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#### ι 990 Form

Department of the Treasury Internal Revenue Service

## **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.

2010
Open to Public Inspection

	010 calendar year, or tax year beginning and ending	
B Check if applicable	C Name of organization	D Employer identification number
Address	OPPORTUNITY FINANCE NETWORK	
Name change	Doing Business As	20-5189202
Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	
Termin-	620 CHESTNUT STREET 572	215-923-4754
ated Amended		G Gross receipts 34,494,428
return Applica-	PHILADELPHIA, PA 19106	
LItion pending	F Name and address of principal officer MARK PINSKY	H(a) Is this a group return for affiliates?  Yes X No
	· · ·	
	SAME AS C ABOVE opt status:	H(b) Are all affiliates included? Yes No
		• • • • • • • • • • • • • • • • • • • •
	► WWW.OPPORTUNITYFINANCE.NET	H(c) Group exemption number
		r of formation: 2006 M State of legal domicile: P
	Summary OTM G. M.T.G.	GTON TO MO I DID ODDIO
9 1 Br	refly describe the organization's mission or most significant activities: OFN'S MIS	
ğ A	ND THEIR PARTNERS TO ENSURE THAT LOW-INCOME,	<del></del>
<b>O</b> D	neck this box  if the organization discontinued its operations or disposed of mo	
출   3 Ni	umber of voting members of the governing body (Part VI, line 1a)	3 1
ag 4 Ni	umber of independent voting members of the governing body (Part VI, line 1b)	4 1
<b>8</b> 5 To	tal number of individuals employed in calendar year 2010 (Part V, line 2a)	5 3
<u>:</u>	tal number of volunteers (estimate if necessary)	6
7a To	atal unrelated business revenue from Part VIII, column (C) Ine 12 IVED	7a 0
b Ne	et unrelated business taxable income from Form 990-T, PresaCEIVED	7ь0
	ontributions and grants (Part VIII, line 1h)	Prior Year Current Year
9 <u>u</u> 8 C	ontributions and grants (Part VIII, line 1h)	3,349,873. 3,349,619
੍ਹੈਫ਼ 9 Pr	ogram service revenue (Part VIII, line 2g)	2,937,891. 4,077,797
	/estment income (Part VIII, column (A), lines 3, 4, and 7d)	659,436. 497,828
11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10d, and link, U	5,105. 0
12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,952,305. 7,925,244
13 G	ants and similar amounts paid (Part IX, column (A), lines 1-3)	838,246. 902,985
14 Be	enefits paid to or for members (Part IX, column (A), line 4)	0. 0
່ <b>ທູ 15</b> Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,313,146. 2,803,938
15 Sa 16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.
<u>° 8</u>   втс	tal fundraising expenses (Part IX, column (D), line 25)  113,413.	
17 Of	her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,958,460. 4,044,015
18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,109,852. 7,750,938
I .	evenue less expenses. Subtract line 18 from line 12	<157,547.> 174,306
Ses		Beginning of Current Year End of Year
Fund Balances 20 To 21 To 22 No.	tal assets (Part X, line 16)	90,323,867. 94,262,818
21 To	tal liabilities (Part X, line 26)	66,251,188. 69,967,885
호를 22 Ne	at assets or fund balances. Subtract line 21 from line 20	24,072,679. 24,294,933
	Signature Block	
	s of perjury, I declare that I have examined this return, including accompanying schedules and states	ments, and to the best of my knowledge and belief, it is
	and complete. Declaration of preparer (other than officer) is based on all information of which prepare	
	Blts him	5/11/11
Sign	Signature of officer	Date
Here	BETH LIPSON, CHIEF FINANCIAL OFFICER	
110.0	Type or print name and title	
	rint/Type preparer's name	Date / Check PIN
	morpho brokaror a mante [Light Market 2]	
	THRISTOPHER M DEKIILA CHDISTOPHER M DEVIL	Self-employed   POO(3997)
Paid	CHRISTOPHER M. PEKULA CHRISTOPHER M. PEKU	5/12/11 If self-employed P0073496
Paid Preparer F	rm's name RSM MCGLADREY, INC.	Firm's EIN > 41-19444/6
Paid Preparer F		Firm's EIN 41-19444/6

 ${\tt 032001}\ \, {\tt 02-22-11} \quad \ \, {\tt LHA}\ \, {\sf For\ Paperwork\ Reduction\ Act\ Notice,\ see\ the\ separate\ instructions.}$ 

 4d Other program services. (Describe in Schedule O.)

 (Expenses \$ 284,761. including grants of \$ ) (Revenue \$ )

 4e Total program service expenses ▶ 7,177,052.

CAN USE, AND MEMBERSHIP IN THE FEDERAL HOME LOAN BANK SYSTEM.

Form 990 (2010) OPPORTUNITY FINANCE NETWORK

Part IV Checklist of Required Schedules

	(a 4 b 2 c		Yes	No
1 '			v	ļ
_	If "Yes," complete Schedule A	1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		<del> </del>
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<b> </b>
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		$\mathbf{x}_{\perp}$
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	L _	$\mathbf{x}$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		]	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<del> </del>	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	Ì
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				T
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		}	]
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	055	<u>L</u>
		Form	<b>990</b> (	2010)

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			İ
	United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
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 "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			,,
<b>7</b>	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	0.7		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	!		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	ļ
34	Was the organization related to any tax-exempt or taxable entity?			}
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	
		35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-0	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<del></del>		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2010)
			•	•

# Form 990 (2010) OPPORTUNITY FINANCE NETWORK Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 24	l		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (			ŀ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming	1		}
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			i	
	filed for the calendar year ending with or within the year covered by this return	2a 34	L		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ns)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for 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 trans	action?	5b_		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c_	<u> </u>	
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he organization solicit			
	any contributions that were not tax deductible?		6a	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		<b>_</b>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices provided to the payor?			X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required	_	,	77
_	to file Form 8282?	1 [	7c	<b> </b>	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	┨		₹.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	<del> </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conflict the organization received a contribution of qualified intellectual property, did the organization file.		71		
g	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7g 7h		<del> </del>
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		/n_		<del>                                     </del>
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	**	8		İ
9	Sponsoring organizations maintaining donor advised funds.	tany time during the year.	<b> </b> •		
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1	}	l I
11	Section 501(c)(12) organizations. Enter		1		
а	Gross income from members or shareholders	11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	]		<b> </b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<b> </b>	
а	Is the organization licensed to issue qualified health plans in more than one state?	,	13a		<u> </u>
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				[
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	_		
C	Enter the amount of reserves on hand	13c	ــــــ	L	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<b> </b>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		<u> </u>
			Form	<b>990</b> (	(2010)

Form 990 (2010) OPPORTUNITY FINANCE NETWORK 20-5189202 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 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 X Does the organization have a written whistleblower policy? X 13 13 14 Does the organization have a written document retention and destruction policy? X 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? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Own website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 LAURIE CURRAN - 215-320-4317

Form 990 (2010)

19106

PA

PHILADELPHIA.

620 CHESTNUT STREET,

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza  (A)	tion nor any related (B)	orga	ınıza	tion (C		npei	nsat	ted any current officer, (D)	director, or trustee. (E)	(F)
(A) Name and Title	Average			ر Posi	•	1		Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per	(ct				app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
IGNACIO ESTEBAN								_	_	_
CHAIR OF BOARD	2.00	X				<u>L</u>	<u> </u>	0.	0.	0.
ERIC BELSKY						ŀ				
BOARD MEMBER	2.00	X	L			_		0.	0.	0.
DONALD BOWEN										
BOARD MEMBER	2.00	X	L_			<u> </u>	<u> </u>	0.	0.	0.
ALAN BRANSON										
TREASURER	2.00	X				<u> </u>	L	0.	0.	0.
JOAN BRODHEAD									_	
BOARD MEMBER	2.00	X				<u> </u>		0.	0.	0.
DOUG BYSTRY								_	_	_
BOARD MEMBER	2.00	X						0.	0.	0.
KRISTI COKER							ŀ		1	_
BOARD MEMBER	2.00	X					<u> </u>	0.	0.	0.
LORI GLASS										_
BOARD MEMBER	2.00	X	<u> </u>				_	0.	0.	0.
JEANNINE JACOKES										_
BOARD MEMBER	2.00	Х				_	_	0.	0.	0.
TRINITA LOGUE							Ì			
VICE CHAIR	2.00	X	L.				<u> </u>	0.	0.	0.
JULIA NELMARK							ļ			
BOARD MEMBER	2.00	X					_	0.	0.	0.
MARY ROGIER										
BOARD MEMBER	2.00	X				ļ	<u> </u>	0.	0.	0.
MARY MATHEWS						ŀ			]	
BOARD MEMBER (FORMER)	2.00	X				_	<u> </u>	0.	0.	0.
DAVID BECK										
BOARD MEMBER (FORMER)	2.00	X				<b> </b>	<u> </u>	0.	0.	0.
CALVIN HOLMES							1			
BOARD MEMBER (FORMER)	2.00	X	$\vdash$		<u> </u>	<u> </u>	_	0.	0.	0.
DIANE KEEFE								_		
BOARD MEMBER (FORMER)	2.00	Х	<u> </u>	$\vdash$		-	_	0.	0.	0.
MARK PINSKY	1000							001 005		45.00
PRESIDENT & CEO	40.00			X		<u> </u>	<u> </u>	224,933.	0.	17,004.
032007 12-21-10										Form 990 (2010)

032007 12-21-10

,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ	1 a	Federated campaigns	1a					
2 2	b	Membership dues	1b			1		
am,	C	: Fundraising events	1c		]	1		
a a	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) <u>1e</u>	750,000.				
2 2	f	All other contributions, gifts, gran						
Contributions, gifts, grants and other similar amounts		similar amounts not included abo	ove $11/2$	599,619.	4			
E 5	_	Noncash contributions included in lines	9 1a-1f \$	<u>67,500</u> .				
오립	<u>h</u>	Total. Add lines 1a-1f	····		3,349,619.			<del> </del>
_	_		N N G	Business Code		2 416 400		
န္နို	2 a			525990		2,416,489.		
E &	b	TECHNICAL SERVI		900099	999,815.			
K 3	C	MEMBERSHIP DUES		900099	472,485. 189,008.			+
50	a		<del></del>	300033	103,000.	109,000.	<del></del>	<del> </del>
Program Service Revenue	e f	All other program service reve	enue		<del>                                     </del>			<del> </del>
-	, ,	Total, Add lines 2a-2f	J.,.40	<u> </u>	4,077,797.			<u> </u>
	3	Investment income (including	dividends, inter	est. and	1			<del></del>
		other similar amounts)	,,,	<b>&gt;</b>	509,283.			509,283.
Į	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties		•				
- 1		•	(i) Real	(ii) Personal				
	6 a	Gross Rents						
1	b	Less. rental expenses						
	С	Rental income or (loss)		<u> </u>	]			
	d	Net rental income or (loss)		▶				
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other	1	1		
İ		assets other than inventory	26557729	)	1			
	b	Less. cost or other basis						
		and sales expenses	26569184					
	C	` '	<11,455.	<u> </u>				44 4
	d	• , ,			<11,455.	<u> </u>	<del> </del>	<11,455.
힐	8 a		•					
ě		including \$	of	1		}		
æ		contributions reported on line	e 1c). See					
Other Revenu		Part IV, line 18	a		-			
8		Less direct expenses	b		-			
		<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad</li> </ul>	-			<del> </del>	<del> </del>	<del>                                     </del>
	J d	Part IV, line 19	a a	1		]		1
	<b>h</b>	Less. direct expenses	a b		1			<u> </u>
1		Net income or (loss) from gan	-		1	1		Ĭ
		Gross sales of inventory, less	-					•
		and allowances	а					
}	b	Less cost of goods sold	b		1			
		Net income or (loss) from sale		<b></b>	1			
		Miscellaneous Revenu		Business Code				
	11 a					į į		
	b						<del></del>	<del>                                     </del>
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instructions.			7,925,244.	4,077,797.	0	497,828.
032009	10							Form <b>990</b> (2010)

### Part IX | Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A)	(B) Program service	e columns (B), (C), and (D).	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		
	organizations in the U.S. See Part IV, line 21	902,985.	902,985.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			j	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	410 640	400 045	6 006	0 000
	trustees, and key employees	410,643.	400,847.	6,996.	2,800.
6	Compensation not included above, to disqualified	Ì		1	
	persons (as defined under section 4958(f)(1)) and	Į.			
_	persons described in section 4958(c)(3)(B)	2 015 460	1 725 056	205 204	74 210
7	Other salaries and wages	2,015,469.	1,735,856.	205,294.	74,319.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,956.	11,013.	1,425.	518.
9	Other employee benefits	191,517.	165,970.	20,088.	5,459.
10	Payroll taxes	173,353.	150,976.	16,904.	5,473.
11	Fees for services (non-employees):	2737333.	130,370.	10,304.	<u> </u>
	Management				
b	Legal	69,038.	63,857.	5,181.	
c	Accounting	27,635.	23,980.	2,377.	1,278.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	802,281.	704,772.	97,140.	369.
12	Advertising and promotion	213,915.	213,830.	85.	
13	Office expenses	202,007.	180,832.	16,710.	4,465.
14	Information technology				
15	Royalties				<del> </del>
16	Occupancy	93,706.	79,900.	10,571.	3,235.
17	Travel	210,178.	188,244.	12,609.	9,325.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	505 550	500.050	1 710	4 550
19	Conferences, conventions, and meetings	505,578.	502,268.	1,740.	1,570.
20	Interest	1,464,136.	1,464,136.		
21	Payments to affiliates	20 152	25 164	2 001	000
22	Depreciation, depletion, and amortization	29,153. 26,691.	25,164. 23,179.	3,001. 2,572.	988. 940.
23	Other expenses. Itemize expenses not covered	20,031.	43,179.	4,3/4.	940.
24	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)			i	
а	LOAN LOSS RESERVE	171,073.	171,073.		
b	MISCELLANEOUS	71,196.	53,959.	14,952.	2,285.
c	RECRUITING EXPENSES	69,079.	32,929.	35,825.	325.
d	MEMBERSHIPS	50,195.	46,734.	3,426.	35.
e	TECHNOLOGY PROJECTS	32,347.	32,347.	0.	<del>_</del>
_	All other expenses	5,807.	2,201.	3,577.	29.
25	Total functional expenses. Add lines 1 through 24f	7,750,938.	7,177,052.	460,473.	113,413.
26	Joint costs. Check here   If following SOP				
	98-2 (ASC 958-720). Complete this line only if the		1		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising		,	1	
	solicitation			ľ	

032010 12-21-10

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	500.	1	500.
	2	Savings and temporary cash investments		ļ	15,317,304.	2	19,593,898.
	3	Pledges and grants receivable, net		]	7,429,848.	3	4,487,865.
	4	Accounts receivable, net		ļ	380,468.	4	474,374.
	5	Receivables from current and former officers, di	rectors, trustees, I	key			
		employees, and highest compensated employee	es. Complete Part	11			
		of Schedule L		ļ		5	
	6	Receivables from other disqualified persons (as					
	1	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect		ntary			
ম	_	employees' beneficiary organizations (see instru	-	E4 C00 310	8	62 045 204	
Assets	7	Notes and loans receivable, net		}	54,628,310.	7	62,845,394.
ž	8	Inventories for sale or use		}	27 600	8	42 002
	9	Prepaid expenses and deferred charges	1 1	}	27,689.	9	42,082.
	10a	Land, buildings, and equipment: cost or other	40-	E1 404			
	_	basis. Complete Part VI of Schedule D Less: accumulated depreciation		51,494. 92,010.	52,306.	10c	59,484.
	11	Investments - publicly traded securities	11,936,376.	11	6,140,611.		
	12	Investments - other securities See Part IV, line	550,266.	12	617,797.		
	13	Investments - program-related. See Part IV, line		3307200.	13	01/1/5/0	
	14	intangible assets	ļ	<del></del>	14		
	15	Other assets See Part IV, line 11	Ì	800.	15	813.	
	16	Total assets, Add lines 1 through 15 (must equ	al line 34)	ĺ	90,323,867.	16	94,262,818.
	17	Accounts payable and accrued expenses		187,188.	17_	234,809.	
	18	Grants payable		18	500,000.		
	19	Deferred revenue		147,000.	19	351,076.	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete		r		21	
Liabilities	22	Payables to current and former officers, director	=				
Liat		highest compensated employees, and disqualifi	ed persons Comp	olete Part II			
_		of Schedule L		}	<del></del>	22	
	23	Secured mortgages and notes payable to unrela	· ·	ŀ	53,417,000.	23	56,382,000.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities. Complete Part X of Schedule D.	u umo parties	ļ	12,500,000.	24 25	12,500,000.
	26	Total liabilities, Add lines 17 through 25		}	66,251,188.	20	69,967,885.
		Organizations that follow SFAS 117, check he	ere X and	l complete	00/232/1000	20	
Ş		lines 27 through 29, and lines 33 and 34.					
ညိ	27	Unrestricted net assets			9,146,075.	27	9,919,153.
Sala	28	Temporarily restricted net assets		[	14,926,604.	28	14,375,780.
ğ	29	Permanently restricted net assets				29	
Ţ		Organizations that do not follow SFAS 117, c	heck here 🕨 [	and			
ğ		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		]		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other fur	nds		32	
_	33	Total net assets or fund balances			24,072,679.	33	24,294,933.
	34	Total liabilities and net assets/fund balances			90,323,867.	34	94,262,818.

Form	990 (2010) OPPORTUNITY FINANCE NETWORK	20-9	518920	2 1	Page <b>12</b>		
	rt XI Reconciliation of Net Assets	20	<u> </u>	<u>4</u>	age 12		
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,9	25,	244.		
2	Total expenses (must equal Part IX, column (A), line 25)			938.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	74,	306.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,0	72,	679.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		47,	948.		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,2	94,	933.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Ye	s No		
1	Accounting method used to prepare the Form 990						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2t	X	<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			İ		
	review, or compilation of its financial statements and selection of an independent accountant?		20	<u> </u>	<u>:                                     </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			ł		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:			1	j		
	Separate basis X Consolidated basis Both consolidated and separate basis			1			
3 <b>a</b>	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		38	X	<u>:                                    </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3t	א ו	:		

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

20-5189202 OPPORTUNITY FINANCE NETWORK Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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. a \_\_\_ Type I c \_\_\_\_ Type III - Functionally integrated Type III Other **b** Type II 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). If the organization received a written determination from the IRS that it is a Type II, 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) 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) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization (v) Did you organizat governing document? (i) of your		r organization in col. Organization in col.			(vii) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No	
				-					· · · · · · · · · · · · · · · · · · ·
			<del> </del>						
Total			<u> </u>	l	L	L	<u> </u>		000 000 F7\ 004

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

Schedule A (Form 990 or 990-EZ) 2010

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Sob	edule A (Form 990 or 990-EZ) 2010						Dags 0
_	irt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 2
	(Complete only if you checked	•					•
,	fails to qualify under the tests	listed below, plea	se complete Part	III.)			-
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-	i					
	ization's benefit and either paid to	l					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	· · · · · · · · · · · · · · · · · · ·					
4	Total. Add lines 1 through 3						
5	The portion of total contributions	1					
	by each person (other than a						n.
	governmental unit or publicly						
	supported organization) included				]		
	on line 1 that exceeds 2% of the					}	
	amount shown on line 11,			1	1		
	column (f)					ļ	
	Public support. Subtract line 5 from line 4				<u> </u>	<u></u>	
	ction B. Total Support				<del></del>	<del>,</del>	<del> </del>
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4			<del></del>	<b></b>	<u> </u>	· <u></u> .
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	i					
_	and income from similar sources			<del> </del>	<del></del>	<del> </del>	<del></del>
9	Net income from unrelated business						
	activities, whether or not the		ı				
40	business is regularly carried on			<del></del>	<del> </del>	<del>                                       </del>	
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10			<del></del>		<del> </del>	<del></del>
11 12	Gross receipts from related activities,	etc. (see instruction		<u> </u>	L	12	<del></del>
13	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av vear se a sectio		<del></del>
13	organization, check this box and stop		s mat, second, tim	a, loaitri, or littir to	ax year as a section	)	
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2010 (I			column (f))		14	%
15	Public support percentage from 2009	15	%				
	33 1/3% support test - 2010. If the or			line 13, and line 1	14 is 33 1/3% or n		
	stop here. The organization qualifies	-					<b>▶</b> □
b	33 1/3% support test - 2009.If the or		•		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali					,	▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	and line 14 is 10%	or more,

Schedule A (Form 990 or 990-EZ) 2010

and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and				"			
	membership fees received. (Do not							
	include any "unusual grants.")				3349873.	334961	9. 6699492.	
2	Gross receipts from admissions,							
	merchandise sold or services per-						İ	
•	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose			L	2942996.	407779	7. 7020793.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513				İ			
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5				6292869.	742741	6.13720285.	
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons				1622443.	304244	8. 4664891.	
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that					]		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b				1622443.	304244		
8	Public support (Subtract line 7c from line 6)						9055394.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 6				6292869.		6.13720285.	
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	i			580,700.	509.28	3. 1089983.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b				580,700.	509,28	3. 1089983.	
11	Net income from unrelated business							
	activities not included in line 10b,			1				
	whether or not the business is regularly carried on							
12	Other income. Do not include gain			· · ·				
	or loss from the sale of capital			1				
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		·	i i	6873569.	793669	9.14810268.	
	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd fourth or fifth t				
• •	check this box and stop here	ino organization o	, oc, 5000mg, trm	a, tourin, or mark	ax year as a section	11 00 1(c)(0) 01g	. <b>&gt;</b> X	
Sec	ction C. Computation of Publi	c Support Per	rcentage	•				
	Public support percentage for 2010 (li			column (fl)		15	. %	
	Public support percentage from 2009	• • •	•	30.0 (.,,		16		
	ction D. Computation of Inves			<del></del>		101		
	Investment income percentage for 20	<del></del>	<del></del>			17	<u>%</u>	
	Investment income percentage from 2		18	——————————————————————————————————————				
	33 1/3% support tests - 2010, if the	•	-	on line 14, and line	e 15 is more than 3			
130	more than 33 1/3%, check this box ar	-				•	TIE 17 IS NOT	
_		•	•		•			
0	b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
		TOTAL FIOL CHECK A	DUX OF HER 14, 19	ra, Ur 190, CHECK T			000 000 771 0010	
J3202	23 12-21-10				Sch	equie A (FORM	990 or 990-EZ) 2010	

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

2010

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
_	OPPORTU	NITY FINANCE NET	WORK		20-5189202
Pa	art I-A   Complete if the org	ganization is exempt und	er section 501(c	) or is a section 527 o	organization.
	Provide a description of the organization	zation's direct and indirect politic	al campaign activities		
	Political expenditures			▶ \$	S
3	Volunteer hours				
Pá	art I-B Complete if the ord	ganization is exempt und	er section 501(c	2)(3)	
	Enter the amount of any excise tax			<u>},(∪).</u>	
	Enter the amount of any excise tax	, ,			
	If the organization incurred a section				Yes No
48	Was a correction made?		•		Yes No
t	of "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c	), except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fun	ction activities	S
2	Enter the amount of the filing organ	nization's funds contributed to oti	her organizations for	section 527	
	exempt function activities			▶ 9	S
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here a	ind on Form 1120-PO	<del>-</del>	
	line 17b	,		▶ 9	S
	Did the filing organization file Form				└─ Yes └─ No
5	Enter the names, addresses and er				
	made payments For each organiza	•			· ·
	contributions received that were pr political action committee (PAC). If				ate segregated fund or a
		T		·-	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	
				, i	delivered to a separate
					political organization If none, enter -0
				_	
					†
			,		

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

Schedule C (Form 990 or 990-EZ) 2010

LITA

Schedule 'C (Form 990 or 990-EZ) 2010					5189202 Page 2
Part II-A Complete if the orga		mpt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under section	<del></del>				
A Check I if the filing organization	*				
Limits	on Lobbying Expe	nd "limited control" pri nditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe	nce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	add lines 1c and 1c	ı)			
f Lobbying nontaxable amount. Enter	the amount from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (	b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ente	r 25% of line 16				
h Subtract line 1g from line 1a If zero					<del>                                     </del>
i Subtract line 1f from line 1c If zero of	•			<del></del>	
j If there is an amount other than zero	·	line 1), did the organiz	ا ration file Form 4720		<u>.l</u>
reporting section 4911 tax for this ye		, a.a t o.ga.n.			Yes No
		eraging Period Under	Section 501(h)		
			n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period	······································	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 OPPORTUNITY FINANCE NETWORK 20-518920 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	1)	(b	))
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1))?		X		
C	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X		25	<u>,700.</u>
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	ļ	X	······································	<del></del>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		25	700.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities? If "Yes," describe in Part IV	ļ	X		
j	Total. Add lines 1c through 1i			51	400.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	if "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1_1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	2		
3 Dat	Did the organization agree to carryover lobbying and political expenditures from the prior year?  † III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501/o	(F) or or	otion	
rai	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				
	"Yes."		116 2 13 a		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
C	Total		2c	<u>-</u>	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		_3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5_	Taxable amount of lobbying and political expenditures (see instructions)		5	·	
Pai	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 11 Also	, complete	this part
for a	ny additional information.				

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Schedule C (Form 990 or 990-EZ) 2010

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number

	OPPORTUNITY FINANC		20-5189202
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
	,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of 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 donor advised	I funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor	<del>-</del>	
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	, , ,	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certifie	-
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified histonic sti	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	•
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)	(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	er Similar Assets
	Complete if the organization answered "Yes" to Form		ei Siiliidi Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS		et and halance shoot works of art
, u	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		e or public service, provide, in Fart XIV,
b	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	dudation, or research in furtherance of public	service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	if the organization received or held works of art, historical tre	asures, or other similar assets for financial o	ain provide
_	the following amounts required to be reported under SFAS 1		ari, provido
а	Revenues included in Form 990, Part VIII, line 1	, oo oog, .ading to those tellis.	<b>▶</b> \$
_	Assets included in Form 990, Part X		▶ \$ ▶ \$

Schedule D (Form 990) 2010

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			NITY FINAN	CE NETWORK	ζ		2	0-51	89202	Page 2
clineck all that apply : a	Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, c	or Other				
a	3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following tha	t are a sig	jnificant u	se of its	collection	items
b Scholarly research e Other  Preservation for Nature generations  A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rapse funder after than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX, the 21.  Is it he organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, the 21.  Is it he organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, the 21.  Is it he organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, the 21.  Beginning balance  C Beginning balance  C Beginning balance  I C I I I I I I I I I I I I I I I I I		(check all that apply):								
C Preservation for future generations  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's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection?  Fart IV   Excrow and Custodial Arrangements. Complete if the organization answered 'Ves' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table:  □ Beginning blance  □ Beginning blance  □ Beginning blance  □ Distributions during the year  □ Distributions during the year  □ Ending balance  □ Distributions during the year  □ Ending balance  □ Distributions during the year  □ Distributions during the year  □ Ending balance  □ Distributions during the year  □ Distributions during the year  □ Part V   Ending balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four year	а	Public exhibition	d	Loan or exc	change progra	ams				
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.    Does odd to raise funds rather than to be mantamed as part of the organization's collection?	þ	Scholarly research	e	Other						
5 During the year, did the organization solicit or receive donations of art, historical freatures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? Collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an asquer, fursher, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   If "Yes," explain the arrangement in Part XIV and complete the following table:   Beginning balance   Amount   1d.	C	Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes	4	Provide a description of the organization's co	ollections and explai	n how they further t	the organizati	on's exem	npt purpos	se in Part	XIV.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?   If "Yes," explain the arrangement in Part XIV and complete the following table:	5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or oth	er sımılar	assets		_	
reported an amount on Form 990, Part X, Ine 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 10.  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  Distributions during the year  1 Ending balance 2 Distributions during the year  I Ending balance 3 Did the organization include an amount on Form 990, Part X, Ine 21?  J If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 10.  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back or Not investment earnings, gains, and losses of Other expenditures for facilities and programs  I Administrative expenses  Per Tovide the estimated percentage of the year end balance held as:  a Board designated or quasisendowment										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if the organization	on answered	"Yes" to F	Form 990,	Part IV, i	ine 9, or	
on Form 990, Pat X?  b if "Yes," explain the arrangement in Part XIV and complete the following table:    Amount					<u>.</u>					
b If "Yes," explain the arrangement in Part XIV and complete the following table:    Amount   It	1a	is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other as	sets not i	ncluded		_	
Amount   Itc   I		•						L.	Yes	L No
c Beginning balance d Additions during the year 0 Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b If "Yes," explain the airrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (a) Current years back   (a) Current years back   (a) Current years back   (a) Current years back   (b) Prior years back   (a) Three years back   (b) Four years back   (a) Current years back   (b) Prior years back   (a) Three years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (b) Four years back   (c) Three years back   (b) Four years back   (b) Four years back   (b) Four years back   (c) Three years back   (d) Three years back   (e) Four	b	if "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
d Additions during the year    Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1							-		Amount	
e Distributions during the year  f Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21?  byes No by If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance by Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance by Permanent endowment    g Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    g Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    g Provide the endowment    g Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    g Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    g Provide the estimated percentage of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iiii) related organizations (iii) related organizations (iiii) related organization	C	Beginning balance					1c			
If   yes   No   No   Yes   No   No   No   No   No   No   No   N	d	Additions during the year					10			
Date the organization include an amount on Form 990, Part X, line 21?    Yes   No   No   No   Yes   No   No   No   No   No   No   No   N	ø	Distributions during the year					1e			
Body   Fryes   explain the arrangement in Part XIV.	f	•					11		<del></del>	<del></del> -
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Committed		_		217				<u> </u>	Yes	L No
[a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶				<del></del>		<u></u>				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	Pai	t V   Endowment Funds. Complete	f the organization ar	nswered "Yes" to Fo				<del></del>		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \( \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			(a) Current year	(b) Prior year	(c) Two year	s back (	d) Three ye	ars back	(e) Four	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance			<del> </del>					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  % b Permanent endowment   % c Term endowment   % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 551,494. 492,010. 59,484.	b	Contributions								
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if f*ves* to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment 551,494. 492,010. 59,484.	C	<u> </u>			<u> </u>					
and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \( \) % b Permanent endowment \( \) % c Term endowment \( \) % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) reset to 3a(i), are the related organization listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value  b Buildings c Leasehold improvements d Equipment 551,494. 492,010. 59,484.	d	·			<del> </del>					
g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities								
g End of year balance  Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment ▶		• •			<del> </del>					
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment ▶	f	·			ļ					
a Board designated or quasi-endowment ▶	g				<u> </u>		<del></del>			
b Permanent endowment  % c Term endowment  % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings c Leasehold improvements d Equipment 551,494 492,010 59,484 6	2	• • •	r end balance held a							
c Term endowment ▶		· .		%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iv) the intended uses of the organization's endowment funds  Part VI   Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other depreciation  (d) Book value	b									
by:	-		· •							
(ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  basis (investment)  b Buildings c Leasehold improvements d Equipment e Other	За		ession of the organization	ation that are held a	and administe	red for th	e organiza	ation	<u>.</u>	<del>- 1</del>
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings c Leasehold improvements d Equipment e Other		-								Yes No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment										<del>-  </del>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings C Leasehold improvements d Equipment 551,494. 492,010. 59,484.	_	.,		0.1.1.50						
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	b								3b	
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Cost or other basis (other)  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Accumulated depreciation  (n) Book value  (n) Book value  (n) Book value  (n) Accumulated depreciation  (n) Book value  (n) Book value  (n) Book value  (n) Accumulated depreciation  (n) Book value  (n) Book value  (n) Book value	<del>4</del>									
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	Fai	·····	<del></del>		· T					<del></del>
1a Land         b Buildings         c Leasehold improvements         d Equipment       551,494. 492,010. 59,484.         e Other		Description of investment	, , ,	\-, ·				"	(d) Book	value
b Buildings c Leasehold improvements d Equipment 551,494. 492,010. 59,484. e Other	4 -	Lond	Dasis (HIVESTI	nony Dasis	(Ottlet)	ueb	- CIALIOIT			
c Leasehold improvements d Equipment 551,494. 492,010. 59,484. e Other			ļ	<del></del>						
d Equipment 551,494. 492,010. 59,484.		•		<del>  </del>						
e Other	_	•		FE	1 404	A	92 01	<del>_   -</del>	<u> </u>	101
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					11,474.	4	74,UI		29	,404.
			qual Form 990 Part	X column (R) line		<del></del>			50	181

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	ee Form 990, Part X,	lne 12.	<u></u>	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuated or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	<u> </u>			
(A)	<del></del>			
(B)	<del>                                     </del>			
(C) (D)	<del></del>	-		
(E)				
(F)				······································
(G)			<del>-</del> -	<del></del>
(H)				· · · · · · · · · · · · · · · · · · ·
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X	, line 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuate or end-of-year mark	
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
			<del></del>	
(6)				
(7)	<del></del>		<del></del>	
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	J			
Part IX Other Assets. See Form 990, Part X, lin				
	) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
<u>(1)</u> (2)				<del></del>
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)	<del></del>			<u> </u>
(10)				- <del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X				<del></del>
(a) December of labels.	, Ine 25.	(b) Amount		<del></del>
(1) Federal income taxes	<del> </del>	(b) Arround		
(2) JP MORGAN CHASE EQUITY EQ	MITVALENT			
(3) INVESTMENTS	2021111111	9,500,000.		
(4) WELLS FARGO EQUIVALENT IN	VESTMENT	3,000,000.		
(5)				
(6)				
(8)				
(10)				
(11)		10 700		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.) to the organization's financia	12,500,000.	ation's liability for uncertain	tax positions under
2. FIN 48 (ASC 740). 032053		-p		
12-20-10			Sche	dule D (Form 990) 2010

Schedule D (Form 990) 2010

Schedule'D (Form 990) 2010 OPPORTUNITY FINANCE NETWORK 20-5189202 Page 5  Part XIV Supplemental Information (continued)
RESPECTIVELY.
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT
THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF
FASB ASC TOPIC 740-10. CONSEQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES
WAS DEEMED NECESSARY FOR THE YEAR ENDED DECEMBER 31, 2010. THE
ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.
GENERALLY, THE ORGANIZATION IS NOT LONGER SUBJECT TO INCOME TAX
EXAMINATION BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS
BEFORE 2007.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2010

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

2 [] Employer identification number ٠ Schedule I (Form 990) (2010) NACHOVIA WELLS FARGO NEXT NACHOVIA WELLS FARGO NEXT WACHOVIA WELLS FARGO NEXT 20-5189202 (h) Purpose of grant or assistance CDFI DATA PROJECT CDFI DATA PROJECT IDFI DATA PROJECT X Yes PASS-THRU GRANT ASS-THRU GRANT ASS-THRU GRANT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any AWARDS WARDS AWARDS recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed address of organization (b) EIN (c) IRC section or government and address of organization (b) EIN (d) Amount of non-cash assistance assistance assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection FMV - CASH PMV - CASH FMV - CASH CASH - CASH CASH FMV N. 34 ó ö Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 9.745 34,331, 25,000 8,909 25,000 25,000 OPPORTUNITY FINANCE NETWORK LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(4) 501(C)(3) 501(C)(3) 501(C)(4) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 84-0399006 11-2421972 36-7120987 General Information on Grants and Assistance 57-0954747 58-2383669 13-3083365 criteria used to award the grants or assistance? Enter total number of other organizations NATIONAL COMMUNITY INVESTMENT FUND 1 (a) Name and address of organization APPALACHIAN COMMUNITY ENTERPRISES - 116 NATIONAL FEDERATION OF COMMUNITY 2230 S. MICHIGAN AVE, SUITE 200 ONE DUPONT CIRCLE NW, SUITE 100 BETHEX FEDERAL CREDIT UNION DEVELOPMENT CREDIT UNIONS JOHN STREET, 33RD FLOOR BUSINESS CAROLINA INC WASHINGTON DC 20036 20 EAST 179TH STREET Name of the organization CLEVELAND, GA 30528 3173 HWY 129 NORTH COLUMBIA, SC 29201 CHICAGO IL 60616 1523 HUGER STREET ASPEN INSTITUTE BRONX NY 10453 YORK NY 10038 Part Part N

29

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	(ii)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORWARD COMMUNITY INVESTMENTS 211 S. PATTERSON STREET, SUITE 160 MADISON , WI 53703	39-1515578	<b>501(C)(3)</b>	25,000,	0	PMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
ENTERPRISE CASCADIA PO BOX 826, 203 HOWERTON WAY, SE IIWACO, WA 98624	91-1662698	501(C)(3)	250,000.	0	FMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
BOSTON COMMUNITY CAPITAL 56 WARREN STREET BOSTON, MA 02119-3236	04-3246555	501(C)(3)	500 000	0	FMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
·			-				
LHA							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. FOR CDFIS REPORT TO OFN ON THE USE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: OFN PROVIDES GRANTS TO CDFIS THROUGH WACHOVIA WELLS FARGO NEXT AWARDS PROGRAM TO PROPEL THESE ORGANIZATIONS TO THE NEXT OFN IS THE FISCAL MANAGER OF THE CDFI DATA PROJECT AND APPLIES FOR GRANTS OF FUNDS AND THEIR IMPACT IN THEIR LOW-INCOME AND LOW-WEALTH COMMUNITIES OFN ALSO MAKES PASS-THROUGH GRANTS TO MEMBERS OF THE CDFI DATA PROJECT SUSTAINABILITY, AND IMPACT IN LOW-INCOME COMMUNITIES. ON BEHALF OF THE GROUP TO COLLECT AND DISSEMINATE DATA ON THE CDFI (d) Amount of non-cash assistance (c) Amount of cash grant GRANTS MADE THROUGH THE NEXT AWARDS PROGRAM, (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, LEVEL OF GROWTH, Part IV Part

20-5189202

OPPORTUNITY FINANCE NETWORK

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

032102 01-13-11

Schedule i (Form 990) 2010

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

## **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

OPPORTUNITY FINANCE NETWORK

**Questions Regarding Compensation** 

**Employer identification number** 20-5189202

			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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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, with respect to the filing			
	organization or a related organization:			7,
_	Receive a severance payment or change-of-control payment from the organization or a related organization?	<u>4a</u>		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
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		<u> </u>
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	_8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	_9_		

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

Schedule J (Form 990) 2010

OPPORTUNITY FINANCE NETWORK

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

Schedule J (Form 990) 2010

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 of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(S)	Q	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
								Form 990-EZ
	Ξ	224,933.	0	0	0	17,004.	241,937.	0
1 MARK PINSKY	(1)	0.	0	0.	0	0	0	0
	3							
2	(3)							
	Θ							
3	3							
	Ξ							
4	Œ							
	Θ							
5	(ii)							
	ε							
9	Ξ							
	Θ							
7	(1)							
	ε							
80	(1)							
	Ξ							
6	9							
	Ξ							
10	3							
	Ξ							
11	(ii)				-			
	Ξ							
12								
	ε							
13	3							
	ε							
14	(1)							
	Ξ							
15	◙							
	8							
16	<b>E</b>							

Schedule J (Form 990) 2010

#### SCHEDULE M (Form 990)

Department of the Treasury

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Internal Revenue Service Name of the organization Attach to Form 990.

OPPORTUNITY FINANCE NETWORK

Open to Public Inspection

**Employer identification number** 

20-5189202

Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods A Cars and other vehicles 7 Boats and planes A Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 ( DEBT FORGIVEN) 67,500. FMV X 25 Other > Other > 26 27 Other Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  $\mathbf{X}_{-}$ 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? b if "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OPPORTUNITY FINANCE NETWORK

Employer identification number 20-5189202

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISADVANTAGED PEOPLE AND COMMUNITIES HAVE ACCESS TO AFFORDABLE,
RESPONSIBLE FINANCIAL PRODUCTS AND SERVICES. OFN IS A NATIONAL
MEMBERSHIP ORGANIZATION OF MORE THAN 180 COMMUNITY DEVELOPMENT
FINANCIAL INSTITUTIONS (CDFIS). THROUGH ITS NETWORK OF MEMBERS, OFN
INVESTS IN SMALL BUSINESSES, QUALITY AFFORDABLE HOUSING, CHILDCARE, AND
COMMUNITY FACILITIES IN ECONOMICALLY DISADVANTAGED URBAN, RURAL, AND
RESERVATION-BASED COMMUNITIES ACROSS ALL 50 STATES. OFN'S PROGRAM AND
SERVICES INCLUDES FINANCIAL PRODUCTS AND SERVICES FOR CDFIS, TRAINING
AND CONSULTING SERVICES FOR THE INDUSTRY, AND POLICY WORK ON BEHALF OF
THE INDUSTRY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFIS). THROUGH ITS
NETWORK OF MEMBERS, OFN INVESTS IN SMALL BUSINESSES, QUALITY AFFORDABLE
HOUSING, CHILDCARE, AND COMMUNITY FACILITIES IN ECONOMICALLY
DISADVANTAGED URBAN, RURAL, AND RESERVATION-BASED COMMUNITIES ACROSS
ALL 50 STATES. OFN'S PROGRAM AND SERVICES INCLUDES FINANCIAL PRODUCTS
AND SERVICES FOR CDFIS, TRAINING AND CONSULTING SERVICES FOR THE
INDUSTRY, AND POLICY WORK ON BEHALF OF THE INDUSTRY.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
IN 2010, OFN FORMED A WHOLLY CONTROLLED ORGANIZATION, OFN GP, LLC, A
DELAWARE LIMITED LIABILITY COMPANY, TO OPERATE AS ONE OF TWO GENERAL
PARTNERS IN THE COMMUNITIES AT WORK FUND (CAWF) ALONG WITH COMMUNITY
INVESTMENT PARTNERS, INC. CAWF'S PRIMARY PURPOSE IS TO MAKE LOANS TO

032211 01-24-11

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

Schedule O (Form 990 or 990-EZ) (2010)

CONFERENCE, PUBLICATIONS, DATA COLLECTION AND ANALYSIS, AND OTHER

KNOWLEDGE SHARING ACTIVITIES.

Name of the organization Employer identification number OPPORTUNITY FINANCE NETWORK 20-5189202 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: STRATEGIC COMMUNICATIONS / EXTERNAL RELATIONS - EXTERNAL RELATIONS IS OFN'S STRATEGIC COMMUNICATIONS ACTIVITY WHICH PROVIDE MARKETING AND PUBLIC RELATIONS EFFORTS FOR OFN AND THE COMMUNITY DEVELOPMENT FINANCE INDUSTRY. EXPENSES \$ 284.761. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: PER OFN'S BYLAWS, THERE IS ONE CLASS OF MEMBERSHIP AVAILABLE TO PRIVATE, NON-GOVERNMENTAL, MISSION-DRIVEN FINANCIAL INSTITUTIONS THAT MEET THE QUALIFICATIONS FOR MEMBERSHIP. EACH MEMBER IS ENTITLED TO BE REPRESENTED AT ANY MEETING OF THE MEMBERS BY UP TO TWO DELEGATES, WHO SHALL BE EITHER AN EMPLOYEE OF OR A BOARD MEMBER OF THE THE PRESENCE IN PERSON OF DELEGATES REPRESENTING AT LEAST MEMBER. ONE-THIRD OF THE MEMBERS CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS. WHEN A QUORUM IS PRESENT AT ANY MEETING, THE MAJORITY OF THE VOTES PRESENT DECIDES ANY QUESTION BROUGHT BEFORE THE MEETING. EACH MEMBER IS ENTITLED TO TWO VOTES ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. ALL VOTING, EXCEPT ELECTIONS FOR DIRECTORS WHICH IS BY WRITTEN BALLOT, MAY BE BY VOICE VOTE OR BALLOT. AT LEAST TWO-THIRDS OF THE DIRECTORS ARE ELECTED BY THE MEMBERS. UP TO ONE-THIRD OF THE DIRECTORS ARE APPOINTED BY THE BOARD OF DIRECTORS. NOMINATIONS FOR CANDIDATES FOR DIRECTOR ARE MADE BY A WRITTEN NOTICE TO THE NOMINATING COMMITTEE AND MUST BE ENDORSED BY NOT LESS THAT TWO (2) MEMBERS AND DELIVERED AT LEAST SIXTY (60) DAYS BEFORE THE ELECTION. ALL NOMINATIONS SO MADE BY MEMBERS ARE PRESENTED TO THE MEMBERSHIP FOR CONSIDERATION. NEW BYLAWS MAY BE ADOPTED, OR THE EXISTING BYLAWS MAY BE AMENDED OR

REPEALED, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE VOTES REPRESENTED 032212 01-24-11

Employer identification number 20-5189202

AND VOTING AT A DULY HELD MEETING OF MEMBERS AT WHICH A QUORUM IS PRESENT.

FORM 990, PART VI, SECTION A, LINE 7A: PER OFN'S BYLAWS, THERE IS ONE CLASS OF MEMBERSHIP AVAILABLE TO PRIVATE, NON-GOVERNMENTAL, MISSION-DRIVEN FINANCIAL INSTITUTIONS THAT MEET THE QUALIFICATIONS FOR MEMBERSHIP. EACH MEMBER IS ENTITLED TO BE REPRESENTED AT ANY MEETING OF THE MEMBERS BY UP TO TWO DELEGATES, WHO SHALL BE EITHER AN EMPLOYEE OF OR A BOARD MEMBER OF THE MEMBER. THE PRESENCE IN PERSON OF DELEGATES REPRESENTING AT LEAST ONE-THIRD OF THE MEMBERS CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS. WHEN A QUORUM IS PRESENT AT ANY MEETING, THE MAJORITY OF THE VOTES PRESENT DECIDES ANY QUESTION BROUGHT BEFORE THE MEETING. EACH MEMBER IS ENTITLED TO TWO VOTES ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. ALL VOTING, EXCEPT ELECTIONS FOR DIRECTORS WHICH IS BY WRITTEN BALLOT, MAY BE BY VOICE VOTE OR BALLOT. AT LEAST TWO-THIRDS OF THE DIRECTORS ARE ELECTED BY THE MEMBERS. UP TO ONE-THIRD OF THE DIRECTORS ARE APPOINTED BY THE BOARD OF DIRECTORS. NOMINATIONS FOR CANDIDATES FOR DIRECTOR ARE MADE BY A WRITTEN NOTICE TO THE NOMINATING COMMITTEE AND MUST BE ENDORSED BY NOT LESS THAT TWO (2) MEMBERS AND DELIVERED AT LEAST SIXTY (60) DAYS BEFORE THE ELECTION. ALL NOMINATIONS SO MADE BY MEMBERS ARE PRESENTED TO THE MEMBERSHIP FOR CONSIDERATION.

NEW BYLAWS MAY BE ADOPTED, OR THE EXISTING BYLAWS MAY BE AMENDED OR

REPEALED, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE VOTES REPRESENTED

AND VOTING AT A DULY HELD MEETING OF MEMBERS AT WHICH A QUORUM IS PRESENT.

FORM 990, PART VI, SECTION A, LINE 7B: PER OFN'S BYLAWS, THERE IS ONE

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FINANCIAL INSTITUTIONS THAT MEET THE QUALIFICATIONS FOR MEMBERSHIP. EACH

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Schedule O (Form 990 or 990-EZ) (2010)

MEMBER IS ENTITLED TO BE REPRESENTED AT ANY MEETING OF THE MEMBERS BY UP TO TWO DELEGATES, WHO SHALL BE EITHER AN EMPLOYEE OF OR A BOARD MEMBER OF THE MEMBER. THE PRESENCE IN PERSON OF DELEGATES REPRESENTING AT LEAST ONE-THIRD OF THE MEMBERS CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS. WHEN A QUORUM IS PRESENT AT ANY MEETING, THE MAJORITY OF THE VOTES PRESENT DECIDES ANY QUESTION BROUGHT BEFORE THE MEETING. EACH MEMBER IS ENTITLED TO TWO VOTES ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. ALL VOTING, EXCEPT ELECTIONS FOR DIRECTORS WHICH IS BY WRITTEN BALLOT, MAY BE BY VOICE VOTE OR BALLOT. AT LEAST TWO-THIRDS OF THE DIRECTORS ARE ELECTED BY THE MEMBERS. UP TO ONE-THIRD OF THE DIRECTORS ARE APPOINTED BY THE BOARD OF DIRECTORS. NOMINATIONS FOR CANDIDATES FOR DIRECTOR ARE MADE BY A WRITTEN NOTICE TO THE NOMINATING COMMITTEE AND MUST BE ENDORSED BY NOT LESS THAT TWO (2) MEMBERS AND DELIVERED AT LEAST SIXTY (60) DAYS BEFORE THE \_ALL NOMINATIONS SO MADE BY MEMBERS ARE PRESENTED TO THE ELECTION. MEMBERSHIP FOR CONSIDERATION.

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FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING THE FORM 990, THE CHIEF FINANCIAL OFFICER AND THE VP, ACCOUNTING REVIEW THE FORM FOR ACCURACY AND THEN FORWARD IT TO THE PRESIDENT & CEO FOR REVIEW. IN ADDITION, THE ORGANIZATION SENDS AN ELECTRONIC COPY OF THE FORM 990 TO ITS BOARD OF DIRECTORS. THIS IS PRIMARILY FOR INFORMATIONAL PURPOSES AND TO ALLOW FOR COMMENTS FROM THE BOARD, BUT DOES NOT REQUIRE ACTION FROM THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE BOARD OF DIRECTORS

COMPLETES A POTENTIAL CONFLICT OF INTEREST STATEMENT WHICH STATES THAT THEY DO NOT HAVE A POTENTIAL CONFLICT OF INTEREST AS COVERED BY THE OPPORTUNITY FINANCE NETWORK'S CONFLICT OF INTEREST POLICY. IF THE BOARD MEMBER (OR ANY RELATED PARTY) IS INVOLVED IN TRANSACTIONS WITH OFN INCLUDING BUT NOT LIMITED TO LOAN AND GRANT APPLICATIONS TO OFN, AND CONSULTING CONTRACTS WITH OFN, THE BOARD MEMBER DISCLOSES THIS IN A SEPARATE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED THROUGH AN ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE / PERSONNEL COMMITTEE OF THE BOARD MANAGES THIS PROCESS BY REVIEWING THE PRESIDENT & CEO'S PERFORMANCE AGAINST SET GOALS. THEY USE A DOCUMENTED PROCESS OF SELF ASSESSMENT AND PERFORMANCE THIS COMMITTEE MEETS TO DEVELOP RECOMMENDATIONS WHICH ARE REVIEW. PRESENTED TO THE FULL BOARD FOR ACTION. THE FULL BOARD CONDUCTS AN EXECUTIVE SESSION WITH THE PRESIDENT & CEO TO DISCUSS HIS PERFORMANCE REVIEW AND COMPENSATION ACTION, AND TO DETERMINE GOALS FOR THE FOLLOWING YEAR.

THE EXECUTIVE / PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS CONSISTS OF INDUSTRY PEERS WHO ARE WELL ACQUAINTED AND UP-TO-DATE ON COMPENSATION COMPARABILITY IN THE INDUSTRY. THEY MAY FROM TIME TO TIME SEEK CONFIRMATION OF INDUSTRY DATA AS THEY DEEM APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

47,948.

Schedule O (Form 990 or 990-EZ) (2010)

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FORM 9	90,	PART	XI,	LINE	2C:	THERE	HAS	BEEN	NO	CHANGE	FROM	THE	PRIOR	<u> </u>	
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Helated Organizations and Unrelated Partnerships  ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  ► Attach to Form 990.	and Unrelated Partner: es to Form 990, Part IV, line 33, 3 ➤ See separate instructons.	nerships .33, 34, 35, 36, or 3 tons.		2010 Open to Public Inspection	0 Sublic -
Name of the organization OPPORTUNITY	FINANC			ш	Employer identification number 20-5189202	number
Part I Identification of Disregarded Entities (Complete if the organization		answered "Yes" to Form 990, Part IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	]           
NCCA GENERAL PARTNER, LLC - 11-3704951 620 CHESTNUT STREET, SUITE 572 PHILADELPHIA, PA 19106	PERATE AS A GENERAL PARTNER OF CDFI TAX CREDIT FUND, LP	DELAWARE	40 013	11,714		
OFN GP LLC 620 CHESTNUT STREET, SUITE 572 PHILADELPHIA, PA 19106		DELAWARE	250,000			
Part II Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)		he organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	art IV, line 34 becau	se it had one or mor	e related tax-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Presention state	(e) Public chanty Status (if section 501(c)(3))	Direct controlling con con entity Yes	Section 512(b)(13) controlled entity?

Schedule R (Form 990) 2010

20-5189202

Page 2

Schedule R (Form 990) 2010 OPPORTUNITY FINANCE NETWORK

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

Percentage ownership Code V-UBi General or Percentage amount in box managing ownership 20 of Schedule Partner? (Form 1065) Yes No 100% Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Share of end-of-year assets Ö Share of total income ate allocations? ê Disproportion-Ξ Yes Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> CORP (d) Direct controlling Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) PA ত্র e **7**7 Primary activity Direct controlling entity € NACTIVE (c)
Legal
domicile
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foreign Primary activity OPPORTUNITY MORTGAGE NETWORK - 20-8920619 9 Name, address, and EIN of related organization 620 CHESTNUT STREET, SULTE 572 Name, address, and EIN of related organization ā 19106 PHILADELPHIA, PA 032162 12-21-10 Part ™

Schedule R (Form 990) 2010 OPPORTUNITY FINANCE NETWORK

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			(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
			relationships and transaction thresholds	this line, including covered	who must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
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	Yes		in Parts II:1V2	related organizations listed	s with one or more	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
N	Ves					Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

20-5189202 Page 4

Schedule R (Form 990) 2010 OPPORTUNITY FINANCE NETWORK

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

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

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Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreion	Are all partners section 501(c)(3)	Share	5 a s	Code V-UBI amount in box 20	G E
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Schedule R (Form 990) 2010

<u> Cchedule R</u>	R (Form 990) 2010	OPPORTUNITY	FINANCE NETWORK	20-5189202 Page 5
Part VII	R (Form 990) 2010  Supplemental Info	rmation		
	Complete this part to pi	rovide additional informatio	n for responses to questions on Schedule R (se	ee instructions).
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