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Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008 Open to Public

OMB No 1545-0047

Inspection

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30,2009 C Name of organization OPPORTUNITIES INDUSTRIALIZATION CENTE D Employer identification number Please use IRS Address change Doing Business As 23-7109952 print of Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change type. 1415 N. BROAD STREET (215) 236-4500 Specifi City or town, state or country, and ZIP + 4 Instruc tions PHILADELPHIA, G Gross receipts \$ PA 19122 345,861. Application pending Name and address of principal officer H(a) Is this a group return for Yes X No H(b) Are all affiliates included? No Tax-exempt status 501(c)(3 ) ◀ (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW.OICOFAMERICA.ORG H(c) Group exemption number Type of organization X Corporation Other > L Year of formation 1971 M State of legal domicile PΑ Part I Summary 1 Briefly describe the organization's mission or most significant activities \_\_\_ A NON-PROFIT ORGANIZATION THAT PROVIDES EDUCATION, TRAINING AND Activities & Governance EMPLOYMENT SERVICES THROUGH A NATIONAL NETWORK OF LOCAL AFFILIATED ORGANIZATIONS TO ECONOMICALLY DISADVANTAGED AND UNEMPLOYED PEOPLE. Check this box | If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 Total number of employees (Part V, line 2a) 5 45 Total number of volunteers (estimate if necessary) NONE 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a b Net unrelated business taxable income from Form 990-T, line 34, **Prior Year Current Year** 8 Contribution and grants (Part VIII, line 1h) 2,795,036 2,263,424. 9 Program service revenue (Part VIII, line 2007 46,500 42,000. Investment income (Part VIII, column (S) line (1), and 7d) 2010
Other revenue (Part VIII, column (A), 176, 5, 6d, 8c, 9c, 10c, and 11e) 10 1,169 21 11 89,241 40,416. Total revenue - add lines 8 through 11 (must equal part with column (A), 2,931,946 2,345,861. Grants and similar amounts paid (Part IX, column (4) times (4) NONE Benefits paid to or for members (Part IX, column (A), line 4) NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,622,506 1,231,882. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,463,391 1,038,063. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,085,897 2,269,945. Revenue less expenses Subtract line 18 from line 12 -153,951 75,916. **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 480,515 424,361 21 Total liabilities (Part X, line 26) 531,285. 663,355 Net assets or fund balances Subtract line 21 from line 20, -106,924. 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, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here President and CEO H. Sullivan Howard Type or print name and title Check if Preparer's identifying number Preparer's Paid (see instructions) signature P00024517 Preparer's Firm's name (or your BROWN 22-2027092 if self-employed), address, and ZIP + 4 210 LAKE DRIVE EAST, SUITE 102 CHERRY HILL, NJ 08002 856-321-3177 May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

Form 990 (2008)			23-7109952	Page 2
Part III Stat	ement of Program Service	Accomplishments (see instructions)		
1 Briefly descr	ribe the organization's missio	n·		-
. SEE STAT	rement 1			
		nificant program services during the y		
the prior For	m 990 or 990-E2? ribe these new services on S	obodulo O		Yes X No
		or make significant changes in how it o	conducts, any program	
services?				. Yes X No
•	cribe these changes on Sche			iesX_NO
		nts for each of the organization's three I	argest program services by ex	openses
		tions and section 4947(a)(1) trusts are i		
allocations to	o others, the total expenses,	and revenue, if any, for each program se	ervice reported.	
4a (Code:	) (Expenses \$1,	834,610. including grants of \$	) (Revenue \$	40,416.
TRAINING	AND TECHNICAL ASS	ISTANCE-PROVIDES EDUCATION		
		RVICES THROUGH A NATIONAL 1	NETWORK	
		IATIONS THAT WILL ENABLE		
		AND UNEMPLOYED PEOPLE OF A	ALL	
		ECOME PRODUCTIVE AND MORE		
FULFILLE	ED MEMBERS OF AMERIC	CAN SOCIETY.		<del></del>
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4b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	1
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4d Other progra	ım services. (Describe in Sch	adule O )	<del></del>	
(Expenses \$	ini services. (Describe in Sch Including gr	•	<b>t</b> '	
	ım service expenses ► \$	1,834,610 (Must equal Part IX, L	ine 25 column (R) \	
JSA		I, 03 I, 010 , (mast oqual rate IX, E	20, 00:ann (D)./	Form <b>990</b> (2008)
8E1020 1 000				. 3 200 (2000)

1.1

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_x_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		x
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
0.4	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		<u>x</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Year" complete Schodule I. Best I.	_		
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>_x</u> _
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
26	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the order of the organization to the compensated employee, or			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		<u> </u>
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	_		
JSA		27	900	<u>X</u>
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#### Part IV. **Checklist of Required Schedules** (continued) No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a X b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b X Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

Form 990 (2008)

Senter the number reported in Box 3 of Form 1006, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   1	Par	t V. Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Enter-0- if not applicable   1 b NOME    Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  28 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   2 a   45    10 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X    Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)    30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   2b   M   Yes, *has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O   3b   44   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 accounts   2b   M   Yes, *Tenter the name of the foreign country (such as a bank account, securities account, or other financial accounts   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country				Yes	No
U.S. Information Returns. Enter-0- if not applicable   1 b NOME    Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  28 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   2 a   45    10 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X    Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)    30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   2b   M   Yes, *has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O   3b   44   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 accounts   2b   M   Yes, *Tenter the name of the foreign country (such as a bank account, securities account, or other financial accounts   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country   2b   M   Yes, *Tenter the name of the foreign country	1à	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
b. Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable		· · · · · · · · · · · · · · · · · · ·			
agaming (gambling) wnnings to prize winners?  2 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  3 I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 I but the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 I but the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4 I was the fire a form 990-T for the year? If "No," provide an explanation in Schedule O.  4 I any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a financial account, a financial account, a financial account in a foreign country, the See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 If "Yes," enter the name of the foreign country, the See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 If "Yes," to question 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," to question 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 D I did the organization shelter Transaction?  6 D I did the organization party to a prohibited tax shelter transaction?  7 If "Yes," did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization neity the donor of the value of the good so services provided?  9 If "Yes," i		···			
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Statements, filed for the calendar year ending with or within the year covered by this return.    28			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  Jud the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If Yes, *has it flied a Form 990-T for this year? If *No.* provide an explanation in Schedule O.  Judy at Auny 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. In the same of the foreign country, such as a bank account, securities account, or other financial accounts.  If Yes, *enter the name of the foreign country. In the securities account, or other financial accounts.  If Yes, *enter the name of the foreign country. In the securities account, or other financial accounts.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See Was the organization a party to a prohibited tax shelter transaction?  If Yes, *to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  If Yes, *to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  Organization solicit any contributions that were not tax deductible?  If Yes, *to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  Did the organization by the donor of the value of the goods or services provided?  Organizations that may receive deductible contributions under section 170(c).  If Yes, *id the organization notity the donor of the value of the goods or services prov	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this retum?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  3ccounty?  4a 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 in a foreign country, Interest in the foreign country over, a financial accounts.  5b If "Yes," enter the name of the foreign country, Interest in the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction?  5b X C If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c 6a X  5d Did the organization state any receive deductible contributions under section 170(c)  5c 70rganizations that may receive deductible contributions under section 170(c)  5c 10d the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  7a 1  5d If "Yes," did the organization include with every solicitation are express statement that such contributions of the value of the goods or services provided?  7c 1  7d Organizations that may receive deductible contributions under section 170(c)  8d If "Yes," indicate the number of Forms 8282? filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Fo	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x_	
this retum? . 3a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
b If Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b		this return?	3a		Х
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  16 "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c 16 Did the organization solicid any contributions that were not tax deductible?  5c 16 Did the organization solicid any contributions under section 170(c).  5c 17 "Yes," did the organization notify the donor of the value of the goods or services provided?  5d 17 "Yes," indicate the number of Forms 8282 filed during the year  5d 17 "Yes," indicate the number of Forms 8282 filed during the year  6d 17 "Yes," indicate the number of Forms 8282 filed during the year  7d 1 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7f 2 Torganization of qualified intellectual property, did the organization file a Form 1098-C as required?  7g For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  7g Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Enter:  a initiation fees and capital contri	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
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required?	g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1.7.	'	j	
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders		mindation rees and capital contributions included on that vin, line 12			
a Gross income from members or shareholders		Cross receipts, included on Form 350, Fart VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1			
amounts due or received from them.)		Cross mostle from members of shareholders			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a				1	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			122		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Form 990 (2008) Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI. required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body 23 23 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8ь 9a Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or 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 in Schedule O Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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 The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b х Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶_PA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or

available for public inspection. Indicate how you make these available Check all that apply

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20	State the name, physical address, and telephone number of the person who possesses the books and records of th
	Organization: ▶THE ORGANIZATION 1415 N BROAD STREET PHILADELPHIA. PA 19122

215-236-4500

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

x | Check this box if the organization did not compensate any officer, director, trustee, or key employee. (E) (F) Name and Title Position (check all that apply) Average Reportable Reportable Estimated hours per compensation compensation amount of Individual trustee employee nstitutional trustee Key employee Highest compensated week from director from related other the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations SEE SCHEDULE J-2

Form 990 (2008)

JSA

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P	art VII , Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employe	es (c	ontinue	d)	
	(A)	(B)				C)			(D)	(E)	.		(F)	
	Name and title	Average hours per week		Institutional	Officer		that ap Higher		Reportable compensation from	Reportab compensat from relat	tion ed	am (	timate ount c other	of
			Individual trustee or director	tional trustee		Key employee	Highest compensated employee	"	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		fro orga and	ensat om the inization relate nization	on ed
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1 b	Total				٠	٠		<b></b>	207,333.		NONE	<del></del>	21,	200
2	Total number of individuals (including those organization ► 1	e in 1a) v	vho r	ece	ivec	d m	ore t	han						
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		x
4	For any individual listed on line 1a, is the													
	the organization and related organizations individual	greater th	nan \$	150	00,0	0?	If "Y	es,	" complete Sched	ule J for su	uch	4		X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	satio	n fro	om	any unrelated o	rganization	for	5	Х	
Se	ction B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	•			
1	Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	enc	dent	con	trac	ctors that received	d more than	n \$10	0,000	of	
	(A) Name and business addi	ess							(B) Description of ser	vices	C	(C) compens		
S	EE STATEMENT 2							1						
								+						
						_		1						
	Total number of independent contractors (	noludino 4	hoss		1) .	ub c		<u></u>	d mara than 640	0.000 :-			·	
	Total number of independent contractors (i compensation from the organization ▶	1	nose	111		w110	rece	eive	u more than \$10	חו טטט,ט			000	

Pa	rt VII	Statement of Revenue		23-7109952						
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b c d e f	Membership dues	c							
g ts		and similar amounts not included above . 1	<u>f</u> 211,713.							
200	g	Noncash contributions included in lines 1a-1f	98,333.							
	h	Total. Add lines 1a-1f		2,263,424.						
ž			Business Code			<u> </u>				
8	2a	MEMBERSHIP DUES	_	42,000.			42,000.			
8	b		<del></del>				<del></del>			
Σ̈	C									
Š	d									
Ē	9	All other program out to revenue	<del></del>				<del>                                     </del>			
Program Service Revenue	9	All other program service revenue  Total. Add lines 2a-2f		42,000.	· ····					
	3	Investment income (including dividends,		12,000.						
	•	other similar amounts)		21.			21.			
	4	Income from investment of tax-exempt be	_	NONE						
	5	Royalties · · · · · · · · · · · · · · · · · · ·		NONE						
		(ı) Real	(iı) Personal							
	6a	Gross Rents 14,	209.							
	ь	Less rental expenses								
	С	Rental income or (loss)14,								
	d	Net rental income or (loss)		14,209.						
	7a	Gross amount from sales of assets other than inventory	es (ii) Other							
	ь	Less cost or other basis and sales expenses								
	c d	Gain or (loss)		NONE						
	8a	Gross income from fundraising								
Other Revenue		of contributions reported on line 1c)								
۳	.	See Part IV, line 18								
Ę.	b	Less direct expenses		NONE						
_				nons						
		See Part IV, line 19.	a							
	ь	Less direct expenses								
	C	Net income or (loss) from gaming activitie		NONE						
	10a	Gross sales of inventory, less returns and allowances	a							
	ь	Less cost of goods sold								
		Net income or (loss) from sales of invento		NONE						
		Miscellaneous Revenue	Business Code	····						
	11a	OTHER INCOME		26,207.			26,207.			
	ъ			<del> </del>						
	С		_				<del> </del>			
	d	All other revenue					<u> </u>			
		Total. Add lines 11a-11d	•	26,207.						
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5,								
	Ь	9c, 10c, and 11e	· · · · · · • • • • • • • • • • • • • •	2,345,861.			68,228.			

#### Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are	not required to comp	olete columns (B), (C), a	and (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
	the US See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	98,333.		98,333.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE	İ		
7	Other salaries and wages	860,454.	731,073.	125,977.	3,404.
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	204,443.	161,010.	42,661.	772.
10	Payroll taxes	68,652.	57,464.	10,986.	202.
11	Fees for services (non-employees)				
а	Management	NONE			
	Legal	24,516.	24,516.		
	Accounting	42,775.	22,525.	20,250.	
	Lobbying	NONE			
	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other	306,403.	302,275.	4,128.	
12	Advertising and promotion	150.		150.	
13	Office expenses	165,469.	155,284.	10,185.	
14	Information technology	18,413.	17,187.	1,226.	
15	Royalties	NONE			
16	Occupancy	316,698.	264,859.	51,839.	
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	36,959.	23,899.	11,056.	2,004.
20	Interest	3,450.		3,450.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	36,219.		36,219.	
23	Insurance	14,206.	14,206.	•	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			ļ	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)				
а	REPAIRS & MAINTENANCE	10,360.	8,832.	1,528.	
	EQUIPMENT_RENTAL	18,821.	17,443.	1,378.	
С	POSTAGE & SHIPPING	2,694.	1,078.	1,616.	
	STAFF_DEVELOPMENT	2,000.	2,000.		
	MISCELLANEOUS EXPENSE	36,382.	30,604.	5,778.	
	All other expenses	2,548.	355.	2,193.	
	Total functional expenses. Add lines 1 through 24f	2,269,945.	1,834,610.	428,953.	6,382.
	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising			į	
	solicitation				
JSA					5 990 (2000)

Pa	art X	Balance Sheet					
-			(A) Beginning of year			B) of year	г
	1	Cash - non-interest-bearing	194,792.	1		212,	037
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	51,711.	3		12,	009
	4	Accounts receivable, net	6,235.	4			NON
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			— .
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
⋖	-	Prepaid expenses and deferred charges STMT. 7	15,349.	9		2,	184
		Land, buildings, and equipment. cost basis 10a 959, 334.					
	b	Less: accumulated depreciation Complete					
	ļ	Part VI of Schedule D	194,436.	1 1		<u>154,</u>	<u> 270</u>
	11	Investments - publicly traded securities	,	11			
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	<del></del>		
	13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	17,992.	-			861
	16	Total assets. Add lines 1 through 15 (must equal line 34)	480,515.			424,	
	17	Accounts payable and accrued expenses	593,429.			445,	
	18 19	Grants payable		18		24,	332
	20	Deferred revenue		19			
		Tax-exempt bond liabilities		20			
Liabilities	22	Escrow account liability. Complete Part IV of Schedule D		21			
Ē	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					
Ľ.		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties STMT- 8.	60.006	22			
	24	Unsecured notes and loans payable	69,926.	24		61,	926
	25	Other liabilities Complete Part X of Schedule D	<del></del>	25			
	26	Total liabilities. Add lines 17 through 25	663,355.	<del></del>			205
_		Organizations that follow SFAS 117, check here ▶ X and complete	003,355.	20		531,	203
es		lines 27 through 29, and lines 33 and 34.					
2	27	Unrestricted net assets	-182,840.	27		106,	924
Sala	28	Temporarily restricted net assets		28		100,	<u> </u>
Ē	29	Permanently restricted net assets	·	29			
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ □ and					
ō		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
t A	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32			
Net	33	Total net assets or fund balances	-182,840.	33		106,	924.
	34	Total liabilities and net assets/fund balances	480,515.	34		424,	
Pa	ırt XI	Financial Statements and Reporting					
						Yes	No
1	Acco	unting method used to prepare the Form 990 $igspace$ Cash $igspace$ Accrual $igspace$ Othe	r				
2a		the organization's financial statements compiled or reviewed by an independent account					<u> </u>
b		the organization's financial statements audited by an independent accountant? $\dots$			· · 2b	х	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	=				
_		, review, or compilation of its financial statements and selection of an independent account			· · 2c	х	
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
		ingle Audit Act and OMB Circular A-133?				х	
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?			· ·   3b	х	

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS **Employer Identification number** OF AMERICA. INC 23-7109952 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally Integrated Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations, described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . . . . . 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(lii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes

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

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 or 990-EZ) 2008			23-	7109952		Page 2
Pai	Support Schedule for Org (Complete only if you ched	janizations De	escribed in Se In line 5, 7, or 8	octions 170(b) of Part I.)	(1)(A)(iv) and	170(b)(1)(A)(vi	)
Sec	tion A. Public Support	•					
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,541,371.	4,993,400.	4,026,873.	2,841,536.	2,305,424.	17,708,604
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	3,541,371.	4,993,400.	4,026,873.	2,841,536.	2,305,424.	17,708,604
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						17,708,604
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			· · ·	<u></u> ,,
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,541,371.	4,993,400.	4,026,873.	2,841,536.	2,305,424.	17,708,604
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,418.	1,759.	5,579.	1,169.	21.	9,946
9	Net income from unrelated business activities, whether or not the business is regularly carried on		;				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	122,339.	2,524.	12,493.	14,904.	14,209.	166,469
11	Total support. Add lines 7 through 10						17,885,019
12	Gross receipts from related activities, etc. (5	See instructions)			[	12	170,115
13	First five years. If the Form 990 is for the organization, check this box and stop here		<i></i>				▶
Sec	tion C. Computation of Public Sup					<del></del>	
14	Public support percentage for 2008 (lin						99.01 %
15	Public support percentage from 2007						98.96 %
16a	33 1/3% support test - 2008. If the or						نصط heck this
	and stop here. The organization qualif						▶ <u>  x</u>
b	33 1/3% support test - 2007. If the or						ore, chec <u>k th</u> i
	box and stop here. The organization q						▶ ∟
17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organization						
	in Part IV how the organization meets						orted
•	organization						▶ ∟_
D	10%-facts-and-circumstances test - 2	-					line
	15 is 10% or more, and if the organization					•	-h.
	Explain in Part IV how the organization	meets the "tact	s-and-circumsta	ances test The	e organization qu	iainies as a public	CIY

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

Part III. Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				··		
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")				L		
2	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						
3	Gross receipts from activities that are not an	-					
_	unrelated trade or business under section 513				ļ		
4	Tax revenues levied for the organization's	.,					
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge			}	1		
6	Total. Add lines 1-5			<del></del>			
-	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3	<u> </u>					
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the			]			
	year or \$5,000 · · · · · · · · · · · · · · · · · ·					-	
C	Add lines 7a and 7b				<del></del>		
•	line 6)				<del>                                     </del>		
Sec	tion B. Total Support			L	<u> </u>		<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(2)2001	(2) 2000	(5) 2000	(4) 2001	(0,2000	(1) 10121
_	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income (less			<del></del>	<del></del>		
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b					-	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	<u> </u>	<u></u>	<u></u>	<u> </u>	<u></u>	▶
Sec	tion C. Computation of Public Sur					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2008 (line 8					15	%
16	Public support percentage from 2007 Sche	edule A, Part IV-A,	line 27g	<u> </u>		16	%_
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2008 (li					17	%_
18	Investment income percentage from 2007					18	%_
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						
b	33 1/3% support tests - 2007. If the orga	inization did not d	check a box on lii	ne 14 or line 19a	, and line 16 is m	ore than 33 1/3 %	, and
	line 18 is not more than 33 1/3 %, check thi						
20	Private foundation. If the organization did						
						Sabadula A (Fame)	

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

OF AMERICA, INC.  Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds of the organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds  1 Total number at end of year	r Accounts. Complete if  (b) Funds and other accounts
the organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds  Total number at end of year	· ·
Total number at end of year	(b) Funds and other accounts
2 Aggregate contributions to (during year)	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in d	onor advised
funds are the organization's property, subject to the organization's exclusive legal control? .	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
ımpermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or pleasure)  Preservation of land for public use (e.g., recreation or pleasure)	of an historically importantly land area
	of certified historic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	m of a conservation easement
on the last day of the tax year.	
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	1 1
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or termin	
the taxable year ▶	idea by the organization during
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, vi	olations and
enforcement of the conservation easements it holds?	
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of se	· •
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9 In Part XIV, describe how the organization reports conservation easements in its revenue an	d expense statement, and
balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes
the organization's accounting for conservation easements.	
Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	er Similar Assets.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue stater art, historical treasures, or other similar assets held for public exhibition, education, or rese provide, in Part XIV, the text of the footnote to its financial statements that describes these it	ment and balance sheet works of arch in furtherance of public service, ems.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement	and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	•
(i) Revenues included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets	for financial gain, provide the
following amounts required to be reported under SFAS 116 relating to these items:	•
a Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
<b>b</b> Assets included in Form 990, Part X	<b>&gt;</b> \$
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

1 4

Par	t III. Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	r Other Similar A	Assets (continued)			
3.	Using the organization's accession and othe	r records, check any	of the following that	are a significant u	se of its collection			
	items (check all that apply)	. —	<b>-</b>					
а	Public exhibition	d	Loan or excha					
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
	Part XIV.							
5	During the year, did the organization solicit							
	assets to be sold to raise funds rather than t	•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Par	Trust, Escrow and Custodial Arr Part IV, line 9, or reported an arr			answered "Yes"	to Form 990,			
			<del>.</del>					
1 a	Is the organization an agent, trustee, custod							
	included on Form 990, Part X?				Yes No			
b	If "Yes," explain the arrangement in Part XIV	and complete the foll	owing table:					
				A	mount			
С	Beginning balance		1c					
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on F		217		Yes No			
	b If "Yes," explain the arrangement in Part XIV.							
Par		<del> </del>		<del></del>	<u>e</u> 10.			
_	(a) Curr	ent Year (b) Prior ye	ear (c) Two years b	oack (d) Three ye	ars back (e) Four years back			
1a	Beginning of year balance							
Ь	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities .							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	, and the position go of the year	ar end balance held as:	•					
	Permanent endowment ▶ %							
	Term endowment ▶%							
3a	Are there endowment funds not in the possession of the organization that are held and administered for the							
	organization by:				Yes No			
	(i) unrelated organizations				<u> </u>			
	(ii) related organizations							
þ	If "Yes" to 3a(II), are the related organization				3b			
4	Describe in Part XIV the intended uses of the							
Par	t VI Investments - Land, Buildings, a	nd Equipment. See	Form 990, Part X	, line 10.				
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value			
1a	Land		81,051.		81,051.			
b	Buildings							
С	Leasehold improvements		117,015.	91,134.	25,881.			
d	Equipment		626,196.	596,625.	29,571.			
	Other		117,690.	99,925.	17,765.			
<u>Tota</u>	I. Add lines 1a-1e. (Column (d) should equal I	Form 990, Part X, colu	mn (B), line 10(c).) .	<u></u>	154,268.			

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, I	ine 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
Financial der	ivatives and other financial products			
	equity interests			
		<u> </u>		
				·
				<u></u>
				·
	(b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X,	ine 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
		<del> </del>		<u></u>
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part X	, line 15.		
	(a	i) Description		(b) Book value
OTHER CU	JRRENT ASSETS			29,000
SECURITY	/ DEPOSITS	· · · · · · · · · · · · · · · · · · ·		14,861.
		<del>-</del>		
			· · · · · · · · · · · · · · · · · · ·	
	(b) should equal Form 990, Part X, col (B) line 15)		<u></u> ▶	43,861
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Amount	_	
Federal incon	ne taxes	<del></del>	4	
		<del></del>	_	
		ļ	4	
		<del></del>	_	
		<del> </del>	4	
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		<del>                                       </del>	4	
		<del> </del>	4	
		<del> </del>	4	
T-4-1 (0-1:::	(h) -b - 1/2	<del> </del>	4	
	(b) should equal Form 990, Part X, col (B) line 25)		1	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

1 /

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,345,861.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,269,945.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		75,916.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5_		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4-8	9_		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		75,916.
Part			· ·	
1	Total revenue, gains, and other support per audited financial statements	_	1	2,345,861.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	- 1	İ	
а	Net unrealized gains on investments	_		
b	Donated services and use of facilities	_		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)	_		
9	Add lines 2a through 2d	··⊢	2e	
3	Subtract line 2e from line 1	· •	3	<u>2,345,861</u> .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_		
b	Other (Describe in Part XIV)	_		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	2,345,861.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F	<u> </u>		
1	Total expenses and losses per audited financial statements	├	1	2,269,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities  Prior year adjustments  2a  2b	-		
b				
C	Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV)  2c 2d		l	
d		-	<u>.                                    </u>	
е 3			2e   3	2 262 245
4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	· •	<del>*</del>	2,269,945.
a	Investment expenses not included on Form 990, Part VIII, line 7b		1	
b		$\dashv$	1	
c	Add lines 4a and 4b	┥.	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	2,269,945.
	XIV Supplemental Information		<u> </u>	2,209,343
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art IV	, lines	s 1b
	~ <del></del>			
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Schedule D (For	<u>m</u> 990) 2008	23-7109952	Page 5
Part XIV	Supplemental Information (continued)		
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#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

OF AMERICA,

#### **Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

OPPORTUNITIES INDUSTRIALIZATION CENTERS

Employer Identification number

23-7109952

Pari	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		:		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
•	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			-
-	organization's CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	_		
a b	The organization?	5a		<u>X</u>
D	Any related organization?	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of.			
а	The organization?	6a		x
	Any related organization?	6b	_	x
-	If "Yes" to line 6a or 6b, describe in Part III.			-A-
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	ا ہا		v

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)(D)	reported in pnor Form 990 or Form 990-EZ
	€					15,000.	98,333.	
HOWARD SULLIVAN	(II)			NONE		NONE		
	(i)							
	€		 		:    -  -  -  -  -  -  -  -  -	                 	1	 
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	(1)							
	(ii)							
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							Sch	Schedule J (Form 990) 2008

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Page 3

#### SCHEDULE J-2 (Form 990)

#### **Continuation Sheet for Form 990**

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

<u> 2008</u>

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization OPPORTUNITIES INDUSTRIALIZATION CENTERS

Employer Identification number

OF AMERICA, INC.

23-7109952

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees											
(A)	(B)			((	C)			(D) (E)		(F)	
Name and Title	Average hours	Posi	tion (	chec	k all	that ap	ply)	Reportable	Reportable	Estimated	
	per week	유悥	'ns	Office	ξę	em Hig	Į Ę	compensation from	compensation from related	amount of other	
		Individual trustee or director	Institutional trustee	ğ	en	Highest compensated employee	Former	the	organizations	compensation	
		et or	lona		employee	e g	'	organization	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		_ st	Ę		)èe	mpe		(11-2/1000-10100)		and related	
		8	stee			nsat				organizations	
				<u> </u>	_	<u>8</u>	_				
CONNIE WILSON-COLLINS											
CHAIRPERSON EMERITUS	1.	X	_	<u> </u>	<u> </u>		<u> </u>	NONE	NONE	NONE	
JAMES_HAYNES		1									
1ST VICE CHAIRPERSON	1.	X		_		<u> </u>	ļ	NONE	NONE	NONE	
DR. HERMAN WALKER											
2ND VICE CHAIRPERSON	1.	X		_				NONE	NONE	NONE	
HUGH_HENDERSON											
SECRETARY	1.	_ X			_		<u> </u>	NONE	NONE	NONE	
LINDA WHITE											
TREASURER	1.	X					<u> </u>	NONE	NONE	NONE	
TRAVIS_L_WILLIAMS											
REGIONAL VICE CHAIRPERSON	1.	X	_					NONE	NONE	NONE	
PERCY DAVIS											
REGION II BOARD MEMBER	1.	X			<u> </u>			NONE	NONE	NONE	
DR. HENRY BRADDOCK											
REGION III BOARD MEMBER	1.	X						NONE	NONE	NONE	
BOBBIE J TURNER						İ					
REGION IV BOARD MEMBER	1.	<u> </u>	_				ļ	NONE	NONE	NONE	
CLYDE_BELLECOURT_					ŀ						
MEMBER AT LARGE	1.	X					ļ	NONE	NONE	NONE	
THE HONORABLE JACK KEMP											
MEMBER AT LARGE	1.	X_	_					NONE	NONE	NONE	
JAMES M TALTON	_								İ		
MEMBER AT LARGE	1.	X						NONE	NONE	NONE	
HOPE MASTERS, ESQ.	_								:		
MEMBER AT LARGE	1.	X						NONE	NONE	NONE NONE	
GARY L BURGESS	_								İ		
MEMBER AT LARGE	1.	X	-					NONE	NONE	NONE	
WALTER LUCKERT, JR	_										
MEMBER AT LARGE	1.	X	$\vdash$				-	NONE	NONE	NONE	
GAIL L MOANEY	_										
MEMBER AT LARGE	1	X						NONE	NONE	NONE	
ROBERT FARRIS, JR. ESQ	_										
MEMBER AT LARGE	1.	X		_	-			NONE	NONE	NONE	
DELORES SHELTON		١.							ľ		
MEMBER AT LARGE	1.	X						NONE	NONE	NONE	
MARTIN STARK	_							:	]		
MEMBER AT LARGE	1.	X						NONE	NONE	NONE	
LUDDY HAYDEN	_										
MEMBER AT LARGE	1	X		-				NONE	NONE	NONE	
DR. BERNARD ANDERSON	_								ļ		
MEMBER AT LARGE	1.	<u> </u>	لب	ليا	L			NONE	-	NONE	
For Privacy Act and Paperwork Reduction A	CT NOTICE, see	the In	stru	ctio	ns 1	for Fo	rm :	990.	Schedule .	J-2 (Form 990) 2008	

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

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#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection Employer Identification number

Name of the Organization

OPPORTUNITIES INDUSTRIALIZATION CENTERS

OF AMERICA, INC. 23-7109952 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees** (B) (C) (D) Name and Title Average hours Position (check all that apply) Reportable Reportable Estimated per week compensation compensation Officer amount of Individual trustee or director Highest compensated employee Institutional trustee Key employee from from related other the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations MICHAEL CALABRESE MEMBER AT LARGE X NONE NONE NONE WILLIE J CLARK IMMEDIATE PAST CONVENER 1. X NONE NONE NONE RONALD J HARPER, ESQ LEGAL COUNSEL & MEMBER X NONE NONE NONE WILLIAM GRAY, III HONORARY 1. X NONE NONE NONE HERMAN ART TAYLOR CHAIRPERSON 5. HOWARD\_SULLIVAN PRESIDENT / CEO 38 X 83,333. NONE 15,000. THOMASENIA COTTON PROJ. DIR. - HEALTHY MARRIAGE 38. Х 124,000 NONE 6,200.

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

Schedule J-2 (Form 990) 2008

#### SCHEDULE M (Form 990)

**Non-Cash Contributions** 

▶ To be completed by organizations that answered

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, lines 29 or 30. ►Attach to Form 990.

2008
Open To Public
Inspection

OMB No 1545-0047

Name of the organization OF AMERICA, INC.

Part I Types of Property

OPPORTUNITIES INDUSTRIALIZATION CENTERS

Employer identification number 23-7109952

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	( <b>d)</b> f deter /enues		g
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods					_		
6	Cars and other vehicles		. <u> </u>					
7	Boats and planes							
8	Intellectual property					_		
9	Securities-Publicly traded							
10	Securities-Closely held stock						_	
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)					_		
14	Qualified conservation							
	contribution (other)							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				<u> </u>			
24	Archeological artifacts				<u> </u>			
25	Other ►()							
26	Other ►()							
27	Other ►()							
28_	Other ►()					_		
29	Number of Forms 8283 received by							
	which the organization completed F	Form 8283, I	Part IV, Donee Acknowledg	gement	[29]			
••	5						Yes	No
30 a	During the year, did the organization							
	it must hold for at least three yea							
	used for exempt purposes for the e		period?	• • • • • • • • • • • • • • • • • • • •		30a	-	X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
20 -	contributions?					31		X
3∠a	Does the organization hire or use							
L	contributions?		• • • • • • • • • • • • • • • • • • • •			32a		X
	If "Yes," describe in Part II.		aluma (a) fan - turt					
33	If the organization did not report re				is checked,			
Eor B	describe in Part II.	Nat Nation on	o the Instructions for France 200	<del> </del>	0-1	لــــا		

Schedule M (Form 990) 2008

Part II .	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
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# SCHEDULE O (Form 990)

Supplemental Information to Form 990

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OPPORTUNITIES INDUSTRIALIZATION CENTERS	Employer Identification number
OF AMERICA, INC.	23-7109952
990 REVIEW	
PART VI, SECTION A, QUESTION 10	
BEFORE THE FILING OF FORM 990, COPIES ARE SENT TO EACH OF THE BOA	RD
MEMBERS FOR THEIR REVIEW AND APPROVAL.	

Schedule O (Form 990) 2008		· · ·	Page 2
Name of the organization	OPPORTUNITIES INDUSTRIALIZATION CENTERS	Employer Identification number	
OF AMERICA, INC.		23-7109952	
CONFLICT OF INT	TEREST		<b></b>
PART_VI, SECTIO	DN_B, QUESTION 12		
OICA HAS A WRIT	TTEN CONFLICT OF INTEREST POLICY, WHICH GOES OUT TO	ALL	
BOARD MEMBERS,	CEO AND KEY EMPLOYEES, WHO ARE REQUIRED TO READ AN	D	
UNDERSTAND THE	POLICY AND SIGN TO ACKNOWLEDGE RECIEPT, AND DISCLO	SURE	
THEREON. BOARD	CHAIR REVIEWS THE OUTCOME FOR EXCEPTIONS. THE POLI	CY_IS	
UPDATED AND DIS	STRIBUTED ANNUALLY TO BOARD MEMBERS, OFFICERS AND	<b>-</b>	
EMPLOYEES.			
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Schedule O (Form 990) 2008				Page <b>2</b>
Name of the organization	OPPORTUNITIES	INDUSTRIALIZATION	CENTERS	Employer identification number
OF AMERICA, INC.	·			23-7109952
•				
COMPENSATION DE	ETERMINATION			
PART VI, SECTIO	ON B, QUESTION	15		
THE ORGANIZATIO	N USES COMPARA	BLE SALARIES WITH	IN THE INDUSTRY GU	IDE AS
WELL AS BOARD A	APPROVAL TO DET	ERMINE SALARIES F	OR THE ORGANIZATION	<u>N'S</u>
OFFICERS AND OT	THER EMPLOYEES.			
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chedule O (Form 990) 2008	Page 2
lame of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS	Employer identification number
OF AMERICA, INC.	23-7109952
•	
AVAILABILITY TO THE PUBLIC	
PART VI, SECTION C, QUESTION 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST
DOLLOW AND EINANGTAL CHARENERS AVAILABLE DO MUE DIDLIG MON DEGL	mam avm
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST AND
THROUGH WWW.GUIDESTAR.COM.	
11MOOON 11M11001222211M1.0011.	

chedule O (Form 990) 2008	Page 2
dame of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS	Employer identification number
OF AMERICA, INC.	23-7109952
•	
FAMILY RELATIONSHIP	
990, PART VI, QUESTION 2	
HOWARD SULLIVAN, PRESIDENT AND CEO IS THE BROTHER OF HOPE MASTER	S,_A
BOARD MEMBER.	
	<del></del>
·	

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Employer identification number 23-7109952 ▼ See separate instructions. OPPORTUNITIES INDUSTRIALIZATION CENTERS Identification of Disregarded Entities OF AMERICA, INC. Name of the organization Department of the Treasury Internal Revenue Service

Part I	Identification of Disregarded Entities					
	(A) Name, address, and EIN of disregarded entry	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
1						

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Tax-Exempt
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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(E)  Legal domicile (state or foreign country)  (if section 501(c)(3))	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
OPPORTUNITIES SERVICE CORPORATION 23-2292014 1415 NORTH BROAD STREET PHILADELPHIA, PA 19122	PROP. MANAG.	PA	501 (C) (3)	9	

Schedule R (Form 990) 2008

(J)
General or
managing
partner?

Yes No

Part III

Identification of Related Organizations Taxable as a Partnership

Nar	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile	(D) Direct controlling entity	(E) Predominant income (related,	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportonate elbocations?	(I) Code V-UBI amount in box 20 of
			(state or foreign country)		investment, unrelated)				Schedule K-1 (Form 1065)
			,					Yes No	!
-									
-									
1									
1									:
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust	elated Organizati	ions Taxa	ible as a Corpor	ation or Trust		-		

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicale (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

37

Schedule R (Form 990) 2008

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Note Complete	Note Complete line 4 if any antity is listed in Dorte II III or N/		Yes No	٦
During the 1	Compare line 1 if any entiry is lasted in rails if, iii, of iv.  During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts I⊢IV?			
a Receipt of (	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		ı
b Gift, grant,	Gift, grant, or capital contribution to other organization(s)		_	- 1
c Gift, grant,	Gift, grant, or capital contribution from other organization(s)	10		
d Loans or lo	Loans or loan quarantees to or for other organization(s)	10		1
		16		ı
		<u>.                                    </u>		Γ-
f Sale of ass	Sale of assets to other organization(s).	1.		7
g Purchase o	Purchase of assets from other organization(s).	1g		1
	Exchange of assets	1h		1
i Lease of fa	Lease of facilities, equipment, or other assets to other organization(s)	=		1
j Lease of fa	Lease of facilities, equipment, or other assets from other organization(s)	<u>-</u> -		- 1
k Performano	Performance of services or membership or fundraising solicitations for other organization(s)	- <del></del>		١
I Performance	Performance of services or membership or fundraising solicitations by other organization(s)	=	_	ı
m Sharing of f	Sharing of facilities, equipment, mailing lists, or other assets	1 m		ı
n Sharing of p	Sharing of paid employees	1n		1
1				
<ul> <li>Reimburser</li> </ul>	Reimbursement paid to other organization for expenses	10		
p Reimburser	Reimbursement paid by other organization for expenses	1p		ı
<b>q</b> Other trans	Other transfer of cash or property to other organization(s)	19		1
_	Other transfer of cash or property from other organization(s)	1r		-
2 If the answer	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	ion thresholds	•	
	(A) (A)	Ο.		1
	Name of other organization(s)  type (a-r)	Amount involved	<b>D</b>	
;				
				ı
(2)				
				ı
(3)				1
(4)				1
-				1
(5)				
				ı
(e)				- 1
	39	Schedule R (Form 990) 2008	n 990) 200(	8

23-7109952 Schedule R (Form 990) 2008

# Part VI Unrelated Organizations Taxable as a Partnership

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.

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Page 4

(A) Name, address, and ElN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of	(F) Disproportionate		(H) General or
			section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(2001)	Yes No
						ļ	
				1			
							_
					-		
				i			
					,		
						Schedule R (Form 990) 2008	990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CORPORATION PROVIDES EDUCATION, TRAINING AND EMPLOYMENT SERVICES THROUGH A NATIONAL NETWORK OF LOCAL AFFILIATED ORGANIZATIONS THAT WILL ENABLE ECONOMICALLY DISADVANTAGED AND UNEMPLOYED PEOPLE OF ALL RACES AND BACKGROUNDS TO BECOME PRODUCTIVE AND MORE FULFILLED MEMBERS OF AMERICAN SOCIETY.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

-----

BENJAMIN LATIMORE 1428 BARTON DR FT WASHINGTON, PA 19034 CONSULTANT

199,108.

TOTAL COMPENSATION

199,108.

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INCOME
INVESTMENT
1
VIII
PART
,066
FORM

(D) EXCLUDED REVENUE	f   1   1   1   1   1   1   1   1   1	21.		21.	6 11 11 11 11 11 11 11 11 11 11 11 11 11
(C) UNRELATED BUSINESS REV.					
(B) RELATED OR EXEMPT REVENUE					
(A) TOTAL REVENUE	•	21.	1 1 1 1 1 1 1 1 1 1	21.	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTEREST INCOME		TOTALS	

STATEMENT

8E7000	1	000

**RENT AND ROYALTY INCOME** 

Taxpayer's Name OPPORTUNITIES IN	DUSTRIALIZ	ATTON	CENT	ERS					ing Number 09952
DESCRIPTION OF PROPERTY		<u></u>	<u> </u>			<del></del>		<u> </u>	0,0,0,2
RENTAL INCOME									
Yes No Did you a	ctively participate in	the operation	n of the	activit	y during the tax year?			-	
REAL RENTAL INCO	ME								
OTHER INCOME									
SUBLEASE INCOME						14	,209		
TOTAL GROSS INCOME					<u> </u>				14,209.
OTHER EXPENSES:									
				_					
								1	
DEPRECIATION (SHOWN BELOW	N)								
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion								1	
DEPLETION							_	7	
LESS: Beneficiary's Portion				• • •	•			7	
TOTAL EXPENSES						······································		1	
TOTAL RENT OR ROYALTY INCO	OME (LOSS) · · · ·							: -	14,209.
Less Amount to									
Rent or Royalty									
Depreciation						· · · -		_	
Depletion							•	_	
Investment Interest Expense				• • •		• • •		_	
Other Expenses						• • • • • • • • • • • • • • • • • • • •		_	
Net Income (Loss) to Others						• • • — — — — — — — — — — — — — — — — —		_	
Net Rent or Royalty Income (Los	s)						• • • •	• ——	14,209.
Deductible Rental Loss (if Applic	able)							·	
SCHEDULE FOR DEPRECI	ATION CLAIMED	)			<u> </u>				
-									
	(b) Cost or	(c) Date	(d)	(e)	(f) Basis for	(g) Depreciation	(h)	(ı) Lıfe	(j) Depreciation
(a) Description of property	unadjusted basis	acquired	ACRS des	Bus %	depreciation	ın prior years	Method	or rate	for this year
						prior years		rate	
				L					
				<u> </u>					
				ļ					
	··· —-							]	
		<del>-</del>		<u> </u>					
				<u> </u>					
				<u> </u>	<u> </u>				- · · · · · · · · · · · · · · · · · · ·
JSA Totals		<u> </u>	· · · ·	<u></u>					

# SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

SUBLEASE INCOME

14,209.

14,209.

========

## RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	14,209.			14,209.
TOTALS	14,209.			14,209.
	========	========		

# FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		=======================================	============
	TOTALS	15,349.	2,184.
PREPAID EXPENSES		15,349.	2,184.
DESCRIPTION		BOOK VALUE	BOOK VALUE
		BEGINNING	ENDING

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CITIZENS BANK

ORIGINAL AMOUNT: 150,000.

INTEREST RATE: 6.000000
REPAYMENT TERMS: PAYABLE ON DEMAND WITH MONTHLY INTEREST PAYMENTS
SECURITY PROVIDED: COLLATERALIZED BY SECURITY INTEREST IN ALL ACCTS

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 69,926.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 61,926.

CENTERS	
INDUSTRIALIZATION	
OPPORTUNITIES	

Perfection of Property   Perfect and Proper	OPPORTUNITIES INDUSTRIALIZATION CENTERS	ZATION CENTER	S				2008							23-7109952
Communication   Date   Control   Date   D	Description of Property													,
Accountage of the Control of Cont	DEPRECIATION													
R. Accounting of the color   15.4449   12.677   16.076   15.   15.4449   12.677   16.076   15.   15.   16.076	Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction		Beginning Accumulated depreciation	Ending Accumulated depreciation		<b></b>		MA CRS s class	Current-year depreciation
Accordance   Acc	RENOVATIONS OF QOP	06/30/1996		100.000			١.	12,874.				-	15	 NON
Marie   Mari	HP COLOR LASERJET	06/30/1997		100.000			5,950.	5,950.	950.	SI	$\vdash$	0	2	
COMPANSE   06/20/1597   3-566   00.000   3-566   3-566   5-50	FURNITURE & EQUIP	06/30/1997		100.000			46,723.	46,723.		SL	-	0	2	
Comparison	SLED CHAIRS	06/30/1997		100.000			447.	447.		SL		0	5	
Description   Description	DESKS, CREDENZAS	06/30/1997		100.000					566.	SL	-		5	
Converse   06/190/1997   4,0000   1,0	CHAR AND BOOKCASE	06/30/1997		100.000				422.		SI	-	_	5	
Col. Work   Col. 2017   139   4,000   1,000	VERTICAL BLINDS	06/30/1997		100.000				5,662.	662.	IS	-	- 0	5	
COMPUTER   18 60   10 0 0 0 0	CARPET	06/30/1997		100.000			4,000.	3,066.		SI			15	NON
Sample   Conference	ELECTRICAL WORK	06/30/1997		100.000			1,880.	1,441.		SI.	_	0	15	NON
Conference	C-PHONES	06/30/1998		100.000			16,990.	16,990.	•	SI	_		5	
Table Continue Cutterwork   15,000   10,000	VARIOUS COMPUTER	06/30/1998		100.000			18,000.	18,000.		SI		0	2	
December   December	5 LEARNING LIBRARY	06/30/1998		100.000			15,000.	15,000.		SI	$\vdash$	_	s	
REMONDERS   12,1344   100, 000   10, 1384   11, 1384	10 COMP UPGRADES	06/30/1998		100.000			25,000.	25,000.	$\overline{}$	SL	$\vdash$		2	
RESPONDENCE   06/30/1999   78,766, 100.000   78,766   78,766   15, 766   15, 766   15, 766   16, 766   1	48 CCP LEARNING	06/30/1998		100.000			21,384.	21,384.	_	SI	-		2	
1,287   1,29	COMPUTER PRODUCTS	06/30/1999		100.000			78,766.	78,766.		SL	-		2	
1,987   1,98	FUR/FIX	06/30/1999		100.000			23,491.	23,491.	•	SI		_		
See	CARPET	06/30/1999		100.000			1,987.	1,987.		SI	$\rightarrow$		ъ	
Secondary   1,202, 100.000   2,202, 100.000   5   5   5   5   5   5   5   5   5	COMPUTERS	06/30/2000		100.000			31,094.	31,094.		SI		_	5	
Itred Assets	FURNITURE	06/30/2000		100.000			2,202.		<del></del> -	SI	_		2	
Property  Itred Assets  Itred	Less Retired Assets													
Property  Itred Assets	Subtotals													
Freed Assets   Freed Assets   Freed Assets   Freed Assets   Freed Assets   Freed Assets   Freed Assets   Freed Assets   Freed Asset Asset description   Freed Asset Asset description   Freed Asset Asset description   Freed Asset Asse	Listed Property													
Itred Assets														
Section   Cost														
InterdAssets														
TIZATION  TIZATION  TIZATION  TIZATION  TIZATION  TIZATION  Service basis  Service basis  Service basis  Service basis	l ess Retired Assets										-			
TIZATION  Date Cost placed in or service basis  Sset description service and trization amortization ubtotals			·····											
TIZATION  Date Cost placed in or service basis  Set description service basis  Set description amortization code Life	TOTALS													
Sset description service basis Accumulated Accumulated Accumulated amortization amortization Code Life	AMORTIZATION												•	
	Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	90	Life			Current-year amortization
TOTALS														
TOTALS														
TOTALS										+				
TOTALS														
	TOTALS													

\*Assets Retired JSA 8X9024 1 000

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OPPORTUNITIES INDUSTRIALIZATION CENTERS

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23-7109952

set description  ION  EQUIPMENT	Unadjusted											
IN		ted Bus	179 exp reduction in basis	Basis	Basis for depreciation	Beginning Accumulated	Accumulated Me-	200	A A	ACRS CRS	Current-year 179 expense	Current-year
IN		ᅾ			72,136.	72,136.	72,136.	Q	15	5		
NT		33. 100.000			3,533.	3,533.	3,533. SL	MQ 5	5.000	2		
ŢŃ	16,869	59. 100.000			16,869.	16,869.	16,869. SL	MQ 5.	5.000	5		
IN	02 8,559.	59. 100.000			8,559.	8,559.	8,559. SL	MQ 5.	5.000	5		
TN	103 42,119.	19. 100.000			42,119.	42,119.	42,119. SL	-	5.000	2		
	103 2,460.	50. 100.000			2,460.	2,460.		_	5.000	2		
	104 4,773.	73. 100.000			4,773.	4,297.	4,773. SL	_	5.000	.c		476
COMPUTERS   06/30/2005	100,745.	15. 100.000			100,745.	70,522.	90,671. SL	-	5.000	ß		20,149.
FURNITURE 06/30/2005					32,300.	11,305.		ᅮ	10.000	10		3,230
CONSTRUCTION 06/30/2005					36,975.	8,628.	_		15.000	15		2,466.
COMPUTERS 06/30/2006	106 26,205.	100.000			26,205.	13,103.	18,346. SL	MO 5	5.000	S		5,243
COMPUTERS 06/30/2007	107 23,276.	76. 100.000			23,276.	6,983.	-	-	5.000	2		4,655.
LAND 01/01/1991	91 81,051.	51. 100.000										
EQUIPMENT 06/30/1991	19,090.	30. 100.000			79,090.	79,090.	79,090. SL	5	5.000			
EQUIPMENT 06/30/1993	93 57,109	9. 100.000			57,109.	57,109.	57,109. SL	5	5.000			
FURNITURE 06/30/1991	191 2,546.	16. 100.000			2,546.	2,546.	2,546. SL	Ŋ	5.000			
IMPROVEMENTS 06/30/1991	91 55,522	22. 100.000			55,522.	55, 522.	55,522. SL	15	5.000			
Less Retired Assets	21.329	6			21.329.	17.381			-			
Subtotals	941.952	.5			860.901.	751.465	787.684					26 219
Listed Property												
								$\frac{1}{1}$		1		
Less Retired Assets												
Subtotals	•		,									
TOTALS	941.952				860.901.	751.465.	787 684					916 25
AMORTIZATION												244700
Date placed in Asset description service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Code	Life				Current-year amortization
		T									<b>.</b>	
		T									<u>!</u>	
		<u> </u>										
IOIALS												

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