

**CHAR500  
Online**For new annual filings,  
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General  
Charities Bureau - Registration Section  
28 Liberty Street  
New York, NY 10005  
[charitiesnys.com](http://charitiesnys.com)**Open to Public  
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2020**General Information**

Current Organization Name: OUTREACH DEVELOPMENT CORPORATION Updated Name: N/A

NY Registration Number: 03-08-00 Registration Category: DUAL

Organization Type: Corporation EIN: 112518262

Current Fiscal Year End: 06/30 Updated Fiscal Year End: N/A

Organization Email: tonycroce@opiny.org Organization's Phone: 7188479233

Tax Exempt Status: 501(c)(3) Website: www.opiny.org

**Organization Address**

Mailing Address	Principal Address	NY State Address
11711 Myrtle Avenue Richmond Hill NY 11418 UNITED STATES	11711 Myrtle Avenue Richmond Hill NY 11418 UNITED STATES	NA

**Primary Contact Information**

First Name: Anthony Last Name: Croce Title: Vice President of Finance and CFO

Phone: 7188479233 Email: tonycroce@opiny.org

**Third Party Preparer Information**

First Name: N/A Last Name: N/A Title: N/A

Firm Name: N/A Phone: N/A Email: N/A

**Third Party Address**

Street: N/A

City: N/A State: N/A

Zip: N/A Country: N/A

## Registration Category

- Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.  
 Yes    No
- Does the organization have assets in New York State?  
 Yes    No
- Is the organization incorporated or formed in New York State?  
 Yes    No   N/A
- Does the organization solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?  
 Yes    No
- Does the organization use a professional fundraiser or fundraising counsel?  
 Yes    No

Based on your responses to the above questions, this organization's registration category remains as DUAL

## Annual Exemptions

- Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
 Yes    No
- Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
 Yes    No
- Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
 Yes    No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

## Financial Information

Which IRS form does your organization use? <u>IRS990</u>	Organization's total revenue: <u>26,032,310</u>
Organization's total contributions: <u>17,020,017</u>	Organization's total assets: <u>N/A</u>
Organization's net assets: <u>10,497,074</u>	Organization's total revenue and contributions: <u>N/A</u>
Organization's total liabilities: <u>N/A</u>	Organization's total assets/worth: <u>N/A</u>
Organization's total income: <u>N/A</u>	

Is the organization required to file form Schedule B - Schedule of contributors - with the IRS?

Yes    No   N/A

For the current filing year, will your organization complete any of the following with its Charities Bureau Registration?

Closing    Withdrawing    Dissolving    None

Is this your final filing with New York State?    Yes    No   N/A

## Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

Yes  No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Did the organization receive government grants during this fiscal year?

Yes  No

Government Grant Agency	Grant Amount
NY State Office of Addiction Services an	\$12,105,209.00
County of Suffolk Department of Health	\$922,149.00
NYS Department of Health	\$12,650.00
NYS Division of Criminal Justice	\$147,991.00
	To be continued in Appendix page 2

## Documents


Attached organization's required documents:

- IRS document
- Certified Public Accountant's Audit Report
- Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- Schedule B
- Other documents

## Signatures

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

Role	First Name	Last Name	Email
President	Debbie	Pantin	debbiepantin@opiny.org
Chief Financial Officer	Anthony	Croce	tonycroce@opiny.org

Signature of **President**  Date: 1/31/2022  
DocuSigned by: Debbie Pantin  
2638918D97F04F6...

Signature of **Chief Financial Officer**  Date: 2/1/2022  
DocuSigned by: Anthony J. Croce CPA  
3524219D5F8D410...

**Filing Information**

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N / A	N / A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N / A	N / A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N / A	N / A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N / A	N / A

Government Grant Agency	Grant Amount
Brentwood Union Free School District	\$186,057.00
Federal Emergency Management Agency	\$112,747.00
NYS Office of Temporary Disability Assistance	\$138,054.00
Research Foundation for Mental Health	\$102,945.00
New York City Council	\$6,500.00
Federal Small Business Association	\$2,785,444.00
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2020 calendar year, or tax year beginning <u>7/1/2020</u> , and ending <u>6/30/2021</u>																				
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>OUTREACH DEVELOPEMENT CORPORATION</u></td> <td><b>D</b> Employer identification number <u>11-2518262</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <u>(718) 847-9233</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="3"><b>G</b> Gross receipts \$ <u>26,032,310</u></td> </tr> <tr> <td><u>11711 MYRTLE AVENUE</u></td> <td></td> </tr> <tr> <td>City or town <u>Richmond Hill</u></td> <td>State <u>NY</u></td> </tr> <tr> <td>ZIP code <u>11418-1751</u></td> <td>Foreign postal code</td> <td></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td></td> </tr> </table>	<b>C</b> Name of organization <u>OUTREACH DEVELOPEMENT CORPORATION</u>		<b>D</b> Employer identification number <u>11-2518262</u>	Doing business as		<b>E</b> Telephone number <u>(718) 847-9233</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>26,032,310</u>	<u>11711 MYRTLE AVENUE</u>		City or town <u>Richmond Hill</u>	State <u>NY</u>	ZIP code <u>11418-1751</u>	Foreign postal code		Foreign country name	Foreign province/state/county	
<b>C</b> Name of organization <u>OUTREACH DEVELOPEMENT CORPORATION</u>		<b>D</b> Employer identification number <u>11-2518262</u>																		
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ZIP code <u>11418-1751</u>	Foreign postal code																			
Foreign country name	Foreign province/state/county																			
<b>F</b> Name and address of principal officer: <u>DEBBIE PANTIN 11711 MYRTLE AVENUE, RICHMOND HILL, NY 114</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.																		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <u>WWW.OPINY.ORG</u>																			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>1979</u>	<b>M</b> State of legal domicile: <u>NY</u>																		

Part I Summary			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>PROVIDE TREATMENT FOR SUBSTANCE ABUSER AMBULATORY OUTPATIENT AND RESIDENTIAL INPATIENTAND COMMUNITY RESIDENTIAL SETTINGS. ALSO PROVIDE CREDENTIALING AND CONTINUING EDUCATION FOR THE SUBSTANCE USE DISORDER FIELD.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	409
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	12,104,059	17,020,017
	<b>9</b> Program service revenue (Part VIII, line 2g)	11,558,544	8,923,328
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,577	20,890
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142,973	68,075
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,830,153	26,032,310
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,323,352	17,898,845
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,013,809	5,597,036
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,337,161	23,495,881	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-507,008	2,536,429	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	30,394,747	32,160,185
	<b>21</b> Total liabilities (Part X, line 26)	22,434,102	21,663,111
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,960,645	10,497,074

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

<b>Sign Here</b>	Signature of officer <u>ANTHONY J. CROCE, CPA</u>	Date <u>1/28/2022</u>	PTIN <u>P01497337</u>
	Type or print name and title <u>VICE PRESIDENT OF FINANCE AND CFO</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Anthony J Croce, CPA</u>	Preparer's signature <u>Anthony J Croce, CPA</u>	Date <u>1/28/2022</u>
	Firm's name ▶ <u>Anthony J. Croce, CPA</u>	Firm's EIN ▶ <u>82-0951428</u>	Check <input checked="" type="checkbox"/> if self-employed
	Firm's address ▶ <u>75 Todd Drive North, Glen Head, NY 11545-1405</u>	Phone no. <u>516-671-4551</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROVIDE TREATMENT FOR SUBSTANCE ABUSERS IN AMBULATORY OUTPATIENT AND RESIDENTIAL INPATIENT AND COMMUNITY RESIDENTIAL SETTINGS. ALSO PROVIDE CREDENTIALING AND CONTINUING EDUCATION FOR THE SUBSTANCE USE DISORDER FIELD.

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

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

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

4a (Code: ) (Expenses \$ 9,805,103 including grants of \$ 0 ) (Revenue \$ 4,636,021 ) RESIDENTIAL SUBSTANCE USE DISORDER PROGRAMS: PROVIDE INTENSIVE RESIDENTIAL TREATMENT FOR CHEMICALLY DEPENDENT YOUTHS AND COMMUNITY RESIDENTIAL FACILITIES FOR CHEMICALLY DEPENDENT ADULTS. ALSO PROVIDE EVALUATION, ASSESSMENT AND REFERRAL TO OTHER SUBSTANCE USE DISORDER AND WHEN APPROPRIATE MENTAL HEALTH FACILITIES FOR ADOLESCENT AND SDULT SUBSTANCE ABUSERS. (35,303 PATIENT DAYS PROVIDED)

4b (Code: ) (Expenses \$ 8,574,394 including grants of \$ 0 ) (Revenue \$ 3,388,130 ) OUTPATIENT SUBSTANCE USE DISORDER PROGRAMS: PROVIDE EVALUATION, ASSESSMENT AND TREATMENT, TO ADOLESCENT AND ADULT SUBSTANCE ABUSERS, OR REFERRAL WHEN APPROPRIATE, TO OTHER SUBSTANCE ABUSE DISORDER AND MENTAL HEALTH FACILITIES. ALSO PROVIDE AMBULATORY OUTPATIENT INDIVIDUAL, FAMILY AND SPECIALIZED TREATMENT SERVICES TO ADLOESCENT AND ADULT SUBSTANCE ABUSERS AND THEIR FAMILIES. (28,906 UNITS OF SERVICES PROVIDED)

4c (Code: ) (Expenses \$ 1,152,617 including grants of \$ 0 ) (Revenue \$ 449,118 ) INTENSIVE OUTPATIENT SUBSTANCE USE DISORDER PROGRAM: PROVIDE EVALUATION, ASSESSMENT AND TREATMENT, TO WOMEN WITH SUBSTANCE USE DISORDER PROBLEMS AND THEIR CHILDREN, IN AN INTENSIVE OUTPATIENT DAY-REAB SETTING, OR REFERRAL WHEN APPROPRIATE, TO OTHER SUBSTANCE ABUSE DISORDER AND MENTAL HEALTH FACILITIES. (7,041 UNITS OF SERVICE PROVIDED).

4d Other program services (Describe on Schedule O.) (Expenses \$ 514,813 including grants of \$ 0 ) (Revenue \$ 450,059 )

4e Total program service expenses 20,046,927

**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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 409		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . .	<b>15</b>	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
	If "Yes," complete Form 4720, Schedule O.		

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>15b</b>	b Other officers or key employees of the organization . . . . .	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 OUTREACH DEVELOPEMENT CORPORATION (718) 847-9233  
 11711 MYRTLE AVENUE, RICHMOND HILL, NY 11418-1751

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA PANTIN PRESIDENT AND CEO	35.00 5.00			X				290,122	0	34,693
(2) ANTHONY J. CROCE, CPA VICE PRESIDENT OF FINANCE AND CFO	35.00 5.00			X				247,113	0	72,042
(3) CHRISTINE CASIANO VICE PRESIDENT OF OPERATIONS AND COO	35.00 5.00			X				260,986	0	55,882
(4) ENOCH CHAN, MD MEDICAL DIRECTOR	35.00 0.00					X		221,739	0	45,976
(5) JOHN VENZA VICE PRESIDENT	35.00 0.00					X		173,559	0	67,480
(6) MARY BRITE VICE PRESIDENT	35.00 0.00					X		158,517	0	65,809
(7) CHRISTAL MONTAGUE VICE PRESIDENT AND CSO	35.00 5.00			X				172,557	0	45,977
(8) BEKIR UZUNLU MIS DIRECTOR	35.00 0.00					X		178,508	0	26,860
(9) DAVID VIZZINI SENIOR DIRECTOR OF PROGRAMS	35.00 0.00					X		114,095	0	50,230
(10) LILIANE DRAGO TRAINING DIRECTOR	35.00 0.00					X		137,968	0	23,083
(11) ANGIE ESPINAL HUMAN RESOURCE DIRECTOR	35.00 0.00					X		136,458	0	22,190
(12) KRISTA WHITMAN ASSISTANT VICE PRESIDENT	35.00 0.00					X		119,027	0	38,533
(13) PATRICIA SANTANIELLO CONTROLLER	35.00 0.00					X		112,580	0	10,609
(14) MELVIN SWAIN RESIDENTIAL DIRECTOR	35.00 0.00					X		108,363	0	11,402

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALEXIS GADSDEN COMPLIANCE OFFICER	21.00 0.00					X	106,195	0	12,656	
(16) SERGIO SEDITA CHAIRPERSON	5.00 0.00	X		X			0	0	0	
(17) NEIL YELLIN VICE CHAIRPERSON	0.00 0.00	X		X			0	0	0	
(18) VINCENT LLOBELL TREASURER	0.00 0.00	X		X			0	0	0	
(19) PAUL D. VITALE, MPA, FACHE SECRETARY	0.00 0.00	X		X			0	0	0	
(20) PHYLLID DUNN WEINER, MD BOARD MEMBER	0.00 0.00	X					0	0	0	
(21) BRIAN EDWARDS BOARD MEMBER	0.00 0.00	X					0	0	0	
(22) TRACIE M. GARDNER BOARD MEMBER	0.00 0.00	X					0	0	0	
(23) JENNIFER KIM, MD BOARD MEMBER	0.00 0.00	X					0	0	0	
(24) REV. GIDEON POLLACH BOARD MEMBER	0.00 0.00	X					0	0	0	
(25) MITCHELL R. WEISS BOARD MEMBER	0.00 0.00	X					0	0	0	
<b>1b Subtotal</b>							2,537,787	0	583,422	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							2,537,787	0	583,422	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEUROPSYCHIATRIC SERVICE 5 TALBURN LANE DIX HILLS, NY 11746	MEDICAL AND PSYCHIATR	326,438
MALGORZOTA W. WITEK 6155 98th STREET - APT 17E REGO PARK, NY 11374	PSYCHIATRIC SERVICES	101,800
FCS INC. THE FIRST CHOICE 1823 MCINTOSH STREET BOWLING GREEN, KY 40301	PSYCHIATRIC AND NURSIN	140,808
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	0				
	<b>1b</b>	Membership dues . . . . .	0				
	<b>1c</b>	Fundraising events . . . . .	0				
	<b>1d</b>	Related organizations . . . . .	425,000				
	<b>1e</b>	Government grants (contributions) . . . . .	16,519,746				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	75,271				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 0				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	17,020,017				
	Program Service Revenue			Business Code			
<b>2a</b>		OUTPATIENT FEES PAID BY MEDICAID	621400	2,936,173	2,936,173	0	0
<b>b</b>		RESIDENTIAL FEES PAID BY MEDICAID	623990	3,422,064	3,422,064	0	0
<b>c</b>		OUTPATIENT FEES PAID BY MEDICAL INSURANCE	621400	737,899	737,899	0	0
<b>d</b>		RESIDENTIAL FEES PAID BY MEDICAL INSURANCE	623990	850,748	850,748	0	0
<b>e</b>		OUTPATIENT FEES PAID BY CLIENTS	621400	93,820	93,820	0	0
<b>f</b>		All other program service revenue . . . . .		882,624	882,624	0	0
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		8,923,328			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		20,890	0	0	20,890
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross rents . . . . .	(i) Real	17,500			
			(ii) Personal				
			<b>6a</b>	17,500			
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>	0			
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>	17,500	0		
	<b>d</b>	Net rental income or (loss) . . . . .		17,500	17,500	0	0
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	0			
			(ii) Other	0			
			<b>7a</b>	0			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	0	0		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	0	0		
	<b>d</b>	Net gain or (loss) . . . . .		0			
<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	0				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	0				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	0				
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	0		
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0		
Miscellaneous Revenue			Business Code				
	<b>11a</b>	MISCELLANEOUS INCOME	900099	50,575	0	0	50,575
	<b>b</b>	DELIVERY SERVICE REFORM INCENTIVE	900099	0	0	0	0
	<b>c</b>			0			
	<b>d</b>	All other revenue . . . . .		0			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		50,575				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			26,032,310	8,940,828	0	71,465

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	910,513	0	910,513	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	12,552,237	11,041,085	1,511,152	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	687,878	568,983	118,895	0
9	Other employee benefits . . . . .	2,579,042	2,354,964	224,078	0
10	Payroll taxes . . . . .	1,169,175	980,265	188,910	
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	51,922	15,170	36,752	0
c	Accounting . . . . .	62,090	50,090	12,000	0
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	902,237	783,502	118,735	0
12	Advertising and promotion . . . . .	57,239	48,656	8,583	0
13	Office expenses . . . . .	335,047	306,632	28,415	0
14	Information technology . . . . .	307,845	295,298	12,547	0
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,032,400	1,032,400	0	0
17	Travel . . . . .	125,542	83,542	42,000	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	29,779	20,559	9,220	0
20	Interest . . . . .	73,260	0	73,260	0
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	546,865	524,824	22,041	0
23	Insurance . . . . .	195,026	165,977	29,049	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	REPAIRS AND MAINTENANCE	416,401	396,875	19,526	0
b	CLIENT FOOD AND BUSINESS MEALS	434,429	433,176	1,253	0
c	EXPENSED EQUIPMENT AND BETTERMENTS	190,526	169,757	20,769	0
d	UTILITIES, TELEPHONE AND INTERNET	598,648	560,680	37,968	0
e	All other expenses SEE SCHEDULE O	237,780	214,492	23,288	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	23,495,881	20,046,927	3,448,954	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,019,911	<b>1</b>	6,788,817	
	<b>2</b> Savings and temporary cash investments . . . . .	5,457,738	<b>2</b>	6,723,309	
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0	
	<b>4</b> Accounts receivable, net . . . . .	2,027,189	<b>4</b>	1,824,743	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	103,936	<b>9</b>	109,778	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 23,923,112			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 7,260,554			
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	50,456	<b>15</b>	50,980	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	30,394,747	<b>16</b>	32,160,185		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	604,514	<b>17</b>	778,672	
	<b>18</b> Grants payable . . . . .	0	<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	15,143,195	<b>23</b>	15,194,195	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	2,750,000	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	3,936,393	<b>25</b>	5,690,244	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	22,434,102	<b>26</b>	21,663,111	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	7,928,275	<b>27</b>	10,477,074	
	<b>28</b> Net assets with donor restrictions . . . . .	32,370	<b>28</b>	20,000	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	7,960,645	<b>32</b>	10,497,074		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	30,394,747	<b>33</b>	32,160,185		



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,032,310
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,495,881
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,536,429
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,960,645
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	10,497,074

**Part XII Financial Statements and Reporting**

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

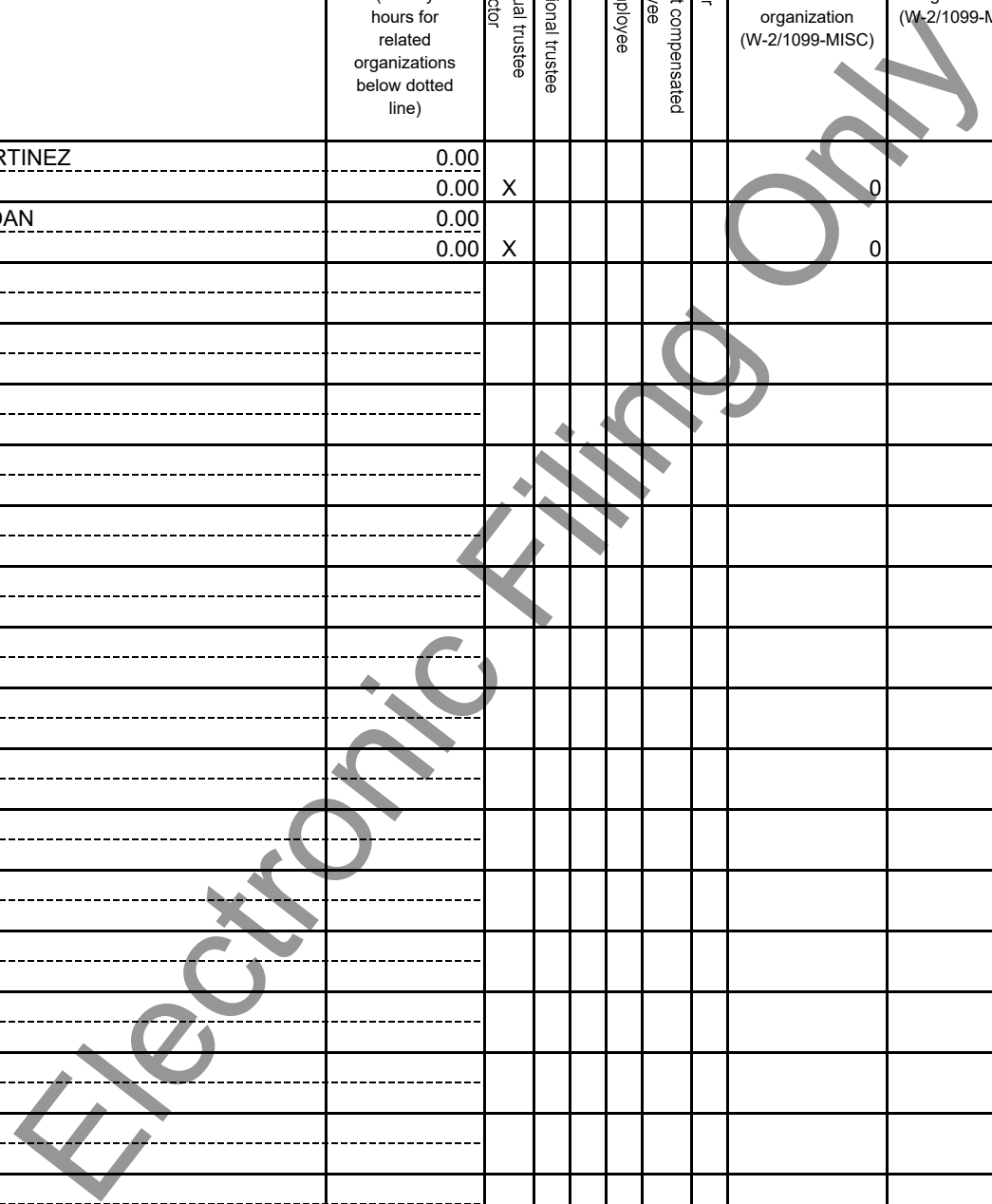
		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

## Continuation Sheet for Form 990

Name of the Organization <b>OUTREACH DEVELOPEMENT CORPORATION</b>	Employer identification number <b>11-2518262</b>
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**Part VII Section A**      **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MONICA MARTINEZ BOARD MEMBER	0.00 0.00	X						0	0	0
(27) KATHY JORDAN BOARD MEMBER	0.00 0.00	X						0	0	0
(28)										
(29)										
(30)										
(31)										
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> OUTREACH DEVELOPEMENT CORPORATION	<b>Employer identification number</b> 11-2518262
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	11,444,859	11,209,539	14,921,901	12,104,059	17,020,017	66,700,375
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	11,444,859	11,209,539	14,921,901	12,104,059	17,020,017	66,700,375
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						899,960
<b>6 Public support.</b> Subtract line 5 from line 4						65,800,415

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	11,444,859	11,209,539	14,921,901	12,104,059	17,020,017	66,700,375
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	14,435	48,055	45,501	37,702	38,390	184,083
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	81,656	130,769	224,697	129,848	50,575	617,545
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						67,502,003
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	47,655,122
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	97.48%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.77%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 . . . . .	0		
b From 2016 . . . . .	0		
c From 2017 . . . . .	0		
d From 2018 . . . . .	0		
e From 2019 . . . . .	0		
f <b>Total</b> of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016 . . . . .	0		
b Excess from 2017 . . . . .	0		
c Excess from 2018 . . . . .	0		
d Excess from 2019 . . . . .	0		
e Excess from 2020 . . . . .	0		



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

2020

Open to Public Inspection

Name of the organization: OUTREACH DEVELOPEMENT CORPORATION; Employer identification number: 11-2518262

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	0
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	0

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	0				
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0	0	0

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations		
<b>(ii)</b> Related organizations		
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	929,306		929,306
<b>b</b> Buildings	0	21,742,637	7,043,306	14,699,331
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	217,248	217,248	0
<b>e</b> Other	0	1,033,921	0	1,033,921

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  16,662,558

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	<b>0</b>	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .	<b>0</b>	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	<b>0</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ACCRUED EXPENSES	281,198
(3) ACCRUED WAGES	656,200
(4) ACCRUED COMPENSATED ABSENSES	599,456
(5) DEFERRED RENT	60,447
(6) DEFERRED REVENUE	3,308,307
(7) LOAND FROM AN AFFILIATED ORGANIZATION	539,999
(8) POST-RETIREMENT BENEFITS PAYBLE	244,637
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>5,690,244</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	26,032,310
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	26,032,310
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	26,032,310

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	23,515,864
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	19,983	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	19,983
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	23,495,881
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	23,495,881

**Part XIII Supplemental Information.**

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

Part X Line 2 OUTREACH BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021

AND 2020 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME

TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR

UNCERTAIN TAX POSITIONS.

Part XII Line 2D POST RETIREMENT EXPENSES THAT RELATE TO DEFERRED HEALTH BENEFITS THAT ARE

REQUIRED TO BE SHOWN AS A CHANGE IN NET ASSETS IN THE STATEMENT OF ACXTIVITIES OF THE

FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2020**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

OUTREACH DEVELOPEMENT CORPORATION

11-2518262

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**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? . . . . .

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? . . . . .
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
  - c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- 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 contingent on the revenues of:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- 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:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- 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 . . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBRA PANTIN PRESIDENT AND CEO	(i)	276,380	0	13,742	18,619	9,448	318,189	0
	(ii)	0	0	0	3,477	3,149	6,626	
2 CHRISTINE CASIANO VICE PRESIDENT OF OPERATIONS	(i)	218,039	0	42,947	43,065	6,906	310,957	0
	(ii)	0	0	0	5,360	551	5,911	
3 ANTHONY J. CROCE, CPA VICE PRESIDENT OF FINANCE AN	(i)	204,765	0	42,348	39,985	22,706	309,804	0
	(ii)	0	0	0	4,882	4,469	9,351	
4 CHRISTAL MONTAGUE VICE PRESIDENT AND CSO	(i)	164,702	0	7,855	9,588	29,021	211,166	0
	(ii)	0	0	0	997	6,371	7,368	
5 MARY BRITE VICE PRESIDENT	(i)	140,956	0	17,561	30,282	35,527	224,326	0
	(ii)	0	0	0	0	0	0	
6 JOHN VENZA VICE PRESIDENT	(i)	157,825	0	15,734	31,914	35,566	241,039	0
	(ii)	0	0	0	0	0	0	
7 BEKIR UZUNLU MIS DIRECTOR	(i)	152,547	0	25,961	23,974	2,886	205,368	0
	(ii)	0	0	0	0	0	0	
8 ENOCH CHAN, MD MEDICAL DIRECTOR	(i)	221,739	0	0	10,236	35,740	267,715	0
	(ii)	0	0	0	0	0	0	
9 LILIANE DRAGO TRAINING DIRECTOR	(i)	124,085	0	13,683	10,867	12,216	160,851	0
	(ii)	0	0	0	0	0	0	
10 ANGIE ESPINAL HUMAN RESOURCE DIRECTOR	(i)	133,758	0	2,700	9,985	12,205	158,648	0
	(ii)	0	0	0	0	0	0	
11 KRISTA WHITMAN ASSISTANT VICE PRESIDENT	(i)	103,857	0	15,170	12,773	25,760	157,560	0
	(ii)	0	0	0	0	0	0	
12 DAVID VIZZINI SENIOR DIRECTOR OF PROGRAM	(i)	111,395	0	2,700	14,765	35,465	164,325	0
	(ii)	0	0	0	0	0	0	
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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 4B NONQUALIFIED RETIREMENT PLAN CONTRIBUTIONS: TOTAL: \$76,386; DEBRA PANTIN: \$8,189; CHRISTINE CASIANO: \$18,645;  
ANTHONY J. CROCE: \$17,746; CHRISTAL MONTAGUE: \$5,045; MARY BRITE: \$11,583; JOHN VENZA: \$12,768; KRISTA WHITMAN: \$2,410.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

OUTREACH DEVELOPEMENT CORPORATION

Employer identification number

11-2518262

Form 990, Part III, Line 4d: Program Service Expenses: 514,813, Grants and allocations: 0,

Revenue: 450,059 JOB TRAINING AND EMPLOYMENT PROGRAMS: PROVIDE EDUCATION AND COURSE WORK

NECESSARY TO QUALIFY STUDENTS FOR THE NYS C.A.S.A.C. CREDENTIALING EXAM. ALSO PROVIDE

ADDITIONAL COURSES APPROPRIATE FOR PROFESSIONALS TO MAINTAIN THEIR LICENSES AND CREDENTIALS.

FINALLY, CUSTOMIZED TRAINING PROGRAMS ARE PROVIDED TO MEET THE SPECIFIC NEEDS OF INDIVIDUAL

ORGANIZATIONS AS WELL AS IN HOUSE TRAINING AND COURSES TO THE AGENCY'S EMPLOYEES. (OVER 500

PERSONS TRAINED).

Form 990, Part VI, Section B, Line 11B: THE 990 IS PREPARED BY THE ORGANIZATION'S CFO WHO IS

ALSO A CPA, AND IT IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW

PRIOR TO BEING FILED.

Form 990, Part VI, Section B, Line 12C: AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS HELD

IN APRIL, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL OFFICERS,

DIRECTORS AND KEY EMPLOYEES. EACH INDIVIDUAL IS ASKED TO PROVIDE ANY INFORMATION CONCERNING

THEM THAT WOULD BE IN VIOLATION OF THE POLICY. INDIVIDUALS THAT IDENTIFY NO SUCH CIRCUMSTANCES

ARE ASKED TO SIGN THE STATEMENT THAT THEY ARE IN COMPLIANCE WITH THE POLICY. IN CASES WHERE

CIRCUMSTANCES ARE IDENTIFIED, THE CONFLICT IS REVIEWED BY THE BOARD OF DIRECTORS ALONG WITH

EXECUTIVE MANAGEMENT OF THE ORGANIZATION AND EACH INSTANCE IS DEALT WITH ON AN INDIVIDUAL

BASIS.

Form 990, Part VI, Section B, Line 15A: THE ORGANIZATION UTILIZES THE ECONOMIC RESEARCH

INSTITUTE'S NONPROFIT COMPARABLE SALARY ASSESSOR TO OBTAIN COMPARABLE SALARY RANGES FOR EACH

EXECUTIVE OFFICER, FROM ORGANIZATIONS OF SIMILAR SIZE, NUMBER OF EMPLOYEES AND GEOGRAPHIC

LOCATION. THE DATA OBTAINED FOR THE PRESIDENT IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEM

TO APPROVE THE PRESIDENT'S COMPENSATION PACKAGE. DATA FOR ALL OTHER OFFICERS IS ALSO PRESENTED

TO THE BOARD OF DIRECTORS FOR INFORMATION PURPOSES ONLY.

Form 990, Part VI, Section B, Line 15B: APPROVAL OF COMPENSATION PACKAGES FOR ALL OTHER

OFFICERS IS LEFT TO THE DISCRETION OF THE PRESIDENT OF THE ORGANIZATION.

Name of the organization

Employer identification number

OUTREACH DEVELOPEMENT CORPORATION

11-2518262

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ALL RELATED FINANCIAL STATEMENTS ARE MADE AVAILABLE BY REQUEST TO OUR ADMINISTRATIVE OFFICES. CONTACT INFORMATION FOR OUR ADMINISTRATIVE OFFICES CAN BE FOUND ON OUR COMPANY WEBSITE WWW.OPINY.ORG.

Form 990, Part IX, Line 11G: PSYCHIATRIAC SERVICES: TOTAL: \$498,855; PROGRAM SERVICES: \$498,855; MANAGEMENT AND GENERAL: \$0; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: MEDICAL DOCTORS: TOTAL: \$53,000; PROGRAM SERVICES: \$53,000; MANAGEMENT AND GERNERAL: \$0; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: NURSING CONSULTANTS: TOTAL: \$150,825; PROGRAM SERVICES: \$150,825; MANAGEMENT AND GENERAL: \$0; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: TRAINING CONSULTANTS: TOTAL: \$3,855; PROGRAM SERVICVES: \$3,855; MANAGEMENT AND GENERAL: \$0; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: HEALTHCARE POLICY CONSULTANT: TOTAL: \$60,000; PROGRAM SERVICES: \$0; MANAGEMENT AND GENERAL \$60,000; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: GRANT MANAGEMENT AND WRITING CONSULTANT: TOTAL: \$50,250; PROGRAM SERVICES: \$16,250; MANAGEMENT AND GENERAL: \$34,000; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: PUBLIC RELATIONS CONSULTANT: TOTAL: \$29,000; PROGRAM SERVICES: \$29,000; MANAGEMENT AND GENERAL: \$0; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: HUMAN RESOURCE CONSULTANTS: TOTAL: \$22,935; PROGRAM SERVICES: \$0; MANAGEMENT AND GENERAL: \$22,935; FUNDRAISING: \$0.

Form 990, Part IX, Line 11G: OTHER CONSULTANTS: TOTAL: \$33,517; PROGRAM SERVICES: \$31,717; MANAGEMENT AND GENERAL: \$1,800; FUNDRAISING: \$0.

Form 990, Part IX, Line 24E: TOXICOLOGY: TOTAL: 79,157; PROGRAM SERVICES: \$79,157; MANAGEMENT AND GENERAL: \$0; FUNDRAISING: \$0.

Form 990, Part IX, Line 24E: COMMUNITY RELATIONS: TOTAL: \$27,626; PROGRAM SERVICVES: \$22,328; MANAGEMENT AND GENERAL: \$5,298; FUNDRAISING: \$0.

Form 990, Part IX, Line 24E: MOVOING AND STORAGE: TOTAL: \$52,534; PROGRAM SERVICVES: \$44,679; MANAGEMENT AND GENERAL: \$7,855; FUNDRAISING: \$0.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

OUTREACH DEVELOPEMENT CORPORATION

Employer identification number

11-2518262

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) OUTREACH PROJECT, INC. 11-2621537 11711 MYRTLE AVENUE RICHMOND HILL, NY 11418-1751	DEVELOP NE AND MAINTAIN AND IMPROVE EXISTING	NY	501 (c) (3)	Line 7	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) OUTREACH PROJECT, INC	c	425,000	CASH VALUE
(2) OUTREACH PROJECT, INC	d	1,706,348	GUARANTEE AMOUNT
(3) OUTREACH PROJECT, INC	e	539,999	LOAN BALANCE
(4) OUTREACH PROJECT, INC	k	313,408	COST
(5)			
(6)			



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													



# OUTREACH DEVELOPMENT CORPORATION



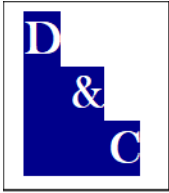
## Financial Statements (Together with Independent Auditors' Report)

Years Ended June 30, 2021 and 2020

**OUTREACH DEVELOPMENT CORPORATION**  
**FINANCIAL STATEMENTS**  
**(Together with Independent Auditors' Report)**  
**YEARS ENDED JUNE 30, 2021 AND 2020**

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Notes to Financial Statements .....	9 - 17



**Desire & Company CPAs, PLLC**  
**Certified Public Accountants & Consultants**

**INDEPENDENT AUDITORS' REPORT**

To the Board of Directors  
Outreach Development Corporation

**Report on the Financial Statements**

We have audited the accompanying financial statements of Outreach Development Corporation ("ODC" or the "Organization") which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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100 Park Avenue, Suite 1600  
New York, NY 10017  
Zache Desire, CPA

Website: [DesireCPAs.Com](http://DesireCPAs.Com)  
Email: [Zache@DesireCPAs.Com](mailto:Zache@DesireCPAs.Com)  
Phone: (212) 351-5092

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Outreach Development Corporation as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

*Desire + Company CPAs*

New York, New York  
November 26, 2021

**Desire & Company CPAs**  
Certified Public Accountants & Consultants

**OUTREACH DEVELOPMENT CORPORATION**  
**STATEMENTS OF FINANCIAL POSITION**  
**AS OF JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash, including cash restricted for capital projects of \$6,391,413 and \$4,148,891, respectively	\$ 13,512,126	\$ 11,477,649
Receivable from supporting agencies	1,777,054	1,985,989
Other receivables	47,689	41,200
Prepaid expenses	<u>109,778</u>	<u>103,936</u>
Total Current Assets	<u>15,446,647</u>	<u>13,608,774</u>
Property and equipment - at cost, net of accumulated depreciation of \$7,260,554 and \$6,713,689, respectively (Notes 2D and 3)	<u>16,662,558</u>	<u>16,735,517</u>
<b>OTHER ASSETS</b>		
Security deposits	<u>50,980</u>	<u>50,456</u>
Total Other Assets	<u>50,980</u>	<u>50,456</u>
<b>TOTAL ASSETS</b>	<u>\$ 32,160,185</u>	<u>\$ 30,394,747</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 778,672	\$ 604,514
Accrued expenses	937,398	1,337,093
Accrued compensated absences (Note 15)	599,456	665,920
Deferred rent (Note 16)	60,447	110,803
Deferred revenue	3,308,307	1,447,743
Post retirement benefits payable - current portion (Note 9)	11,500	12,100
Loan payable - affiliate (Note 4)	<u>539,999</u>	<u>110,214</u>
Total Current Liabilities	<u>6,235,779</u>	<u>4,288,387</u>
<b>LONG-TERM LIABILITIES</b>		
Long-term debt - net of current portion (Note 4)	15,194,195	17,893,195
Post retirement benefits payable (Note 9)	<u>233,137</u>	<u>252,520</u>
Total Long-Term Liabilities	<u>15,427,332</u>	<u>18,145,715</u>
<b>TOTAL LIABILITIES</b>	<u>21,663,111</u>	<u>22,434,102</u>
<b>COMMITMENTS AND CONTINGENCIES (Note 13)</b>		
<b>NET ASSETS</b>		
Net assets without donor restrictions (Note 2B)	10,477,074	7,928,275
Net assets with donor restrictions (Notes 2B and 10)	<u>20,000</u>	<u>32,370</u>
<b>TOTAL NET ASSETS</b>	<u>10,497,074</u>	<u>7,960,645</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 32,160,185</u>	<u>\$ 30,394,747</u>

The accompanying notes are an integral part of these financial statements.

**OUTREACH DEVELOPMENT CORPORATION**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2021**  
(With Comparative Totals for the Year Ended June 30, 2020)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total 2021</u>	<u>Total 2020</u>
<b>REVENUE AND SUPPORT:</b>				
Government reimbursement contracts (Note 5)	\$ 13,596,248	\$ -	\$ 13,596,248	\$ 11,239,556
Government welfare programs (Note 6)	327,710	-	327,710	398,449
Client fees (Note 6)	8,733,672	-	8,733,672	11,319,598
Outreach Project, Inc. grant (Note 11)	425,000	-	425,000	520,000
Grants	75,271	-	75,271	25,000
Rent income	17,500	-	17,500	13,125
Interest income	20,890	-	20,890	24,577
Loan forgiveness - paycheck protection program and interest	2,785,444		2,785,444	-
Other income	50,575	-	50,575	289,848
Net assets released from restrictions	<u>12,370</u>	<u>(12,370)</u>	<u>-</u>	<u>-</u>
<b>TOTAL REVENUE AND SUPPORT</b>	<u>26,044,680</u>	<u>(12,370)</u>	<u>26,032,310</u>	<u>23,830,153</u>
<b>EXPENSES</b>				
Program services:				
Residential Services	9,805,103	-	9,805,103	10,674,116
Outpatient Services	8,574,394	-	8,574,394	8,529,320
Women and Children Services	1,152,617	-	1,152,617	1,248,681
Training Evaluation and Enhancement	<u>514,813</u>	<u>-</u>	<u>514,813</u>	<u>561,479</u>
Total Program Services	20,046,927	-	20,046,927	21,013,596
Supporting Services:				
Administration	<u>3,468,937</u>	<u>-</u>	<u>3,468,937</u>	<u>3,308,392</u>
<b>TOTAL EXPENSES</b>	<u>23,515,864</u>	<u>-</u>	<u>23,515,864</u>	<u>24,321,988</u>
<b>CHANGE IN NET ASSETS</b>				
<b>BEFORE PENSION RELATED CHANGES</b>	2,528,816	(12,370)	2,516,446	(491,835)
Pension related changes (Note 9)	<u>19,983</u>	<u>-</u>	<u>19,983</u>	<u>(15,173)</u>
<b>CHANGE IN NET ASSETS</b>	2,548,799	(12,370)	2,536,429	(507,008)
<b>NET ASSETS - Beginning of Year</b>	<u>7,928,275</u>	<u>32,370</u>	<u>7,960,645</u>	<u>8,467,653</u>
<b>NET ASSETS - End of Year</b>	<u>\$ 10,477,074</u>	<u>\$ 20,000</u>	<u>\$ 10,497,074</u>	<u>\$ 7,960,645</u>



**OUTREACH DEVELOPMENT CORPORATION**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2020**

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>REVENUE AND SUPPORT:</b>			
Government reimbursement contracts (Note 5)	\$ 11,239,556	\$ -	\$ 11,239,556
Government welfare programs (Note 6)	398,449	-	398,449
Client fees (Note 6)	11,319,598	-	11,319,598
Outreach Project, Inc. grant (Note 11)	520,000	-	520,000
Grants	25,000	-	25,000
Rent income	13,125	-	13,125
Interest income	24,577	-	24,577
Other income	<u>289,848</u>	<u>-</u>	<u>289,848</u>
<b>TOTAL REVENUE AND SUPPORT</b>	<u>23,830,153</u>	<u>-</u>	<u>23,830,153</u>
<b>EXPENSES</b>			
Program services:			
Adolescent Residential Services	10,674,116	-	10,674,116
Outpatient Services	8,529,320	-	8,529,320
Women and Children Services	1,248,681	-	1,248,681
Training Evaluation and Enhancement	<u>561,479</u>	<u>-</u>	<u>561,479</u>
Total Program Services	21,013,596	-	21,013,596
Supporting Services:			
Administration	<u>3,308,392</u>	<u>-</u>	<u>3,308,392</u>
<b>TOTAL EXPENSES</b>	<u>24,321,988</u>	<u>-</u>	<u>24,321,988</u>
<b>CHANGE IN NET ASSETS</b>			
<b>BEFORE PENSION RELATED CHANGES</b>	(491,835)	-	(491,835)
Pension related changes (Note 9)	<u>(15,173)</u>	<u>-</u>	<u>(15,173)</u>
<b>CHANGE IN NET ASSETS</b>	(507,008)	-	(507,008)
<b>NET ASSETS - Beginning of Year</b>	<u>8,435,283</u>	<u>32,370</u>	<u>8,467,653</u>
<b>NET ASSETS - End of Year</b>	<u>\$ 7,928,275</u>	<u>\$ 32,370</u>	<u>\$ 7,960,645</u>

**OUTREACH DEVELOPMENT CORPORATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**  
(With Comparative Totals for the Year Ended June 30, 2020)

	PROGRAM SERVICES					SUPPORTING SERVICES	TOTAL EXPENSES	
	RESIDENTIAL SERVICES	OUTPATIENT SERVICES	WOMEN AND CHILDREN SERVICES	TRAINING EVALUATION AND ENHANCEMENT	TOTAL PROGRAM SERVICES	ADMINISTRATION	2021	2020
	Salaries	\$ 5,375,571	\$ 4,675,205	\$ 723,511	\$ 266,798	\$ 11,041,085	\$ 2,242,327	\$ 13,283,412
Payroll taxes and employee benefits	1,788,739	1,749,411	249,204	116,858	3,904,212	731,204	4,635,416	4,654,200
<b>Total salaries and related costs</b>	<u>7,164,310</u>	<u>6,424,616</u>	<u>972,715</u>	<u>383,656</u>	<u>14,945,297</u>	<u>2,973,531</u>	<u>17,918,828</u>	<u>18,308,179</u>
Rent	417,616	542,817	71,967	-	1,032,400	-	1,032,400	1,078,397
Equipment and betterments (Note 2D)	49,086	109,141	1,788	9,742	169,757	20,769	190,526	340,526
Utilities	232,767	109,633	9,082	23,702	375,184	13,221	388,405	359,843
Telephone	46,878	60,090	9,844	10,932	127,744	22,301	150,045	151,073
Consultants	255,057	511,767	1,663	3,855	772,342	118,735	891,077	955,378
Transportation	43,219	18,084	22,239	-	83,542	42,000	125,542	129,598
Postage	608	2,337	361	1,087	4,393	2,802	7,195	6,699
Supplies and material	312,391	208,503	18,939	11,217	551,050	32,696	583,746	717,115
Repairs and maintenance	183,322	135,136	6,108	14,924	339,490	18,422	357,912	553,749
Professional fees	18,000	37,670	3,000	1,500	60,170	48,752	108,922	111,583
Conferences and staff development	2,950	12,899	1,110	3,600	20,559	9,220	29,779	14,333
Interest and bank charges	11,162	1,240	-	-	12,402	75,035	87,437	15,730
Food	428,453	3,937	403	383	433,176	1,253	434,429	498,884
Insurance	74,492	69,985	16,500	5,000	165,977	29,049	195,026	175,772
Advertising and promotion	21,107	22,835	3,175	1,539	48,656	8,583	57,239	6,939
Printing	83	1,299	225	-	1,607	478	2,085	1,663
Outside contractors	57,899	103,764	5,329	2,029	169,021	8,420	177,441	229,779
Community relations	15,500	3,643	-	3,185	22,328	5,298	27,626	59,968
Computer services	13,714	26,180	2,493	2,493	44,880	4,986	49,866	59,378
Rubbish removal	44,477	10,655	1,234	1,019	57,385	1,104	58,489	56,319
Dues and subscriptions	4,613	25,650	3,181	144	33,588	807	34,395	24,135
Miscellaneous	5,590	42,955	1,261	1,349	51,155	9,434	60,589	55,082
Depreciation (Notes 2D and 3)	401,809	89,558	-	33,457	524,824	22,041	546,865	411,866
<b>Total Other Expenses</b>	<u>2,640,793</u>	<u>2,149,778</u>	<u>179,902</u>	<u>131,157</u>	<u>5,101,630</u>	<u>495,406</u>	<u>5,597,036</u>	<u>6,013,809</u>
<b>Total Operating Expenses</b>	<u>\$ 9,805,103</u>	<u>\$ 8,574,394</u>	<u>\$ 1,152,617</u>	<u>\$ 514,813</u>	<u>\$ 20,046,927</u>	<u>\$ 3,468,937</u>	<u>\$ 23,515,864</u>	<u>\$ 24,321,988</u>

**OUTREACH DEVELOPMENT CORPORATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2020**

	PROGRAM SERVICES				SUPPORTING SERVICES		
	RESIDENTIAL SERVICES	OUTPATIENT SERVICES	WOMEN AND CHILDREN SERVICES	TRAINING EVALUATION AND ENHANCEMENT	TOTAL PROGRAM SERVICES	ADMINISTRATION	TOTAL
Salaries	\$ 5,848,607	\$ 4,671,132	\$ 773,004	\$ 272,563	\$ 11,565,306	\$ 2,088,673	\$ 13,653,979
Payroll taxes and employee benefits	1,818,634	1,680,476	277,855	110,995	3,887,960	766,240	4,654,200
<b>Total salaries and related costs</b>	<u>7,667,241</u>	<u>6,351,608</u>	<u>1,050,859</u>	<u>383,558</u>	<u>15,453,266</u>	<u>2,854,913</u>	<u>18,308,179</u>
Rent	451,147	555,245	72,005	-	1,078,397	-	1,078,397
Equipment and betterments (Note 2D)	166,199	122,414	3,386	13,632	305,631	34,895	340,526
Utilities	214,235	97,590	10,502	24,414	346,741	13,102	359,843
Telephone	45,040	63,784	9,782	11,044	129,650	21,423	151,073
Consultants	324,371	451,442	2,530	47,328	825,671	129,707	955,378
Transportation	45,464	17,357	18,621	3,685	85,127	44,471	129,598
Postage	957	1,949	300	751	3,957	2,742	6,699
Supplies and material	418,734	228,509	28,499	14,302	690,044	27,071	717,115
Repairs and maintenance	349,228	172,689	8,349	13,211	543,477	10,272	553,749
Professional fees	18,000	22,500	3,000	1,500	45,000	66,583	111,583
Conferences and staff development	1,560	6,970	-	-	8,530	5,803	14,333
Interest and bank charges	6,657	740	-	-	7,397	8,333	15,730
Food	474,916	7,589	4,498	828	487,831	11,053	498,884
Insurance	67,586	65,216	14,625	4,750	152,177	23,595	175,772
Advertising and promotion	1,791	2,561	278	541	5,171	1,768	6,939
Printing	364	1,155	67	18	1,604	59	1,663
Outside contractors	50,193	154,519	12,567	2,118	219,397	10,382	229,779
Community relations	26,751	26,766	1,075	-	54,592	5,376	59,968
Computer services	21,116	25,621	2,968	4,884	54,589	4,789	59,378
Rubbish removal	41,056	11,434	1,270	1,228	54,988	1,331	56,319
Dues and subscriptions	4,459	16,495	2,346	190	23,490	645	24,135
Miscellaneous	10,241	35,609	1,154	40	47,044	8,038	55,082
Depreciation (Notes 2D and 3)	266,810	89,558	-	33,457	389,825	22,041	411,866
<b>Total Other Expenses</b>	<u>3,006,875</u>	<u>2,177,712</u>	<u>197,822</u>	<u>177,921</u>	<u>5,560,330</u>	<u>453,479</u>	<u>6,013,809</u>
<b>Total Operating Expenses</b>	<u>\$ 10,674,116</u>	<u>\$ 8,529,320</u>	<u>\$ 1,248,681</u>	<u>\$ 561,479</u>	<u>\$ 21,013,596</u>	<u>\$ 3,308,392</u>	<u>\$ 24,321,988</u>

The accompanying notes are an integral part of these financial statements.

**OUTREACH DEVELOPMENT CORPORATION**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	<b>2021</b>	<b>2020</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 2,536,429	\$ (507,008)
Adjustments to reconcile change in net assets to net cash provided by ( used in) operating activities:		
Depreciation	546,865	411,866
Post retirement benefits payable	(19,983)	(486,419)
Loan forgiveness paycheck protection program	(2,750,000)	-
Changes in:		
Receivable from supporting agencies	208,935	(114,369)
Other receivables	(6,489)	(7,258)
Prepaid expenses	(5,842)	3,025
Security deposits	(524)	(220)
Accounts payable	174,158	(608,025)
Accrued expenses	(399,692)	696,838
Accrued compensated absences	(66,464)	226,864
Deferred rent	(50,356)	(28,236)
Deferred revenue	1,860,564	(542,957)
Subtotal	(508,828)	(448,891)
<b>Net cash provided by ( used In) operating activities</b>	<b>2,027,601</b>	<b>(955,899)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Additions to land	(7,706)	(57,374)
Additions to construction in progress	(466,201)	(1,001,810)
<b>Net Cash Used in Investing Activities</b>	<b>(473,907)</b>	<b>(1,059,184)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from long-term debt	51,000	3,750,000
Proceed from (Payments on) loan payable - affiliate	429,785	(265,208)
<b>Net Cash Provided by Financing Activities</b>	<b>480,785</b>	<b>3,484,792</b>
<b>NET INCREASE IN CASH</b>	<b>2,034,479</b>	<b>1,469,709</b>
CASH - Beginning of year	11,477,647	10,007,938
<b>CASH - End of year</b>	<b>\$ 13,512,126</b>	<b>\$ 11,477,647</b>
<b><u>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</u></b>		
Cash paid during the year for interest	\$ 14,177	\$ 7,999

In fiscal 2021, accrued interest of \$35,444 on the PPP loan was forgiven.

**OUTREACH DEVELOPMENT CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2021 AND 2020**

**NOTE 1 – ORGANIZATION AND PURPOSE**

Outreach Development Corporation (“ODC” or the “Organization”) operates two residential substance use disorder programs for adolescents, two residential facilities for adults, six outpatient substance use disorder treatment programs, a substance use disorder rehabilitation outpatient program for women with children, and an education and training institute. These programs are substantially funded by governmental agencies.

ODC has been determined by the Internal Revenue Service to be exempt from Federal income taxes pursuant to Section 501(c) (3) of the Internal Revenue Code of 1986, as amended.

ODC has an affiliate, Outreach Project, Inc. (“OPI”), which is also an organization exempt from Federal income taxes pursuant to Section 501(c) (3) of the Internal Revenue Code of 1986, as amended. ODC and OPI share certain common personnel and facilities. In addition, OPI provides a grant to ODC (see Note 11). They each have a separate and independent board of directors.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- A) ***Basis of Accounting*** – The books and records of ODC are maintained, and the accompanying financial statements have been prepared, on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.
- B) ***Financial Statement Presentation*** – ODC reports its financial position and operating activities according to two classes of net assets:

These classifications are defined as follows:

**Net assets without donor restrictions** - represents resources available for support of the Organization’s operation over which the Board of Directors has discretionary control.

**Net assets with donor restrictions** – represents net assets subject to donor-imposed stipulations, including stipulations that will be met either by actions of the Organization or the passage of time, stipulations that they be maintained intact in perpetuity by the Organization.

- C) ***Tax Status*** – ODC believes it has no uncertain tax positions as of June 30, 2021 and 2020 in accordance with Accounting Standards Codification (“ASC”) Topic 740, “Income Taxes,” which provides standards for establishing and classifying any tax provisions for uncertain tax positions.
- D) ***Property and Equipment*** – Depreciation of property and equipment is provided on the straight-line basis over the estimated useful lives (5 - 40 years) of the related assets. Equipment under capital leases is amortized on the straight-line basis over the shorter of their related lease terms or their estimated useful lives. When property and equipment is sold or otherwise disposed of, the asset and related accumulated depreciation accounts are relieved, and any resulting gain or loss is included in operations. Repairs and maintenance are charged to expense when incurred. Betterments and major renewals or replacements are capitalized, except when the cost of the equipment or betterment is reimbursed by a funding agency. Accordingly, title to such assets remains in the name of the reimbursing agency. Purchases of equipment and expenditures for betterments of leased offices of \$117,676 in 2021 and \$266,970 in 2020 were recorded as expense because of such reimbursements and are included in the Statement of Functional Expenses in these financial statements.

**OUTREACH DEVELOPMENT CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2021 AND 2020**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

- E) **Recognition of Support** – The principal activities of ODC are funded under the terms of expense reimbursement contracts with various governmental agencies. Revenue under these government reimbursement contracts is recognized as the related expenses are incurred. Such revenue is restricted in use and is subject to future audit and adjustment by the related government agency. Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires during the reporting period in which it was received. All other donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Government funds and client fees that are received in advance are deferred to the applicable period and are recorded as deferred revenue on the Statement of Financial Position.

- F) **Allowance for Doubtful Accounts** – Management determined that no allowance for uncollectible receivables (government grants) was necessary as of June 30, 2021 and 2020. ODC evaluates the need for an allowance for uncollectible accounts based on a combination of factors such as management’s assessment of the aged basis of its government funding sources, creditworthiness of funders and contributors, current economic conditions, and historical experience.
- G) **Use of Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires that management make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- H) **Functional Allocation of Expenses** – The costs of providing the various programs of the Organization have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited as determined by management. Expenses that can be identified with a specific program are charged directly to the program.

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include rent, repairs and maintenance which are allocated on a square footage basis, as well as salaries, benefits, payroll taxes and others which are allocated based on time spent in each functional category or program.

I) **Adoption of new accounting pronouncements**

Revenue from contracts with Customers

On July 1, 2020, the Organization adopted ASU 2014-09, Revenue from contracts with customers, as amended.

The guidance provides a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance. The new revenue recognition guidance does not apply to how contributions and pledges are recognized, as they are specially scoped out of the new guidance.

The core principle of the new guidance is that an entity should recognize revenue from the transfer of promised goods or services to customers in an amount that reflects the consideration the entity expects to receive for those promised goods or services to customers. The guidance includes a five-step framework to determine the timing and amount of revenue to recognize related to contracts with customers. In addition, this guidance requires new or expanded disclosures related to judgments made by entities when following this framework. The Organization adopted the ASC 606 during the current audit and there has been no material impact to the financial statements.

**OUTREACH DEVELOPMENT CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**NOTE 3 – PROPERTY AND EQUIPMENT**

Property and equipment are summarized as follows:

	<u>2021</u>	<u>2020</u>	
Buildings	\$ 21,742,637	\$ 21,478,674	(40 years)
Furniture and Equipment	217,248	217,248	(5-7 years)
Construction in Progress	<u>1,033,921</u>	<u>831,683</u>	
	22,993,806	22,527,605	
Accumulated Depreciation	<u>(7,260,554)</u>	<u>(6,713,689)</u>	
	15,733,252	15,813,916	
Land	<u>929,306</u>	<u>921,601</u>	
Net Book Value	<u>\$ 16,662,558</u>	<u>\$ 16,735,517</u>	

The buildings have been pledged to secure their respective mortgages. Depreciation expense for the years ended June 30, 2021 and 2020 was \$546,865 and \$411,866, respectively.

**NOTE 4 – LONG-TERM DEBT**

Long-term are summarized as follows:

	<u>Total Long- Term Debt</u>	<u>Current Portion</u>	<u>Long-Term Portion</u>
A)	\$ 5,969,000	\$ -	\$ 5,969,000
B)	1,690,407	-	1,690,407
C)	4,579,500	-	4,579,500
D)	2,955,288	-	2,955,288
E)	-	-	-
F)	<u>539,999</u>	<u>539,999</u>	<u>-</u>
	<u>\$ 15,734,194</u>	<u>\$ 539,999</u>	<u>\$ 15,194,195</u>

- A) This represents advances from the NYS Office of Addiction Services and Supports on a capital contract to renovate the residential facility in Brentwood, NY. As part of the capital contract, upon completion ODC has agreed to participate in a bond issue authorized by the New York State Dormitory Authority. As of June 30, 2021 and 2020, the outstanding balance on the loans was \$5,969,000 and \$5,918,000, respectively. There is no scheduled maturity of this loan.
- B) This represents advances from the NYS Office of Addiction Services and Supports on a capital contract to renovate the residential facility in Richmond Hill, NY. As part of the capital contract, upon completion ODC has agreed to participate in a bond issue authorized by the New York State Dormitory Authority. As of June 30, 2021 and 2020, the outstanding balance on the loans was \$1,690,407 and \$1,690,407, respectively. There is no scheduled maturity date for this loan.
- C) This represents advances from the NYS Office of Addiction Services and Supports on a capital contract to renovate the residential facility in Brentwood, NY. As part of the capital contract, upon completion ODC has agreed to participate in a bond issue authorized by the New York State Dormitory Authority. As of June 30, 2021 and 2020, the outstanding balance on the loans was \$4,579,500 and \$4,579,500, respectively. There is no scheduled maturity date for this loan.

**OUTREACH DEVELOPMENT CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**NOTE 4 – LONG-TERM DEBT (Continued)**

- D) This represents advances from NYS Office of Addiction Services and Supports on a capital contract to construct a community residential facility for young adults in Brentwood, NY. As part of the capital contract, upon completion ODC has agreed to participate in a bond issue authorized by the New York State Dormitory Authority. As of June 30, 2021 and 2020, the outstanding balance on the note was \$2,955,288 and \$2,955,288, respectively. There is no scheduled maturity date for this loan.
- E) In May 2020 as part of the Corona Virus Aid, Relief, and Economic Security Act (CARES Act), the Organization secured a \$2,750,000 loan from a bank. The loan is due May 16, 2022 including interest at 1.00% per annum. Pursuant to the terms of the CARES Act, the Organization may apply for the loan to be forgiven by the SBA in whole or in part. As of June 30, 2021, and 2020, the outstanding balance on the note was \$0 and \$2,750,000, respectively. On August 3, 2021, the entire loan amount of \$2,750,000 plus interest of \$35,444 were forgiven by the SBA. The forgiveness amount is reflected in the financial statements.
- F) This represents a short-term loan from OPI. The loan bears simple interest of 7% per annum and is paid annually. Total interest incurred with respect to this obligation was \$37,816 in 2021 and \$7,731 in 2020. As of June 30, 2021, and 2020, the outstanding balance was \$539,999 and \$110,214, respectively.

**NOTE 5 – GOVERNMENT REIMBURSEMENT CONTRACTS**

Government reimbursement contracts consist of the following:

	<u>2021</u>	<u>2020</u>
New York State Office of Addiction Services and Supports	\$ 12,105,209	\$ 10,247,506
County of Suffolk Department of Alcoholism And Substance Abuse Services	922,149	565,929
New York State Department of Health	12,650	11,500
New York State Division of Criminal Justice	147,991	159,445
New York City Council	6,500	6,500
Research Foundation for Mental Health	102,945	91,312
Brentwood Union Free School District	186,057	157,364
Federal Emergency Management Agency	<u>112,747</u>	<u>-</u>
	<u>\$ 13,596,248</u>	<u>\$ 11,239,556</u>

**NOTE 6 – GOVERNMENT WELFARE PROGRAMS AND CLIENT FEES**

Government welfare programs consist of the following:

	<u>2021</u>	<u>2020</u>
Public Assistance	\$ 189,657	\$ 238,946
Breakfast and Lunch Program	91,177	125,324
Food Stamps	<u>46,876</u>	<u>34,179</u>
	<u>\$ 327,710</u>	<u>\$ 398,449</u>



**OUTREACH DEVELOPMENT CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**NOTE 6 – GOVERNMENT WELFARE PROGRAMS AND CLIENT FEES** (Continued)

Client fees consist of the following:

	<u>2021</u>	<u>2020</u>
Medicaid	\$ 3,795,588	\$ 5,711,413
Medicaid managed care	2,562,650	2,869,020
Private insurance	1,588,647	2,047,670
Client payments	717,432	653,054
Medicare	67,162	25,245
Government fees for service	2,193	13,196
	<u>\$ 8,733,672</u>	<u>\$ 11,319,598</u>

**NOTE 7 – EMPLOYEE BENEFIT PLAN**

ODC has a non-contributory defined contribution plan covering all employees who meet age and service requirements. The Organization makes monthly contributions to the plan and the total pension expense of \$749,510 in 2021 and \$729,626 in 2020 is included in payroll taxes and fringe benefits in the Statement of Functional Expenses of these financial statements.

**NOTE 8 – DEFERRED COMPENSATION**

ODC has a Section 457 deferred compensation plan calling for quarterly payments of 2% to 8% of the officers' salaries, according to years of service, to be deposited with the Organization's agent. Deferred compensation expense of \$76,386 in 2021 and \$73,050 in 2020 has been included in payroll taxes and fringe benefits in the Statement of Functional Expenses of these financial statements. As of June 30, 2021 and 2020, the deferred compensation liability balance was \$22,387 and \$2,525, respectively, and is included in accounts payable in the Statement of Financial Position of these financial statements.

**NOTE 9 – POST-RETIREMENT BENEFITS PAYABLE**

In 2008, the Board of Directors of ODC established a supplemental post-retirement benefits plan (the "Plan") for two of its officers. Upon reaching both 25 years of service and 55 years of age, these officers are eligible at retirement for one year of compensation and lifetime medical, dental, and long-term care insurance coverage. The medical portion of this benefit converts to supplemental coverage when each officer becomes eligible for Medicare coverage. For every additional year of service above 25 years, these officers are entitled to an additional two weeks of compensation. As of June 30, 2021 and 2020, the estimated actuarial liability for these benefits is \$244,637 and \$264,620, respectively.

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**NOTE 9 – POST-RETIREMENT BENEFITS PAYABLE** (Continued)

The funded status of the Plan as of June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 264,620	\$ 751,038
Actuarial gain	(19,983)	15,173
Benefits paid	<u>-</u>	<u>(501,591)</u>
Benefit obligation at end of year	244,637	264,620
Fair value of plan assets	<u>-</u>	<u>-</u>
Funded status (unfunded)	<u>\$ (244,637)</u>	<u>\$ (264,620)</u>

The amounts recognized in net assets without donor restrictions as of June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Actuarial Gains	<u>\$ (19,983)</u>	<u>\$ 15,173</u>

The weighted assumptions used as of and for the years ended June 30, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Discount rate	2.80%	2.60%
Rate of compensation increase	3.00%	3.00%
Medical care cost trend rated	5.50%	6.00%
Dental care cost trend rated	4.00%	4.00%

The projected benefit payments are as follows:

<u>For the Years Ending June 30,</u>	<u>Amount</u>
2022	\$ 11,500
2023	12,400
2024	13,100
2025	13,900
2026	14,700
Thereafter	<u>179,037</u>
	<u>\$ 244,637</u>

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**NOTE 10 – NET ASSETS WITH DONOR RESTRICTIONS**

Net assets with donor restrictions for the years ended June 30, 2021 and 2020 are summarized as follows:

	<u>July 1, 2020</u>	<u>Additions</u>	<u>Released for Operations</u>	<u>June 30, 2021</u>
Other Services	\$ <u>32,370</u>	\$ <u>-</u>	\$ <u>12,370</u>	\$ <u>20,000</u>

	<u>July 1, 2019</u>	<u>Additions</u>	<u>Released for Operations</u>	<u>June 30, 2020</u>
Other Services	\$ <u>32,370</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>32,370</u>

**NOTE 11 – RELATED-PARTY TRANSACTIONS**

- A) OPI made restricted contributions to ODC of \$425,000 in 2021 and \$520,000 in 2020.
- B) ODC leases one of its facilities from OPI calling for average annual rentals of \$314,000 under leases extending through February 2028. Rent paid to OPI was \$313,408 in 2021 and \$313,348 in 2020.

**NOTE 12 – CONTRIBUTED SERVICES**

The New York City Department of Education and the Eastern Suffolk Board of Cooperative Educational Services (BOCES) contribute a significant amount of teachers' time to augment ODC's programs. The value of this time, which has not been included in the Statements of Activities or Functional Expenses, as it cannot be determined. In addition, a substantial number of unpaid volunteers have made significant contributions of their time to develop ODC's programs. The value of this contributed time is also not reflected in these financial statements since it does not meet the requirements to be recorded under generally accepted accounting principles in the United States of America.

**NOTE 13 – COMMITMENTS AND CONTINGENCIES**

- A) ODC leases four facilities and two parking lots for its operations under leases extending to February 2028. One of the facilities is leased from OPI, as discussed in Note 11. Aggregate annual rentals are as follows:

<u>For the Years Ending June 30,</u>	<u>Amount</u>
2022	\$ 759,000
2023	528,000
2024	314,000
2025	314,500
2026	314,500
Thereafter	<u>513,000</u>
	<u>\$ 2,743,000</u>

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**NOTE 13 – COMMITMENTS AND CONTINGENCIES (continued)**

- B) ODC is also obligated under operating leases for six items of transportation equipment and fifteen items of office equipment, calling for minimum aggregate monthly rentals of \$9,402. The leases expire variably from December 2020 to May 2024. A schedule of future minimum lease payments due is as follows:

<u>For the Years Ending June 30,</u>	<u>Amount</u>
2022	\$ 111,000
2023	94,500
2024	54,000
2025	3,000
	<u>\$ 262,500</u>

- C) ODC leases a portion of its Richmond Hill facility under a lease extending to May 2022.
- D) ODC is subject to audits from the various governmental agencies that support its programs. The grants are subject to adjustments for disallowed costs, if any, based upon the results of the audit by the agencies.

**NOTE 14 – CONCENTRATIONS**

Financial instruments that potentially subject the Organization to a concentration of credit risk include cash accounts with various financial institutions that exceed the Federal Deposit Insurance Corporation (“FDIC”) insurance limits. The FDIC insures deposits up to \$250,000 per depositor per insured bank. During fiscal years ended June 30, 2021 and 2020, the Organization did have cash accounts from time-to-time exceeded the FDIC insurance limits. Management monitors its financial risks on a regular basis.

Concentration of risk also exists between ODC and the New York State Office of Addiction Services and Supports (OASAS). For the years ended June 30, 2021 and 2020, ODC received 47% and 43% of its funding from OASAS, respectively.

**NOTE 15 – ACCRUED COMPENSATED ABSENCES**

ODC has a policy, which allows for the accrual of unused vacation pay up to a maximum of 30 days per employee. An employee will not be reimbursed for more than 20 days accrued vacation leave upon separation from the Organization. Unused sick leave pays lapses upon termination of employment. As of June 30, 2021 and 2020, accrued compensated absences amounted to \$599,456 and \$665,920, respectively.

**NOTE 16 – DEFERRED RENT**

ODC has recorded deferred rent on several leases. Excess rental payments are charged to deferred rent over the life of the lease. As of June 30, 2021 and 2020, deferred rent is \$60,447 and \$110,803, respectively.

**OUTREACH DEVELOPMENT CORPORATION**  
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**NOTE 17 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and receivables. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing program activities as well as the supporting services to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization anticipates collecting sufficient revenue to cover general expenditures not covered by restricted resources. Refer to the statement of cash flows which identifies the sources and uses the Organization's cash.

Financial assets available for general expenditures, that is without donor or other restrictions limiting their use, within one year of the statements of financial position date, comprise the following:

	<u>2021</u>	<u>2020</u>
Cash	\$ 13,512,126	\$ 11,477,649
Receivables	224,743	2,027,189
Less: Restricted Cash	<u>(6,391,413)</u>	<u>(4,148,891)</u>
	<u>\$ 7,345,456</u>	<u>\$ 9,355,947</u>

**NOTE 18 – COVID - 19 PANDEMIC**

In March 2020, the World Health Organization ("WHO") declared the coronavirus (COVID 19), a global pandemic and public health emergency. The WHO has recommended containment and mitigation measures worldwide and domestically, self-isolation and shelter-in-place requirements have been or are being put in place.

At this point, the Organization cannot reasonably estimate the length or severity of this pandemic, or the extent to which this disruption may impact the Organization's financial statements and future results of operations. The Organization will continue to monitor and evaluate the nature and extent of the impact on our ongoing activities and the potential effect on future contributions or funding and expenses, financial condition, and liquidity.

**NOTE 19 – SUBSEQUENT EVENTS**

Management has evaluated, for potential recognition and disclosure, events and transactions that occurred subsequent to the date of the statement of financial position through November 26, 2021, the date the financial statements were available to be issued. No events have occurred subsequent to the statement of financial position date through November 26, 2021 that would require adjustment to or disclosure in the financial statements.