISTRICTS, POSTTIVELT IMPACTING MORE THAN 10,025 STUDENTS.
4b	(Code:) (Expenses \$ 1,047,951. including grants of \$) (Revenue \$ 917,798.)
40	BUILDING OUTDOOR LEARNING LABS AND PROVIDING INSTRUCTIONAL TOOLS: OUT
	TEACH BELIEVES IN THE POWER OF REAL-WORLD LEARNING. BY MOVING OUTSIDE
	THE TRADITIONAL CLASSROOM, OUT TEACH HELPS STUDENTS DEVELOP A
	SCIENTIFIC MINDSET THAT EMPOWERS THEM TO ASK QUESTIONS, EXPAND THEIR
	LEARNING, AND MOVE FROM THEORY TO ACTION. TO ENSURE EQUITABLE ACCESS TO
	REAL-WORLD SCIENCE EXPERIENCES, OUT TEACH DESIGNS AND CONSTRUCTS
	OUTDOOR LEARNING LABS AT UNDERSERVED ELEMENTARY SCHOOLS. THESE LABS,
	SUPPORTED BY CORPORATE PARTNERS THROUGH FUNDING AND VOLUNTEER EFFORTS,
	BROUGHT SCIENCE TO LIFE FOR MORE THAN 10,238 STUDENTS LAST YEAR. IN
	TOTAL, OVER 800 VOLUNTEERS HELPED BUILD OR REVITALIZE 24 OUTDOOR LABS
	DURING THE YEAR ENDED JUNE 30, 2024.
4c	(Code:) (Expenses \$1, 188, 272. including grants of \$) (Revenue \$)
	PROMOTING BROADER CHANGE THROUGH COMMUNITY ENGAGEMENT: OUT TEACH
	CONDUCTS RESEARCH, PRESENTS AT NATIONAL CONFERENCES, ENGAGES IN SOCIAL
	MEDIA CONVERSATIONS, AND SHARES NARRATIVE BASED STORIES THAT CENTER THE
	VOICES OF TEACHERS, STUDENTS, AND VOLUNTEERS WITH MEDIA OUTLETS TO
	RAISE AWARENESS ABOUT THE IMPORTANCE OF EARLY AND EFFECTIVE SCIENCE
	INSTRUCTION. OUT TEACH'S EFFORTS HIGHLIGHT THE BENEFITS OF OUTDOOR,
	REAL-WORLD LEARNING AND DEMONSTRATE THE POSITIVE RESULTS ACHIEVED BY
	OUT TEACH.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,659,308.
<u>4e</u>	Total program service expenses 3,659,308. Form 990 (2023)
	Form 330 (2023)

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Form 990 (2023) OUT TEACH Part 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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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,			T -
_	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	- 1.0		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	21	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	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? If "Yes,"			\ ₃₇
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2023)

	n 990 (2023) OUT TEACH 20 – 59 rt IV Checklist of Required Schedules (continued)	46552	Р	age
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	···		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	· · · · · · · · · · · · · · · · · · ·	25b		x
26	Schedule L, Part I	230		
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%	06		x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		 ^
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┢
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			l v
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┝≏
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			7.
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١
	Part V, line 1	- 1		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ب
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	15	Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter .0. if not applicable	131		

	Check if Concadic C contains a response of note to any line in this fait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form 990 (2023) OUT TEACH
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	39								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	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)?										
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 Advanced in the Financi	ccour	nts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X					
	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	e orga	anization solicit								
	any contributions that were not tax deductible as charitable contributions?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X					
				7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired								
	to file Form 8282?	1	1	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			37					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	<u>7e</u> 7f		X					
f	3 , 3 , 1 , 1										
g											
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	1AT / 7A								
•	sponsoring organization have excess business holdings at any time during the year?		N/.A.	8							
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a							
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:			30							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders N/A	11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17							
	If "Yes," complete Form 6069.										

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 14								
	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	1.								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ū									
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6		6		X					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 22					
7a		7-		Х					
	more members of the governing body?	7a							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х					
_	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	1 , , ,								
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	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								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedDC , TX , MD , VA , NC , GA , FL , CO								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole					
	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 Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records								
	CLAIRE MOONEY - 202-621-2375								
	ONE THOMAS CIRCLE, NW, #700, WASHINGTON, DC 20005								

Form 990 (2023) OUT TEACH 20-5946552 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per			erage Position Reportable Reportable Reportable Compensation Compensation Compensation Reportable Report						(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JEANNE MCCARTY CEO	40.00	х		Х				200,833.	0.	19,548.
(2) CLAIRE MOONEY	40.00	21						200,033.	•	13,340.
CHIEF FINANCIAL AND OPERATING OFFICE	40.00			х				169,157.	0.	15,794.
(3) SUZANNAH KOILPILLAI	40.00									
VICE PRESIDENT, PARTNERSHI						Х		142,182.	0.	5,656.
(4) SCOTT FEILLE	40.00									
VICE PRESIDENT, PROGRAMS						X		124,502.	0.	9,965.
(5) MICHAEL SMITH	40.00									
DIRECTOR, OUTDOOR SPACES						X		122,746.	0.	7,066.
(6) DANIEL MORGAN	40.00									
DIRECTOR, STRATEGIC INITIA						X		108,994.	0.	13,569.
(7) KELLY HATCHER TURNER	6.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(8) TOM FRY	6.00	1								_
REVENUE COMMITTEE CHAIR		Х						0.	0.	0.
(9) JOHN KOVAC	6.00	ļ								
INNOVATION COMMITTEE CHAIR		Х						0.	0.	0.
(10) KELLY GARRETT	6.00	ļ								
GOVERNANCE COMMITTEE CHAIR		Х						0.	0.	0.
(11) JAMES FERRI	6.00	ļ							•	•
FINANCE COMMITTEE CHAIR	F 00	Х				_		0.	0.	0.
(12) TERESA YOUNG BERNSTEIN	5.00	.,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(13) PEGGY BROOKINS	5.00	. ,							0	0
BOARD MEMBER (14) CYNTHIA WILSON	5.00	Х						0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
(15) HANK HARRIS	5.00	Δ						0.	0.	<u></u>
BOARD MEMBER	3.00	Х						0.	0.	0.
(16) JULIANNA URTUBEY	5.00	21						0.	0.	<u>_ </u>
BOARD MEMBER	J	х						0.	0.	0.
(17) AMY WONG	5.00					\vdash			•	
BOARD MEMBER		х						0.	0.	0.
332007 12-21-23	ı		_	l					J •	Form 990 (2023)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) OUT TEAC	H								20-5	<u>9403</u>	5∠	Pa	age o
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)			(0	C)			(D)	1 ' '					
Name and title	Average	(44.0			ition			Reportable	Reportable	,	Est	imate	ed
	hours per	box	, unle	ss pe	rson i	than d is both	an	compensation	compensation	on	amo	ount	of
	week	offi	cer ar	nd a d	lirecto	or/trust	tee)	from	from related	d	c	ther	
	(list any	ector		the organiz				organization		comp	ensa	tion	
	hours for	or dir	يو			ited		organization	(W-2/1099-MIS			m the	
	related	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)	' l	_	nizati	
	organizations below	al tr.	onal		ploye	com		1099-NEC)				relate	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatio	ons
(18) NICOLE LEVINE	7.00	드	드	6	જ	E E	요			_			
BOARD CHAIR EFFECTIVE 7/1/2023	7.00	Х		Х				0.		0.			0.
201110 0111111 21112011112 1,717 2020		23								" 			.
			\vdash							-+			
										$-\!\!+$			
1b Subtotal								868,414.		0.	71	.,59	98.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								868,414.		0.	71	.,59	98.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization											1.		6
												Yes	No
3 Did the organization list any former officer	•	-	•		•		_	·	•				**
line 1a? If "Yes," complete Schedule J for s											3		_ <u>X</u> _
4 For any individual listed on line 1a, is the su	•		-					•	-				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		L	4	X	
5 Did any person listed on line 1a receive or	accrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," con	nplete Schedule	J f	or st	ıch į	oers	on .				<u></u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensatio	on fror	m	
the organization. Report compensation for	trie calendar ye	ear e	ndir	ıg w	ıτn c	or wi	<u>ının</u>		ear.		/^\		
(A) Name and business	address							(B) Description of s	ervices	Co	(C) mpen		n
								200011011011011	3 1000			الانتدا	

the organization. Report compensation for the calendar year ending with or with	n the organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
IDLEWILD PARTNERS INC		
326 CARROLL ST #2, BROOKLYN, NY 11231	IT SERVICES	257,135.
BATSON-COOK COMPANY, 1431 GREENWAY DRIVE,	CONSTRUCTION	
SUITE 740, DALLAS, TX 75038	SERVICES	148,892.
GRF CPAS & ADVISORS, 4550 MONTGOMERY AVE,	EXTERNAL ACCOUNTING	
SUITE 800N, BETHESDA, MD 20814	AND SAGE INTACCT SUP	126,537.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
M400 000 of a sum and the form the assumption 2		

Form **990** (2023)

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Statement	of Revenue
-----------	------------

			Check if Schedule O	cont	tains	a respo	nse d	or note to any lin	e in this Part VIII			
									(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ωs	1	a	Federated campaigns			1a						
ant			Membership dues									
ច្ច			Fundraising events			. —			-			
fts,									-			
ig ic			Government grants (contr			. —		345,000.	-			
Sin								343,000.	-			
utic		T	All other contributions, gifts,	-			1	634,803.				
ĕ₽			similar amounts not included					034,003.	-			
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in	lines	1a-1f	1g \$	•		1,979,803.			
O e		n	Total. Add lines 1a-1f			<u></u>		Business Code	1,919,003	•		
			DDOODAM BEEC						1 524 905	1 524 905		
<u>ic</u>	2		PROGRAM FEES				_	900099	1,524,695	.1,524,895.		
Program Service Revenue		b					_					
n S		С										
ran 3ev		d										
S T		е										
۵.			All other program service						1 504 005			
\longrightarrow		g	Total. Add lines 2a-2f						1,524,895	•		
	3		Investment income (include	_				•	4 201			4 201
		other similar amounts)							4,391	•		4,391.
	4					roceeds						
	5		Royalties	. <u></u>								
						(i) Real		(ii) Personal	-			
	6	а	Gross rents	6a	ч_							
		b	Less: rental expenses	6b	<u> </u>							
		С	Rental income or (loss)	60	<u>: </u>							
		d	Net rental income or (loss) <u></u>		<u></u>						
	7	а	Gross amount from sales of $% \left\{ 1,2,\ldots ,n\right\}$		(i)	Securit	ies	(ii) Other				
			assets other than inventory	7a	<u> </u>							
		b	Less: cost or other basis									
ne			and sales expenses	7 b	<u> </u>							
Ven		С	Gain or (loss)	70	<u>: </u>							
Be		d	Net gain or (loss)				. <u></u>					
ther Revenue	8	а	Gross income from fundraisi									
₹			including \$			of						
			contributions reported on	line	1c).	See						
			Part IV, line 18				8a					
		b	Less: direct expenses				8b					
		С	Net income or (loss) from	fund	draisi	ing even	t <u>s</u>					
	9	а	Gross income from gamin	-								
			Part IV, line 19				9a					
		b	Less: direct expenses				9b					
		С	Net income or (loss) from	gan	ning a	activities	S					
	10	а	Gross sales of inventory,	ess	retur	rns						
			and allowances				10a					
		b	Less: cost of goods sold				10b					
		С	Net income or (loss) from	sale	s of i	inventor	у					
ς l								Business Code				
on e	11	а					_					
ank enu		b								1		
Sel Sev		С								1		
Miscellaneous Revenue			All other revenue									
		е	Total. Add lines 11a-11d						2 500 000	1 504 005	_	4 201
	12		Total revenue. See instruction	ons					ც,509,089.	.1,524,895.	0.	4,391.

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Form **990** (2023)

Form 990 (2023) OUT TEACH Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	er organizations must com	nolete column (A)	
<u> </u>	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	428,706.	288,654.	82,851.	57,201.
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	2,341,083.	2,001,170.	130,761.	209,152.
8	Pension plan accruals and contributions (include		_		
	section 401(k) and 403(b) employer contributions)	45,042.	22,292.	18,434.	4,316.
9	Other employee benefits	204,672.	136,759.	46,448.	21,465.
10	Payroll taxes	205,014.	162,819.	16,247.	25,948.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	75,853.		75,853.	
е	Professional fundraising services. See Part IV, line 17	70,400.			70,400.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	298,117.	206,893.	47,716.	43,508.
12	Advertising and promotion	114,498.	103,017.	7,725.	3,756.
13	Office expenses	131,406.	78,851.	42,111.	10,444.
14	Information technology	38,707.	27,095.	5,032.	6,580.
15	Royalties				
16	Occupancy	50,307.	9,894.	40,413.	
17	Travel	116,959.	75,567.	33,977.	7,415.
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	15,000.	15,000.		
23	Insurance	20,356.	9,415.	8,654.	2,287.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OUTDOOR CLASSROOM MATER	491,013.	490,624.	165.	224.
a b	PROFESSIONAL LEARNING	31,397.	31,258.	139.	221•
C		01,007.	31,233.	100.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,678,530.	3,659,308.	556,526.	462,696.
26	Joint costs. Complete this line only if the organization	_, ,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	230,3200	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

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Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			587,431.	1	115,133.
	2	Savings and temporary cash investments			697,135.	2	1,343,867.
	3	Pledges and grants receivable, net			722,962.	3	1,305,034.
	4	Accounts receivable, net			891,094.	4	1,002,148
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran aid a conserva and alate mandal also conserva			38,222.	9	43,911.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	45,000.			
	b	Less: accumulated depreciation	10b	17,500.	42,500.	10c	27,500.
	11	Investments - publicly traded securities			1,942,526.	11	0.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	19,886.	15	8,652.		
	16	Total assets. Add lines 1 through 15 (must e			4,941,756.	16	3,846,245.
	17	Accounts payable and accrued expenses			401,006.	17	341,868.
	18	Grants payable				18	
	19	Deferred revenue			58,599.	19	111,661.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
ij		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons				22	
_	23	Secured mortgages and notes payable to unr	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D			450 605	25	452 500
	26	Total liabilities. Add lines 17 through 25			459,605.	26	453,529.
w		Organizations that follow FASB ASC 958, c	heck he	e X			
če		and complete lines 27, 28, 32, and 33.			2 060 100		0 000 076
<u>a</u>	27	Net assets without donor restrictions			3,068,190.	27	2,092,976.
Ä	28	Net assets with donor restrictions			1,413,961.	28	1,299,740.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here			
Ϋ́		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			4 400 151	31	2 200 716
Š	32	Total net assets or fund balances			4,482,151.	32	3,392,716.
	33	Total liabilities and net assets/fund balances			4,941,756.	33	3,846,245.

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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	3,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,67		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,16	9,4	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,48	2,1	51.
5	Net unrealized gains (losses) on investments	5	8	0,0	06.
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	3,39	2,7	16.
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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 20-5946552

	OUT TEACH 20						0-5946552		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	i.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local government	-						
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	e general _l	public described in
		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe							
9	Ш	An agricultural research org				-		-	•
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	e or
40		university:	U	H 00 4 (00/ - 6 H		4 - 21 42	and the second of the second o		d annual managed a feather
10		An organization that norma							
		activities related to its exen		•					-
		income and unrelated busing See section 509(a)(2). (Con		(less section 511 tax) iro	in busines	sses acqui	rea by the orga	ariization a	arter June 30, 1975.
11		An organization organized a	•	ively to test for public sat	faty Saa i	section 50	00(2)(4)		
12	H	An organization organized a						ry out the	nurnoses of one or
12	ш	more publicly supported or	· ·	•	-			•	•
		lines 12a through 12d that	-						SHOOK THE BOX OH
а		Type I. A supporting orga	* *					-	aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			,, -				9
b		Type II. A supporting org			ion with its	s supporte	ed organization	(s), by hav	/ing
		control or management o	="				-		
		organization(s). You mus			·		J		
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	/ integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ed organi:	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
		er the number of supported of	•						
		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(11) [11]	(described on lines 1-10	in your governi	ng document?	support (see ins	,	support (see instructions)
				above (see instructions))	Yes	No	· · · ·	,	, ,
_									
		· · · · · · · · · · · · · · · · · · ·							
Tota	al								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3328369.	3857433.	4341826.	1220793.	1979803.	14728224.
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	3328369.	3857433.	4341826.	1220793.	1979803.	14728224.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4304127.
6	Public support. Subtract line 5 from line 4.						10424097.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3328369.	3857433.	4341826.	1220793.	1979803.	14728224.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,448.	623.	1,116.	15,314.	4,391.	25,892.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14754116.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,240,141.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	70.65 <u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	69.64 <u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	b 33 1/3% support test - 2022. 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 qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
_18	Private foundation. If the organization						s
	<u> </u>		, :	. , , ,			(Form 990) 2023

Schedule A (Form 990) 2023 OUT TEACH 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 business 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						
h	3 received from disqualified persons						
D	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.)						
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third.	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here	- 	<u></u>	·····	- 		
ec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2023. If the	organization did	not check the box			33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
00	line 18 is not more than 33 1/3%, che		-	•		-	<u>-</u>
/U	Private foundation. If the organization	a old not check a	DOX OR IDE 14 19	a origo checkit	us dox and see in:	SITUCTIONS	I .

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Schedule A (Form 990) 2023

OUT TEACH

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.)

	Yes	No
_		
1		
2		
3a		
3b		
20		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
,		
9a		
9b		
0-		
9c		
10a		
10b		
A /Farm	~ ^^^	2022

Га	Gontinued)			
			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		
	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			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		
Sec	tion 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)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations: [[-] fes. describe Fait VI the fole biaved by the organization in this regard.	UU		

2025 12-21-23 Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

OUT TEACH

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must of		•			
Sect	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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion C - Distributable Amount	_		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
_2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
_4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Evenes from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

20-5946552 OUT TEACH Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 \$ 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

OUT TEACH 20-5946552

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 100,000.	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
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

OUT TEACH 20-5946552

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** OUT TEACH 20-5946552 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 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, and ZIP + 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, and ZIP + 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, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Employer identification number

Name of the organization

OUT TEACH 20-5946552

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(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 w	riting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can I	pe used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included on line 2c acquir		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
_	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	_
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	ianding of violations, and emorcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conser	vation easements during the year
'	Amount of expenses incurred in monitoring, inspecting, handi	ing of violations, and emorcing conser	valion easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170	0/b)(4)(R)(i)
•			
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	g	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research ir	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	ortherance 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-		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

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

	· · · · · · · · · · · · · · · · · · ·	í I	· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		45,000.	17,500.	27,500.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X line 1	Oc. column (B))		27,500.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			- 6
(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)			
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	on Form 000 Port IV line	11d Coo Fours 000 Part V line 15	
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(N Dooks when
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, colerant X Other Liabilities Complete if the organization answered "Yes"	Description		
(9) al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes"	Description		
(9) al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
(9) (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, colert X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(9) (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, colerant X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Patl. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X (b) (c) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Description		
(9) (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, collart X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		

Schedule D (Form 990) 2023

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

Par	rt XI Reconciliation of Revenue per Audited Financial	Statements With F	Revenue per Ret	turn	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	s		1	3,786,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	3 ()		80,006.		
b			197,877.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	277,883.
3	Subtract line 2e from line 1			3	3,509,089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		4a			
b	Other (Describe in Part XIII.)	4b			_
				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linert XII Reconciliation of Expenses per Audited Financial	e 12.)		5	3,509,089.
Pai			Expenses per H	teturr	1
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	4,876,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	197,877.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	197,877. 4,678,530.
3	Subtract line 2e from line 1			3	4,678,530.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5		ine 18.)		5	4,678,530.
	rt XIII Supplemental Information				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			; Part X	(, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional inform	nation.		
D 3 F	D. W. T. T. T. O.				
PAF	RT X, LINE 2:				
~ TTD	T MENCII IC EVENDE INIDED CHOMION FOLIC	\/2\	TATELLE DATA T		THE CODE
ניטט	T TEACH IS EXEMPT UNDER SECTION 501(C)(3) OF THE	INTERNAL R	EVEL	NUE CODE
/ m =	HE CODE! TROW THE DAYMENT OF TAKES ON	TNGOVE OFFIC			nno.
(T.F	HE CODE) FROM THE PAYMENT OF TAXES ON	INCOME OTHE	R THAN UNK	ЕГЧ.	l'ED
DIIC	OTNEGO THOOME IN ADDITION OF THE DESIGNATION OF THE PROPERTY O	IIAA DEEM DE	MEDWINED D	., mi	113
BUS	SINESS INCOME. IN ADDITION, OUT TEACH	HAS BEEN DE	LEKMINED B	X .I.F	1 <u>E</u>
T 1 T T T	DEDNAI DEVENUE CEDUTCE NOM MO DE A DD	TIZAME EQUATOR	MTON WIMIT	NT MIT	ID MDANITHO
T IV.1	TERNAL REVENUE SERVICE NOT TO BE A PR	IVATE FOUNDA	TION WITHI	N .I.F	HE MEANING
О п	GEORION EGG/A) OF MILE GODE				
OF.	SECTION 509(A) OF THE CODE.				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

vame of the organization OUT TEA	.CH				20-5946	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lii		
required to complete this par	t.					
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e X Solicitat	tion of tion of	non-g gover	overnment grants nment grants		
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	art VII) or entity in connection with providuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PEAK IMPACT PARTNERS - 617		Yes	No			
FARRAGUT ST. NW, WASHINGTON,	GRANT WRITING SUPPORT		Х	405,000.	70,400.	334,600.
				405,000.	70,400.	334,600.
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
اَت	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
Da	11 rt I	Net income summary. Subtract line 10 from lin				
Га		II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	inswered "Yes" on Form	1990, Part IV, line 19, c	or reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Se	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes %	% Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
۵	Ent	ter the state(s) in which the organization conduc	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac No," explain:	tivities in each of these	states?		Yes No
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	x year?	Yes No
b	If "	Yes," explain:				
3200	0 00	L-13-23			Scho	edule G (Form 990) 2023

Schedule G (Form 990) 2023 OUT TEACH	20-5946552 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
c in Test, entermaine and address of the tilluparty.	
Name	
Name	
Addraga	
Address	
4C. Coming respectively	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
· · · · · · · · · · · · · · · · · · ·	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	SERS:
(I) NAME OF FUNDRAISER: PEAK IMPACT PARTNERS	
(I) ADDRESS OF FUNDRAISER: 617 FARRAGUT ST. NW, WASHINGTON, D	DC 20011
PART I, LINE 2B, COLUMN (V):	
PAYMENTS ARE FOR MONTHLY RATE TO PROVIDE GRANT WRITING SUPPOR	TUO OUT
TEACH.	



SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

OUT TEACH

Part I Questions Regarding Compensation

Employer identification number
20-5946552

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Manuscribe have a Pro-American design of the constant of the c			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41.		
•	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 of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	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, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а		5a		х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JEANNE MCCARTY	(i)	200,833.	0.	0.	8,133.	11,415.	220,381.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CLAIRE MOONEY	(i)	169,157.	0.	0.	7,091.	8,703.	184,951.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
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	(i)								
	(ii)							<u> </u>	

Page 2

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 O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

OUT TEACH

Employer identification number 20-5946552

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

DURING THE YEAR ENDED JUNE 30, 2024, OUT TEACH'S PROFESSIONAL LEARNING

AND OUTDOOR LEARNING LABS REACHED OVER 1,100 TEACHERS AND 21,028

STUDENTS PROVIDING IMMERSIVE, HANDS-ON EXPERIENCES FOR YEARS TO COME.

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

THE FORM 990 IS INITIALLY REVIEWED BY THE CHIEF FINANCIAL AND OPERATING

OFFICER 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 THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH ORGANIZATION. ALL EMPLOYEES AND THE BOARD OF DIRECTORS. AT THIS TIME, EACH DIRECTOR OFFICER AND EMPLOYEE IS ASKED TO ACKNOWLEDGE IN WRITING THEIR UNDERSTANDING IN ADDITION, EACH DIRECTOR, OFFICER AND EMPLOYEE IS ASKED COMPLETE A DISCLOSURE FORM THAT IDENTIFIES ANY RELATIONSHIPS, CIRCUMSTANCES THAT MIGHT REPRESENT A CONFLICT OF INTEREST. THE CHIEF FINANCIAL AND OPERATING OFFICER 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** 20-5946552 OUT TEACH ARE DETERMINED. POSSIBLE CORRECTIVE ACTIONS INCLUDE FORMALLY ENDING EXTERNAL RELATIONSHIPS THAT PRESENT A CONFLICT OF INTEREST OR VOLUNTARILY EXITING FROM THE BOARD OR COMPANY. FORM 990, PART VI, SECTION B, LINE 15: THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL AND OPERATING OFFICER ESTABLISH COMPENSATION AND BENEFITS FOR EMPLOYEES IN THE ORGANIZATION, BASED ON MARKET RATE RANGE, EXPERIENCE, AND RESULTS DEMONSTRATED BY THE THE CHIEF EXECUTIVE OFFICER PRESENTS A PERSONNEL BUDGET TO THE CANDIDATE. 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 THE COMPENSATION OF THE CHIEF FINANCIAL AND OPERATING OFFICER IS MINUTES. 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 XII LINE 2C THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.