

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treastry 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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	A F	or the	e 2011 calendar year, or tax year beginning and e	nding		
i	B C	heck if		J	D Employer identific	cation number
	Г	Addre	OPPORTUNITY FINANCE NETWORK			
	匸	Name			20-5	189202
	一	Initial		loom/suite	E Telephone number	
	一	Termir	, ,	72	· ·	923-4754
	\Box	Ameno			G Gross receipts \$	43,331,609.
		Applic	^{a-} PHILADELPHIA, PA 19106		H(a) Is this a group re	
		pendir	F Name and address of principal officer MARK PINSKY		for affiliates?	Yes X No
			SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
_	ΙT	ax-exe	empt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
			te: > WWW.OPPORTUNITYFINANCE.NET		H(c) Group exemption	n number 🕨
إ			organization: X Corporation	L Year	of formation: 2006 N	State of legal domicile: PA
Į	Pa	rt I	Summary			
	စ္ပ		Briefly describe the organization's mission or most significant activities: OFN'S			
	au		AND THEIR PARTNERS TO ENSURE THAT LOW-INC			AND OTHER
	Governance		Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
	ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	12
	9		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
	Activities &		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	34
	Ę		Total number of volunteers (estimate if necessary)		6	0
	₹		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
-	\dashv	D	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
		8	Contributions and grants (Part VIII, line 1h)		Prior Year 3,349,619.	Current Year 35, 138, 455.
2012	Revenue		Program service revenue (Part VIII, line 2g)		4,077,797.	5,298,759.
21	§		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•	497,828.	271,725.
€	ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• -	0.	0.
e.			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,925,244.	40,708,939.
NII.			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		902,985.	7,372,223.
			Benefits paid to dr for members Part X column (A) line 4)		0.	0.
	ဖွ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,803,938.	3,374,021.
SCANNED	Expenses	16a	Professional fundraising fees (Part IX, column (A) Fire 11e)		0.	0.
3	ğ	b	Total fundraising expenses (Part X column (D), line 25) 🕨 173, 51	2.	·	
Š	ш	17	Other expenses (Part IX, column (A), lines 11a 1fd, 11f-24e)	<u> </u>	4,044,015.	4,599,503.
Ø			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	7,750,938.	<u> 15,345,747.</u>
-		19	Revenue less expenses. Subtract line 18 from line 12		174,306.	25,363,192.
i	sers or alances				ginning of Current Year	End of Year
-	Sser		Total assets (Part X, line 16)		94,262,818.	109,623,748.
1	Fund		Total liabilities (Part X, line 26)		69,967,885.	59,834,262.
i		rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	<u> </u>	24,294,933.	49,789,486.
L			lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents and to the best of m	v knowledge and helief it is
			et, and complete. Declaration of preparer (other than officer) is based on all information of which			y Knowiedye and Delici, it is
-	,		Lath Jupses	p. op a. o.	5/14/	12
;	Sigr	1	Signature of officer		Date	
	Here		BETH LIPSON, CHIEF FINANCIAL OFFICER			
_			Type or print name and title	20		
			Print/Type preparer's name Preparer's Signature	// º	Date / Check	PTIN
١	Paid		CHRISTOPHER M. PEKULA COPULLY		5 /11 /2012 "setf-employe	P00734965
	•	arer	Firm's name MCGLADREY LLP		Firm's EIN	42-0714325
l	Use	Only	Firm's address 751 ARBOR WAY, SUITE 200		_	48 644 5
			BLUE BELL, PA 19422		Phone no. 2	15.641.8600
-			RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	13200	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.	5-11	6-14-orm 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2011) OPPORTUNITY FINANCE NETWORK	20-5189202	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		\mathbf{x}
1	Bnefly describe the organization's mission:		
	OFN'S MISSION IS TO LEAD CDFIS AND THEIR PARTNERS TO EN	SURE THAT	
	LOW-INCOME, LOW-WEALTH, AND OTHER DISADVANTAGED PEOPLE		TES
	HAVE ACCESS TO AFFORDABLE, RESPONSIBLE FINANCIAL PRODUCT		150
	SERVICES. OFN IS A NATIONAL MEMBERSHIP ORGANIZATION OF		0.0
		MORE THAN I	90
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	•
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to)
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$1, 524, 755. including grants of \$) (Revenue)	ue\$ 2,272,4	440.)
	FINANCIAL SERVICES - FINANCIAL SERVICES INCLUDES THE FO		,
	ACTIVITIES WHICH BENEFIT LOW-INCOME AND LOW-WEALTH COMM		
	THROUGHOUT THE U.S: OFN'S FINANCING FUND (ON BALANCE-SI		A ATT
			עאט
			BT170
	UNDERWRITING AND MONITORING SERVICES TO THIRD PARTY INV		LING
	IN CDFIS), NEW MARKETS TAX CREDIT ACTIVITY, AND OTHER F	INANCING	
	RESEARCH AND DEVELOPMENT.	· · · ·	
	OFN PROVIDES FINANCING TO ITS NETWORK OF CDFIS WHICH BE	NEFITS MILLIC	ONS
	OF LOW-INCOME AND LOW-WEALTH PEOPLE AND COMMUNITIES. TH	ROUGH ITS	
	FINANCING FUND, OFN PROVIDES BELOW-MARKET RATE LOANS AND	D INVESTMENTS	S TO
	CDFIS, WHICH IN TURN PROVIDE LOANS AND INVESTMENTS TO II	NDIVIDUALS AN	MD.
4b	(Code) (Expenses \$1, 305, 370 . including grants of \$) (Revenue	ue \$ 737,4	403.)
	KNOWLEDGE SHARING - OFN WORKS TO IMPROVE THE PERFORMANCE		
	THEY CAN BETTER SERVE LOW-INCOME, LOW-WEALTH COMMUNITIES		
	TRAINING TO ITS NETWORK OF CDFIS AND OTHER KEY STAKEHOLI		
	INDUSTRY. THIS TRAINING IMPROVES THE PERFORMANCE AND SU		V OF
	THESE CDFIS TO SERVE THEIR CLIENTELE OF LOW-INCOME PEOPLE		<u> </u>
	COMMUNITIES, AND INCREASES RESOURCES AVAILABLE TO CDFIS		
			
	PUBLICATIONS, DATA COLLECTION AND ANALYSIS, MEMBERSHIP,	REGIONAL	
	MEETINGS, AND OTHER KNOWLEDGE SHARING ACTIVITIES.		
		.	
4c	(Code) (Expenses \$ 8,659,587. including grants of \$ 7,372,223.) (Revenue		<u>375.</u>)
	STRATEGIC INITIATIVES - STRATEGIC INITIATIVES INCLUDES (
	CROSS-FUNCTIONAL HIGH IMPACT INITIATIVES THAT BENEFIT T	HE CDFI INDUS	STRY
	WITH CAPITAL AND OTHER RESOURCES. IN 2011, THIS INCLUDE	ES THE NEXT	
	AWARDS AND CREATE JOBS FOR USA FUND (DESCRIBED IN SCHEDU	ULE O). THE	-
	PURPOSE OF THE NEXT AWARDS IS TO PROPEL HIGH POTENTIAL		3
	LOW-INCOME COMMUNITIES TO THE NEXT LEVEL OF GROWTH, SUC		
	POWER. OFN RAISED CAPITAL WHICH WAS USED TO MAKE LOANS		
	SIX AWARDEES EACH YEAR FOR A FIVE-YEAR PERIOD FROM 2007		
	MILLION IN AWARDS PER YEAR). IN 2011, THE PARTNERS OF		200
	COMMITTED TO CONTINUE THE PROGRAM FOR ANOTHER FIVE YEAR		
	COMMITTED TO CONTINUE THE PROGRAM FOR ANOTHER FIVE TEAR	5 (2012-2016)	<u>/</u>
	· · · · · · · · · · · · · · · · · · ·		
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 3,157,382. including grants of \$) (Revenue \$ 1,5	527,705.)	
<u>4e</u>	Total program service expenses ► 14,647,094.		
12200	2		(2 011)
132002 02 -09 -	SEE SCHEDULE O FOR CONTINUATION (S)	
	3		
180	511 133301 OFN 2011.03050 OPPORTUNITY FINANCE	NETWORK OFN_	1

Form 990 (2011) OPPORTUNITY FINANCE NETWORK
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, 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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2 0a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Form 990 (2011) OPPORTUNITY FINANCE NETWORK

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		<u> </u>
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "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			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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		<u> </u>
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	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			v
22	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		х	
34	Was the organization related to any tax-exempt or taxable entity?	33_	Λ	
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
	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		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2011\
		. 51111	(

	990 (2011) OPPORTUNITY FINANCE NETWORK		<u>20-5189</u>	<u> 202</u>	Р	age :
Par						
	Check if Schedule O contains a response to any question in this Part V		·			
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?		i	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ms? .		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	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	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	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	Accour	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	rvices p	rovided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired	_		
	to file Form 8282?	ı i		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		7.
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		00 10	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		-	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are interior according to the organization of cars, boats, airplanes, or other vehicles, did the organization			7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		· · ·	٥		
9	Sponsoring organizations maintaining donor advised funds.	any um	ic during the year!	_8_		_
a	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:			30		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					1
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c	_			

Form **990** (2011)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 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? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PA, AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LAURIE CURRAN - 215-320-4317 CHESTNUT STREET, PHILADELPHIA Form **990** (2011) SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2011) 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

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.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of	
	week	-	1			1	100,	from the	from related	other	
	(describe hours for	director				Ļ		organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee o	stee			nsate		(W-2/1099-MISC)	(** 2. 1000 111100)	organization	
	organizations	Frust	aal fru		oyee	ed				and related	
	ın Schedule	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	O)	틸	<u>=</u>	ㅎ	- K	₹5	횬				
(1) IGNACIO ESTEBAN	2.00	٦.	ļ					0.	0.	0	
CHAIR OF BOARD	2.00	┢						0.	0.	0	
(2) ERIC BELSKY	2.00	x						0.	0.	0	
BOARD MEMBER	2.00	┢			┢			0.	<u> </u>	<u> </u>	
(3) DONALD BOWEN BOARD MEMBER	2.00	×						0.	ο.	0	
(4) ALAN BRANSON	2.00	1			\vdash	t			<u> </u>		
TREASURER	2.00	$ _{\mathbf{x}}$		х	1		1	0.	0.	0	
(5) JOAN BRODHEAD								•			
BOARD MEMBER	2.00	x					i	0.	0.	0	
(6) DOUG BYSTRY											
BOARD MEMBER	2.00	X						0.	0.	0	
(7) LORI CHATMAN											
BOARD MEMBER	2.00	X	_			<u> </u>		0.	0.	0	
(8) LORI GLASS											
BOARD MEMBER	2.00	X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0	
(9) JEANNINE JACOKES					1					_	
BOARD MEMBER	2.00	X	_		_	ļ	<u> </u>	0.	0.	0	
(10) TRINITA LOGUE			ĺ				1			_	
BOARD MEMBER	2.00	X	_			_		0.	0.	0	
(11) JULIA NELMARK	0.00										
BOARD MEMBER	2.00	X	├ ─	-	┢	┢		0.	0.	0	
(12) MARY ROGIER	1 2 00				ļ					_	
BOARD MEMBER	2.00	X		\vdash		\vdash	⊢	0.	0.	0	
(13) MARK PINSKY	40.00	l		x			ĺ	239,169.	0.	19,409	
PRESIDENT & CEO	40.00	╁	┢	₽	┢	┢	┢┈	239,109.		19,409	
(14) BETH LIPSON	24.00	l		х				106,165.	0.	180	
CHIEF FINANCIAL OFFICER (15) CATHERINE DOLAN	24.00	十	╁┈	^	╁	1	╁	100,103.	0.	100	
CHIEF OPERATING OFFICER	40.00			X	ļ			207,150.) o.	12,453	
(16) PAIGE CHAPEL	30.00	 	t	 ^	1	\vdash		207,130.		12,33	
EVP_CARS/HC_	40.00				ł	$ \mathbf{x} $		158,983.	0.	1,525	
(17) PAMELA PORTER		T		T		† <u></u>	T		<u> </u>		
EVP_ CONSULTING/HC	40.00	1				x	1	170,220.	0.	733	
132007 01-23-12									 	Form 990 (201	

132007 01-23-12

Pan	VII Section A. Officers, Directors, T	I	mple	oyee			High	est		-				
	· (A)	(B)			Pos	C) ation	,		(D)	(E)			(F)	
	Name and title	Average hours per		not c	check	more	than		Reportable compensation	Reportable compensation		_	timate nount	
		week					ıs bot or/trus			from related		aı	other	
		(describe	ector						the	organization	s	com	pensa	
		hours for related	ip Jo	8			ated		organization	(W-2/1099-MIS	3C)		om th	
		organizations	trustee or director	Itust		8	mpens		(W-2/1099-MISC)			_	anızat d relat	
		in Schedule	Individual 1	Institutional trustee	=	Key employee	Highest compensated employee	ie					anızatı	
		0)	횰	靇	Officer	Key	돌를	Ferr						
(18)	LINA PAGE	40.00					l		440			_		
EVP.	STRATEGIC COMMUNICATI	40.00	┢	┢	├	├	X		149,728.		0.	1	<u>5,5</u>	44.
	WANDA SPEIGHT	40.00					x		160,603.		0.	1	n 6	17
EVP.	FINANCIAL SERVICES/HC JENNIFER VASILOFF	40.00	\vdash		\vdash	<u> </u>	┢	_	100,003.		<u> </u>		0,0	<u>47.</u>
		40.00		Ì			$ \mathbf{x} $		147,450.		0.	i	1.3	75.
													<u> </u>	
			L	<u> </u>										
			_	_	<u> </u>	<u> </u>	╙							
			-	\vdash	╁	-	-	-						
				\vdash	-	-								
									}					
		T												
	Sub-total								1,339,468.		0.	6	<u>1,8</u>	66.
	Total from continuation sheets to Part	VII, Section A			•				0.		0.		1 0	<u>0.</u>
	Total (add lines 1b and 1c) . Total number of individuals (including but	not limited to th		licte	ad at	hov	0) vet		1,339,468.	000 of reportable	0.	0	Ι,8	66.
	compensation from the organization	not inflited to ti	1036	IISIC	eu a	DUV	0) WI	101	eceived more trials \$100	,000 or reportable	Ю			10
													Yes	No
3	Did the organization list any former office	r, director, or tr	uste	e, ke	y er	nplo	уее	, or	highest compensated e	mployee on	ſ			
	line 1a? If "Yes," complete Schedule J for	such individual										3_		Х
4	For any individual listed on line 1a, is the	•		-						the organization				
_	and related organizations greater than \$1											4	X	<u> </u>
5	Did any person listed on line 1a receive o							elat	ted organization or indiv	dual for services				
Sect	rendered to the organization? If "Yes," co ion B. Independent Contractors	mpiete Scheau	e J i	or s	ucn	per	son					5		X
	Complete this table for your five highest of	compensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	nens	ation f	rom	
	the organization Report compensation for													
	(A)								(B)			((>)	
	Name and busines							_	Description of s	services	c	ompe	nsatio	n
	NKER BIDDLE & REATH,						-			-a		1.0	- ^	~ =
<u>500</u>	<u>IARE, STE 2000, PHILAI</u>	DELPHIA,	P	Α .	<u> 19.</u>	TO	<u> </u>		LEGAL SERVIC	ES		_ <u>T 0</u>	<u>5,8</u>	<u> 27.</u>
			-											
	Takal assault as at the desired	for all 1							1-1					
2	Total number of independent contractors	· -	iot li	mite	a to	tho	se i: 1	stec	a above) who received n	nore than				
	\$100,000 of compensation from the orga	mzauon 📂			_							Form	000 /	2011)

Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns <u>1a</u> Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e 4,500,000 e Government grants (contributions) f All other contributions, gifts, grants, and 30638455 similar amounts not included above 3,750,000 g Noncash contributions included in lines 1a-1f \$ 35138455 Total, Add lines 1a-1f **Business Code** 2 a INTEREST ON LOANS 525990 2,616,775.2,616,775 Program Service TECHNICAL SERVICES 900099 ,950,870.1,950,870 536,805 TRAINING EVENTS 900099 <u>536,805.</u> 900099 d MEMBERSHIP DUES 194,309. 194,309. All other program service revenue 5,298,759 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 319,395 319,395. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities 2575000 assets other than inventory b Less: cost or other basis 2622670 and sales expenses <**47**,670.b c Gain or (loss) <47,670. <47,670.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total, Add lines 11a-11d 40708939.5, 298 271,725. Total revenue. See instructions Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a respon	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	7,372,223.	7,372,223.		
2	Grants and other assistance to individuals in			1	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees .	563,465.	466,389.	75,195.	21,881
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,336,825.	1,974,681.	260,906.	101,238
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	20,708.	18,227.	1,756.	725
9	Other employee benefits	233,199.	205,318.	19,707.	8,174
10	Payroll taxes	219,824.	193,512.	18,607.	7,705
11	Fees for services (non-employees):				
а	Management				
b	Legal .	137,177.	113,289.	23,888.	
C	Accounting	51,100.	44,980.	4,329.	1,791
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,135,250.	1,095,056.	39,464.	730
12	Advertising and promotion	207,714.	207,348.		366
13	Office expenses	230,247.	212,856.	13,686.	3,705
14	Information technology				
15	Royalties				
16	Occupancy	236,722.	208,375.	20,051.	8,296
17	Travel	202,417.	179,530.	15,131.	7,756
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings	484,424.	478,923.	2,823.	2,678
20	Interest	1,486,835.	1,486,835.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,960.	21,975.	2,110.	875
23	Insurance .	30,074.	26,470.	2,551.	1,053
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TECHNOLOGY PROJECTS	153,075.	140,526.	8,882.	3,667
b	TANK TAGG BEGERING	70,313.	70,313.		
С	MEMBER CHIERO	65,133.	61,944.	2,654.	535
d	DECRUTETIO DUDENICEO	7,546.	5,342.	2,204.	
е	All other expenses	76,516.	62,982.	11,197.	2,337
25	Total functional expenses. Add lines 1 through 24e	15,345,747.	14,647,094.	525,141.	173,512
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)
Part X | Balance Sheet

Part 2	X_	Balance Sheet					<u> </u>
		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500.	1	500
:	2	Savings and temporary cash investments			19,593,898.	2	18,643,595
;	3	Pledges and grants receivable, net		÷	4,487,865.	3	17,679,587
4	4	Accounts receivable, net			474,374.	4	1,008,140
:	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employe	es Co	nplete Part II			
		of Schedule L		÷		5	
- (6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
,,		employees' beneficiary organizations (see instru	ctions			6	
Assets	7	Notes and loans receivable, net		62,845,394.	7	67,691,492	
ğ ş	8	Inventones for sale or use				8	
` <u> </u>	9	Prepaid expenses and deferred charges			42,082.	9	23,579
10	0a	Land, buildings, and equipment cost or other	1				
		basis. Complete Part VI of Schedule D	10a	571,454.			
	b	Less: accumulated depreciation	10b	516,971.	59,484.	10c	54,483
1.	1	Investments - publicly traded secunties			6,140,611.	11	3,909,399
12	2	Investments - other securities See Part IV, line		617,797.	12	612,145	
13	3	Investments - program-related. See Part IV, line	11			13	
14	4	Intangible assets		14			
18	5	Other assets. See Part IV, line 11	813.	15	828		
10	6	Total assets. Add lines 1 through 15 (must equ	al line	34)	94,262,818.	_16	109,623,748
17	7	Accounts payable and accrued expenses	234,809.	17	405,637		
18	8	Grants payable .	500,000.	18			
19	9	Deferred revenue	351,076.	19	306,625		
20	0	Tax-exempt bond liabilities			20		
ဖ္က 2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
	2	Payables to current and former officers, director	s, trus	tees, key employees,			
		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
-		of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
24	4	Unsecured notes and loans payable to unrelate	d thırd	parties	56,382,000.	24	56,122,000
2	5	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
1		Schedule D			12,500,000.		3,000,000
2	<u>6</u>	Total liabilities. Add lines 17 through 25			69,967,885.	26	59,834,262
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
န္မ		lines 27 through 29, and lines 33 and 34.					
27	7	Unrestricted net assets			9,919,153.	_27	15,851,233
ğ 21	8	Temporarily restricted net assets			14,375,780.	28	33,938,253
E 2	9	Permanently restricted net assets				29	
∄		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and			
5		complete lines 30 through 34.					
S 30	0	Capital stock or trust principal, or current funds				30	
န္နီ ဒ [ှ]	1	Paid-in or capital surplus, or land, building, or ed	luipme	nt fund .		31	
Net Assets or Fund balances S.	2	Retained earnings, endowment, accumulated in	come,	or other funds		32	
ž 3:	3	Total net assets or fund balances .			24,294,933.	33	49,789,486
ا م	4	Total liabilities and net assets/fund balances			94,262,818.	34	109,623,748

Form **990** (2011)

Form	990 (2011) OPPORTUNITY FINANCE NETWORK	20-518	9202	Pac	ae 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\mathbf{x}
1	Total revenue (must equal Part VIII, column (A), line 12)	1 4	0,708	3,9	39.
2	Total expenses (must equal Part IX, column (A), line 25)		5,345		
3	Revenue less expenses. Subtract line 2 from line 1	3 2	5,363	3,1	$\overline{92.}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	4,294	1,9	33.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	131	. , 3	61.
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 4	9,789	, 4	86.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
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?		2b	X	<u></u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a			
	separate basis, consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X	
			Form §) 90 (2	2011)

132012

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization

Employer identification number OPPORTUNITY FINANCE NETWORK 20-5189202 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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.) $|\mathbf{x}|$ 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 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. b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, 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? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο 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). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 laovernina document? (i) of your support? above or IRC section (see instructions)) Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (c) 2009 (d) 2010 (f) Total (b) 2008 (e) 2011 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009(d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here		
ection C. Computation of Public Support	Percentage	

 $\overline{\mathbf{s}}$ 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14

		•	•	•	•	•					
16a 33 1/3%	supp	ort test -	2011. If the organization	did not	check the	e box on line	13, and line	14 is 33	1/3% or mo	re, check	this box and
stop her	e. The	e organiza	ition qualifies as a publicly	suppo	rted orga	nızatıon					

b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

		•
b	10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	15 is 10% o
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV ho	w the
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	

8	Private foundation. If the organization did not check a box on line 13, 16a	ia, 16b, 1	17a, or 17b,	check this box an	id see instruction
_					

Schedule A (Form 990 or 990-EZ) 2011

%

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

Section A. Public Support	5.6.1, p.00.00 00	oloto i dit inj				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not			•		ĺ	
include any "unusual grants.")			3349873.	3349619.	35138455.	41837947.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2942996.			12319552.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	- "		6292869.	7427416.	40437214.	54157499.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			1075000.	2929948.	27779354.	31784302.
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			1075000.	2929948.	27779354.	31784302.
8 Public support (Subtract line 7c from line 6)						22373197.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6			6292869.	7427416.	40437214.	54157499.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			580,700.			
b Unrelated business taxable income			300,700.	309,203.	319,393.	1409370.
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			580,700.	509,283.	319,395.	1409378.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			300,700.	303,203.	313,333.	1409370.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)			6873569.	7936699.	40756609.	55566877.
14 First five years. If the Form 990 is for	the organization's	first, second, thi	rd, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	
check this box and stop here						▶ X
Section C. Computation of Publ	ic Support Pe	rcentage			··-	
15 Public support percentage for 2011 (I	ine 8, column (f) di	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	stment Incom	e Percentage	<u> </u>			
17 Investment income percentage for 20	11 (line 10c, colum	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly s	supported organiza	ation	▶□
b 33 1/3% support tests - 2010. If the	organization did n	ot check a box o	n line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che					-	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions .	

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

2011

Open to Public Inspection

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

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.

 Section 501(c)(4), (5), or (6) organization 				Employe	r identification	number
OPPO	RTUNITY FINANCE NET	WORK			20-51892	
Part I-A Complete if the	e organization is exempt und	ler section 501(c) or is a section	527 orga	anization.	<u> </u>
Provide a description of the o Political expenditures Volunteer hours	rganization's direct and indirect politic	cal campaign activities	s in Part IV	> \$		
					· · · · · · · · · · · · · · · · · · ·	
	e organization is exempt und)(3).			
	se tax incurred by the organization und			> \$		
•	se tax incurred by organization manag		5	> \$		
3 If the organization incurred a	section 4955 tax, did it file Form 4720	for this year?			Yes	U No
4a Was a correction made?					L Yes	L No
b If "Yes," describe in Part IV			· · · · · · · · · · · · · · · · · · ·			
	e organization is exempt und	_ _				
1 Enter the amount directly exp	ended by the filing organization for se	ction 527 exempt fun	ction activities	▶ \$		
2 Enter the amount of the filing	organization's funds contributed to ot	her organizations for	section 527			
exempt function activities				▶ \$		
exempt function activities	•			· · ·		
•	ditures Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	· <u></u>		
•	ditures Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	· <u></u>		
3 Total exempt function expend		and on Form 1120-PO	L,	▶ \$	Yes	No
3 Total exempt function expend line 17b4 Did the filing organization file	Form 1120-POL for this year?			▶ \$	L res	
 3 Total exempt function expendine 17b 4 Did the filing organization file 5 Enter the names, addresses a 		N) of all section 527 p	political organizations	►\$	ne filing organiz	ation
 3 Total exempt function expendine 17b 4 Did the filing organization file 5 Enter the names, addresses a made payments For each organization 	 Form 1120-POL for this year? and employer identification number (El	N) of all section 527 p d from the filing orgar	olitical organizations iization's funds Also	s to which the	ne filing organizemount of politic	ation al
 Total exempt function expendine 17b Did the filing organization file Enter the names, addresses a made payments For each organizations received that w 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount pai	N) of all section 527 p d from the filing orgar a separate political or	olitical organizations nization's funds Also ganization, such as a	s to which the	ne filing organizemount of politic	ation al
 Total exempt function expendine 17b Did the filing organization file Enter the names, addresses a made payments For each organizations received that w 	Form 1120-POL for this year? and employer identification number (Elganization listed, enter the amount parere promptly and directly delivered to	N) of all section 527 p d from the filing orgar a separate political or	olitical organizations nization's funds Also ganization, such as a	s to which the enter the air a separate s	ne filing organizemount of politic	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organizations received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.
 Total exempt function expendence in the 17b Did the filing organization file Enter the names, addresses a made payments. For each organization contributions received that we political action committee (PA) 	Form 1120-POL for this year? and employer identification number (El ganization listed, enter the amount paiere promptly and directly delivered to AC). If additional space is needed, prov	N) of all section 527 p d from the filing orgar a separate political or vide information in Pai	political organizations nization's funds Also ganization, such as a t IV (d) Amount paid filing organizat	s to which the enter the air a separate s	ne filing organizemount of political organizes. (e) Amount of pontributions recompromptly and of delivered to a sepolitical organizes.	ation cal d or a colitical eived and directly eparate zation.

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the org					5189202 Page 2
•			n Part IV each affiliated	group member's nar	ne, address, EIN,
B Check ▶ ☐ If the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.		
Lim	its on Lobbying Expe ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)	·· · · · · · · · · · · · · · · · · · ·		
b Total lobbying expenditures to infl			· . [
c Total lobbying expenditures (add			[
d Other exempt purpose expenditur	es .				
e Total exempt purpose expenditure	es (add lines 1c and 1c	. (t			
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.	······	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	<u> </u>		
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (e	nter 25% of line 1f)				-
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-		•		
i Subtract line 1f from line 1c. If zer	o or less, enter -0-				<u> </u>
j If there is an amount other than ze reporting section 4911 tax for this		line 1i, did the organiz	ation file Form 4720		Yes No
	zations that made a s		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) 2008	(ь) 2009	(c) 2010	(d) 2011	(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))					

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011 OPPORTUNITY FINANCE NETWORK 20-5189202 Page 3 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)).

For e	ach "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed description	(a)	(1	b)
of the	e lobbying activity.	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?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
C	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?	X		4	5,615.
e	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4.5	5,615.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	ļ	X		
j	Total. Add lines 1c through 1i	ļ		9:	1,230.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
þ	If "Yes," enter the amount of any tax incurred under section 4912				
	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?	F04(-)	(5)		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).			V	
	NA			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Da	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501/o	(5) or so	otion	l
ı uı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				a 3 ic
	answered "Yes."		· (b) · arc	···-/, ····	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
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			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; F	Part II-A; and	Part II-B, III	ne 1. Also, d	complete
this į	part for any additional information.				
					
				-	
					

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ODDODTINITTY PINANCE NETWOOD

Employer identification number 20-5199202

Pa		od Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	5,000,000.	
3	Aggregate grants from (during year)	5,000,000.	
4	Aggregate value at end of year	3,333,000	· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	=	X Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	s denot devices, or for any early early early	X Yes No
Pa		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (e.g., recreation or e	— · · · · · · · · · · · · · · · · · · ·	ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		a motorio ottaotaro
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.		conservation easement on the last
	,		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 historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	* * * * * * * * * * * * * * * * * * * *	-20
_	listed in the National Register	artor of trivoo, and not on a motorio ottaotaro	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the on	L
-	year >		gaination daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durin	
7	Amount of expenses incurred in monitoring, inspecting, and	_	· · · ——
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	it and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea		
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		. > \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

24

132052 01-23-1

Part VII III Vestille 113 - Other Securities.	Pee Form 990, Part A, Im	J 14.	
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			- ·
(F)			· · · · · · · · · · · · · · · · · · ·
(G)			
(H)			
(1)			· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		****	
Part VIII Investments - Program Related.	See Form 990 Part Y Ju	no 13	
			ethod of valuation:
(a) Description of investment type	(b) Book value		nd-of-year market value
(1)			
(2)	-		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<u> </u>	
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	<u> </u>		
Part IX Other Assets. See Form 990, Part X, Iin	е 15.	<u>.</u>	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)		D
Part X Other Liabilities. See Form 990, Part >	K, line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) WELLS FARGO EQUITY EQUIV	ALENT		
(3) INVESTMENT		3,000,000.	
(4)		3700070001	
(5)			
(6)			
(7)			
	·		
(8)			
(9)			
(10)	·		
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) In FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	ne 25)	3,000,000.	iability for uncertain tax positions under
2. FIN 48 (ASC 740).	. To the or gas reaction o minusches o		to oncomm tax positions under
132053 01-23-12			Schedule D (Form 990

	edule D (Form 990) 2011 OPPORTUNITY FINANCE NETWOR	К		20-	5189202	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	men	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		40,708,	<u>939.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		15,345,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u>25,363</u> ,	<u>192.</u>
4	Net unrealized gains (losses) on investments		4		131,	361.
5	Donated services and use of facilities		_5			
6	Investment expenses		6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9		131,	361.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		25,494,	<u>553.</u>
Pai	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	nue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements			1	<u>40,980,</u>	<u>950.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments		<u>1,361.</u>			
b	Donated services and use of facilities	2b 14	0,650.			
C	Recovenes of pnor year grants	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		011.
3	Subtract line 2e from line 1			3	40,708,	<u>939.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
C	• • • • • • • • • • • • • • • • • • • •			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	- 1- 14CH =		_5_	40,708,	<u>939.</u>
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expe	nses per	Hetu		
1	Total expenses and losses per audited financial statements		•	1	<u>15,486,</u>	<u>397.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0 650			
a	Donated services and use of facilities		<u>0,650.</u>			
þ	Prior year adjustments	2b				
C	Other losses	2c				
ď	Other (Describe in Part XIV.)	2d			4.40	650
е	Add lines 2a through 2d		•	2e	140,	650.
3	Subtract line 2e from line 1			3	15,345,	/4/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				•
c	Add lines 4a and 4b			4c	15,345,	$\frac{0.}{747.}$
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information			5	<u> 15,345</u> ,	747.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	Il lines 1a and 4: Pa	et IV lines 11	b and	2h: Bort V. Juno	1: Port
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					+, ran
	RT X, LINE 2: INCOME TAXES: THE ORGANIZATI					
		<u> </u>				
FRO	OM FEDERAL INCOME TAXES UNDER THE PROVISIO	NS OF SECT	ION 50	1(C)(3) OF	THE
						
INT	TERNAL REVENUE CODE. IN ADDITION, THE ORGA	NIZATION O	<u>UALIFI</u>	ES	FOR	
<u>CH</u>	ARITABLE CONTRIBUTION DEDUCTIONS AND HAS B	EEN CLASSI	FIED A	S A	N	
OP/	CANTZAUTON UUAU TO NOU A DETVAUE EOIMDAUTO	N INCOME	WUTOU	TC 1	אל מומר מות א	men.
<u>or(</u>	GANIZATION THAT IS NOT A PRIVATE FOUNDATIO	M. INCOME	MUICH	TD.	NOT RELA	TED
<u>TO</u>	EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIO	NS, IS SUB	JECT T	O F	EDERAL A	ND
ST	ATE CORPORATE INCOME TAXES. THE ORGANIZATI	ON HAD NO	NET UN	REL	ATED	
BUS	SINESS INCOME FOR THE YEARS ENDED DECEMBER	31, 2011	AND 20	10.		
					lule D (Form 9	90) 2011
13205 01-23-	4 -12					

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. CONSEQUENTLY, NO ACCRUAL FOR
INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEARS ENDED DECEMBER
31, 2011 AND 2010. THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S.
FEDERAL JURISDICTION AND COMMONWEALTH OF PENNSYLVANIA. GENERALLY, THE
ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE U.S.
FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2008.

SCHEDULE 1 (Form 990)

Department of the Treasury

OMB No 1545-0047

Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

Grants and Other Assistance to Organizations,

≗ Employer identification number WACHOVIA WELLS FARGO NEXT 20-5189202 Inspection (h) Purpose of grant REATE JOBS FOR USA CREATE JOBS FOR USA CREATE JOBS FOR USA REATE JOBS FOR USA CREATE JOBS FOR USA or assistance X Yes 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 WARDS 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) - CASH - CASH FMV - CASH FMV - CASH FMV - CASH - CASH EMC FMV O FIMV 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of cash grant 25,000 20,000 20,000 231,000 173 500 231,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. OPPORTUNITY FINANCE NETWORK 501C14 501C14 501C3 501c3 501C3 501C3 Enter total number of other organizations listed in the line 1 table 22-2237859 74-2712770 22-2237859 58-2383669 04-3246555 Part I General Information on Grants and Assistance (p) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization ALTERNATIVES PEDERAL CREDIT UNION ALTERNATIVES FEDERAL CREDIT UNION 1000 CORPORATE POINTE, SUITE 200 56 WARREN STREET-PALLADIO HALL APPALACHIAN COMM ENTERPRISES 2014 S. HACKBERRY STREET BOSTON COMMUNITY CAPITAL or government SAN ANTONIO, TX 78210 CULVER CITY, CA 90230 CENTURY HOUSING CORP 125 N FULTON STREET 125 N FULTON STREET Name of the organization CLEVELAND GA 30528 3173 HWY 129 NORTH ITHACA, NY 14850 ITHACA NY 14850 BOSTON, MA 02119 Internal Revenue Service ACCION TEXAS PartII N

Schedule I (Form 990) (2011)

C	Į
0	
σ	١
α)
_	

	+	
	Par	
	le I (Form 990), Part I	
	ш9	
	For	
	<u> </u>	
	Sch	
	es (
	ations in the United States (Schedu	
	ed (
	Jniţ	
	Je L	
	in	
	SU	
	atic	
	anıza	
NETWORI	nd (
ĭ	ts a	
뎐	neu	
OPPORTUNITY FINANCE NETWORK	to Governments and Org	
Ξ	ove	
AN	to G	
INANCE	Other Assistance to Gove	ĺ
Ŀ	stan	
	ssi	
딘	er A	
5	Oth	
R	nd C	
PO	ts a	
OP	ran	
	of G	l
	uo	l
99	Jati	
Ĕ	ıtinı	ĺ
Ē	S	
ä	=	ĺ
hed	art	ĺ
တ	۵	

(a) Name and address of organization or government	(b) EIN	(c) IRC section (d) if applicable c	(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
CHARTER SCHOOLS DEV CORP 7272 PARK CIRCLE DRIVE, SUITE 265 HANOVER, MD 21076	52-2063496	501C3	25,000,	0.0	FMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
COASTAL ENTERPRISES P.O. BOX 268 WISCASSET, ME 04578	01-3047504	50103	173,500.	0.0	FMV - CASH		CREATE JOBS FOR USA
COASTAL ENTERPRISES P.O. BOX 268 WISCASSET, ME 04578	01-3047504	501C3	200,000	0	FMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
COLORADO ENTERPRISE FUND 1888 SHERMAN STREET, #530 DENVER, CO 80203	84-0837398	501C3	20,000,	0	FMV - CASH		CREATE JOBS FOR USA
COMMUNITY FIRST FUND P.O. BOX 524 30 WEST ORANGE STREET LANCASTER. PA 17608	23-2689714	501C3	62,963,	0	FMV - CASH		CREATE JOBS FOR USA
	41-1616861	501C3	125,925,	0	FMV - CASH		CREATE JOBS FOR USA
COOPERATIVE FUND OF NEW ENGLAND 5533 PEDEN POINT ROAD WILMINGTON, NC 28409	03-0264092	50103	36,750.	0	PMV - CASH		FOR
CORPORATION FOR SUPPORTIVE HOUSING 708 S 3RD STREET, SUITE 415 E MINNEAPOLIS AN 55415	13-3600232	501C3	231,000	0	FMV - CASH		CREATE JOBS FOR USA
EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEV - 1359 LOMALAND DRIVE, OSBRC ROOM 516 - EL PASO, TX 79935	74-2796160	50103	14,000,	0	1		CREATE JOBS FOR USA
							Schedule I (Form 990)

2
0
\sim
၈
∞
ᅰ
വ
၂
0
7

Schedule I (Form 990) OPPORTUNITY FINANCE NETWORK	TY FINANC	E NETWORK	ri odt ni onoitorio	edoS) sototo Potio	1419 1 (Form 000) Day		20-5189202 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	=				appraisal, other)		
ENTERPRISE CASCADIA 401 SECOND AVENUE, SOUTH SUITE 301 SEATTLE, WA 98104	91-1662698	501C3	231,000,	0	FMV - CASH		CREATE JOBS FOR USA
ENTERPRISE COMMUNITY LOAN FUND 10227 WINCOPIN CIRCLE, SUITE 500 COLUMBIA, MD 21044	52-0192004	501C3	125,925,	, O	FMV - CASH		CREATE JOBS FOR USA
FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC - P.O. DRAWER B - BEREA, KY 40403	31-0986871	50103	173,500,	0	FMV - CASH		CREATE JOBS FOR USA
FLORIDA COMMUNITY LOAN FUND 501 NORTH MAGNOLIA AVENUE, SUITE 10 ORLANDO, FL 32801	65-0545058	501C3	173,500	<u>ਜ</u> ਼	FMV - CASH		CREATE JOBS FOR USA
1 4 2 2	01-0461436	501C3	25,000,	<u> </u>	PMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
1 .		501C3	20,000,		1		CREATE JOBS FOR USA
S 5 5		50103	20,000	0	FMV - CASH		CREATE JOBS FOR USA
HOUSING ASSISTANCE COUNCIL 1025 VERMONT AVENUE #606 WASHINGTON, DC 20005	52-0939288	501C3	231,000.	0	FMV - CASH		CREATE JOBS. FOR USA
HOUSING PARTNERSHIP NETWORK 160 STATE STREET, 5TH FLOOR BOSTON, MA 02109	04-3172401	50103	94,444,	<u>u</u>	FMV - CASH		CREATE JOBS FOR USA
							Schedule I (Form 990)

$^{\circ}$
0
~
σ
∞
Н
വ
- 13
0
7

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (grants and Other Assistance to Government (a) Amount of (b) Method of (c) IRC section (d) Amount of (e) Amount of (f) Method of (f) Me		OF LOWE CHANGE A LINE OF THE PARTY OF THE PA					20-5189202 Page 1
	nce to Gove	ernments and Organi	zations in the Un	ited States (Sche	dule I (Form 990), Par	H.)	
	(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
ILLINOIS FACILITIES FUND ONE NORTH LASALLE STREET, SUITE 700 CHICAGO, IL 60602		50103	231,000.	0	FMV - CASH		CREATE JOBS FOR USA
JUSTINE PETERSEN HSG & REINVES 1023 N GRAND BLVD ST, LOUIS, MO 63106 43-1769074		501C3	62,963.	0	FMV - CASH		CREATE JOBS FOR USA
KENTUCKY HIGHLANDS INVESTMENT CORP P.O. BOX 1738 LONDON, KY 40743 61-0673339		50103	125,925.	O	FMV - CASH		CREATE JOBS FOR USA
LEVITICUS 25:23 ALTERNATIVE FUND, INC 33 WEST MAIN STREET, ROOM 205 - ELMSFORD, NY 10523		501C3	62,963,	00	FMV - CASH		CREATE JOBS FOR USA
LOW INCOME INVESTMENT FUND 100 PINE STREET, SUITE 1800 SAN FRANCISCO, CA 94111 94-2952578	1	50103	231,000,	0	FMV - CASH		CREATE JOBS FOR USA
MACED 433 CHESTNUT STREET BEREA, KY 40403	31-0900246 50	501C3	116,000,	0	FMV - CASH		CREATE JOBS FOR USA
MERCY LOAN FUND 1999 BROADWAY - SUITE 1000 DENVER, CO 80202		501C3	173,500,	0	FMV - CASH		CREATE JOBS FOR USA
MIDWEST MINNESOTA COMMUNITY DEV CORP - 119 GRAYSTONE PLAZA, SUITE 100 - DETROIT LAKES, MN 56501 41-0972298		50103	125,925,	0	PMV - CASH		CREATE JOBS FOR USA
MONTANA COMMUNITY DEV CORP 110 E BROADWAY STREET - STE 200 MISSOULA, MT 59802	1	50103	62,963.	0	FMV - CASH		CREATE JOBS FOR USA Schedule I (Form 990)

~
0
2
δ
∞
⊣
S
1
0
~

Schedule I (Form 990) OPPORTUNITY FINANCE NETWORK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	TY FINANCE Assistance to Gover	E NETWORK vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par		20~5189202 Page 1
(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
MOUNTAIN BIZWORKS 153 SOUTH LEXINGTON AVENUE ASHEVILLE, NC 28801	14-1864873	50103	20,000.	10	FMV - CASH		CREATE JOBS FOR USA
NCALL RESEARCH, INC 363 SAULSBURY ROAD DOVER, DE 19904	52-6054476	50103	36,750.	0	FMV - CASH		CREATE JOBS FOR USA
NCB CAPITAL IMPACT 1725 EYE STREET, NW, SUITE 600 WASHINGTON, DC 20006	52-1290127	501C3	231,000.	°	FMV - CASH		CREATE JOBS FOR USA
NEIGHBORHOOD DEV CENTER INC 663 UNIVERSITY AVE, SUITE 200 ST PAUL, MN 55104	41-1738791	501C3	25,000.	0	FMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
NEW HAMPSHIRE COMMUNITY LOAN FUND 7 WALL STREET CONCORD, NH 03301	22-2524015	501C3	231,000,	0 0	PMV - CASH		CREATE JOBS FOR USA
NONPROPIT FINANCE FUND 70 w 36TH STREET, 11TH FLOOR NEW YORK, NY 10018	13-3238657	501C3	231,000,	0	PMV - CASH		CREATE JOBS FOR USA
NORTHERN CALIFORNIA CLF 870 MARKET STREET, SUITE 677 SAN FRANCISCO, CA 94102	94-3032394	50103	173,500,	0	FMV - CASH		CREATE JOBS FOR USA
NORTHERN ECONOMIC INITIATIVES CORP NORTHERN MI UNIV, UNIVCENT MARGUETTE, MI 49855	38-3024786	50103	20,000.	0	PMV - CASH		CREATE JOBS FOR USA
OHIO CAPITAL FINANCE CORP 88 EAST BROAD STREET, SUITE 1800 COLUMBUS, OH 43215	01-0634942	50103	94,444	0	FMV - CASH		CREATE JOBS FOR USA Schedule I (Form 990)

C	Į
\mathbf{c})
0	Į
σ	١
α)
_	1
Ľ	1
ı	
\subset	2
\bar{c}	j

Schedule I (Form 990) OPPORTUNITY FINANCE NETWORK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	TY FINANC Assistance to Go	E NETWORK vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		20-5189202 Page 1
(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
OPPORTUNITY FUND 111 WEST ST. JOHN STREET-SUITE 800 SAN JOSE, CA 95113	31-1719434	50103	94,450,	0	FMV - CASH		CREATE JOBS FOR USA
PARTHERS FOR THE COMMON GOOD 1444 EYE STREET NW, SUITE 201 WASHINGTON, DC 20005	36-4369806	50103	116,000,	1*0	FMV - CASH		CREATE JOBS FOR USA
PRIMARY CARE DEVELOPMENT CORP 22 CORTLANDT STREET, 12TH FLOOR NEW YORK, NY 10007	13-3711803	50103	231,000,	0	FMV - CASH		CREATE JOBS FOR USA
REED FUND P.O. DRAWER E 121 SE FIRST STREET MADISON, SD 57234	46-0445496	501C3	116,000	0	FMV - CASH		CREATE JOBS FOR USA
RISING TIDE COMM LOAN FUND 1337 EAST FIFTH STREET BETHLEHEM, PA 18015	23-3079170	501C3	20,000,	0,0	FMV - CASH		CREATE JOBS FOR USA
	94-2512284	501C3	231,000		1		
SELF-HELP P.O. BOX 3619 DURHAM, NC 27702	58-1562750	501C3	231,000,	0	FMV - CASH		CREATE JOBS FOR USA
THE DISABILITY OPPORTUNITY FUND 201 I.U. WILLETS ROAD ALBERTSON, NY 11507	26-0283588	50103	20,000,	0	FMV - CASH		CREATE JOBS FOR USA
THE HOUSING FUND INC 305 11TH AVENUE SOUTH NASHVILLE, TN 37203	62-1632388	50103	116,000,	0	O.FMV - CASH		CREATE JOBS FOR USA Schedule I (Form 990)

C	į
\mathbf{c})
C	Į
σ	١
α)
-	
Ľ	1
ı	
\subset	2
\sim	á

Schedule I (Form 990) OPPORTUNITY FINANCE NETWORK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	FY FINANC Assistance to Go	E NETWORK vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par		20-5189202 Page 1
(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
THE LOAN FUND P.O. BOX 705 ALBUQUERQUE, NM 87103	85-0377424	50103	62,963.	0	FMV - CASH		CREATE JOBS FOR USA
THE PROGRESS FUND 425 WEST PITTSBURGH STREET GREENSBURG, PA 15601	31-1598881	50103	250,000.	<u>a</u> 0	FMV - CASH		WACHOVIA WELLS FARGO NEXT AWARDS
THE PROGRESS FUND 425 WEST PITTSBURGH STREET GREENSBURG, PA 15601	31-1598881	501C3	62,963,	0	FMV - CASH		CREATE JOBS FOR USA
THE REINVESTMENT FUND 1700 MARKET STREET, 19TH FLOOR PHILADELPHIA, PA 19103	23-2331946	501C3	231,000.	0	PMV - CASH		CREATE JOBS FOR USA
VA COMMUNITY CAPITAL, INC. 100 WEST FRANKLIN STREET, SUITE 301. RICHMOND, VA 23220	54-1754009	501C3	173,500,	7.0 7.0	FMV - CASH		CREATE JOBS FOR USA
	95-3139419	50103	62,963,		FMV - CASH		CREATE JOBS FOR USA
VERMONT COMMUNITY LOAN FUND P.O. BOX 817 15 STATE STREET MONTPELIER, VT 05601	22-2864900	50103	94,444,	.0	FMV - CASH		CREATE JOBS FOR USA
WISCONSIN WOMEN'S BUSINESS INITATIVE CORP - 2745 N. DR. MARTIN LUTHER KING, JR. DRIVE SUITE 100 - MILWAUKEE, WI 53212	39-1597954	50103	20,000	0 Fi	FMV - CASH		CREATE JOBS FOR USA
							Schedule I (Form 990)

OPPORTUNITY FINANCE NETWORK Schedule I (Form 990) (2011)

Page 2

20-5189202

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. Part III

(a) Type of grant or assistance (b) Number of recipients			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: OFN PROVIDE	WELLS FARGO NEXT AWARDS PROGRAM TO PROPEL THESE ORGANIZATIONS TO THE NEXT	LEVEL OF GROWTH, SUSTAINABILITY, AND IM	GRANTS MADE THROUGH THE NEXT AWARDS PROGRAM,	OF FUNDS AND THEIR IMPACT IN THEIR LOW-INCOME	
ber of (c) Amount of cash grant			irmation required in F	DES GRANTS I	EL THESE O	PACT IN LO		INCOME AND	
t of (d) Amount of non- nt cash assistance			Part I, line 2, and any other	TO CDFIS THROU	RGANIZATIONS	IMPACT IN LOW-INCOME COMMUNITIES.	S REPORT TO O	AND LOW-WEALTH C	
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	THROUGH WACHOVIA	TO THE NEXT	UNITIES. FOR	CDFIS REPORT TO OFN ON THE USE	COMMUNITIES.	
(f) Description of non-cash assistance					-				

OFN ALSO MAKES PASS-THROUGH GRANTS TO CDFIS THROUGH THE CREATE JOBS FOR USA

FOR GRANTS MADE THROUGH CREATE JOBS FOR USA, CDFIS REPORT TO OFN ON FUND.

THE COMMUNITY BUSINESSES FINANCED AND ON JOB CREATED AND MAINTAINED ON A

132102 01-27-12

Schedule I	(Form 990) 2011	OPPORTUNITY	FINANCE	NETWORK		<u>20-5189202</u>	Page 2
Part IV	Supplemental Inf	OPPORTUNITY ormation					
מיים גוז ח	ERLY BASIS.						
COWKI	Whi pubin.						
					•		
	-		-				
		· · · · · · · · · · · · · · · · · · ·					
		 					
						•	
			····				
							
	····						
				 			
		<u> </u>					
							
_				·- ·- ·-			

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

See separate instructions Attach to Form 990.

Inspection Employer identification number

OMB No 1545-0047

OPPORTUNITY FINANCE NETWORK

20-5189202

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990),		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,		
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal resid	ence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		ĺ
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
U	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, direct			
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	n's		ĺ
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization			
	establish compensation of the CEO/Executive Director. Explain in Part III			1
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation com	mittee		
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:		. !	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) 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		х
	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	1		
	contingent on the net earnings of:			
а	The organization?	6a		х
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		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	1	х
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	n 990)	2011

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported 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)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(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 as deferred in prior Form 990
	ε	239,169.	0	0	0	19,409.	258,578.	0
1 MARK PINSKY	: €		0	0	0		٩.	0
	Ξ	206,150.	1,000.		0.	12,453.	219,603.	0
2 CATHERINE DOLAN	(ii)	0.	0		0.	0.	0	0
	(i)	157,983.	1,000.		0	1,525.	160,508.	0.
3 PAIGE CHAPEL	<u>ii</u>	- 1		0	0	0	0.	0.
	Ξ	169,220.	1,000.	0	0.	733.	170,953.	0.
4 PAMELA PORTER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	142,22	7,500.	0.	.0	15,544.	165,272.	0
5 LINA PAGE	(ii)	0.	0.	0.	0.	0.	0.	0
	Ξ	159,603.	1,000.	0.	0.	10,647.	171,250.	0.
6 WANDA SPEIGHT	(ii)	0.	0.	0.	0.	0	0.	0
	(i)							
7	(iii)							
	(i)							
8	(ii)							
	Ξ							
6	Ξ							
	Ξ							
10	(ii)							
	Ξ							
11	(ii)							
	Ξ							
12	Œ							
	Ξ							
13	Œ							
	Θ							
14	(ii)							
	Ξ							
15	(ii)							
	8							
16	(1)							
				(Schedul	Schedule J (Form 990) 2011

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

Open to Public Inspection

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

OPPORTUNITY FINANCE NETWORK

Employer identification number 20-5189202

Schedule M (Form 990) (2011)

Pai	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of de noncash contribu	etermini		 s
1	Art · Works of art		ntorrio Goritingatoa	1 01111 000,1 411 1111, 11110 19	-			
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications				11			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		-					
9	Securities - Publicly traded							
	Securities - Closely held stock							
10	•							
11	Securities - Partnership, LLC, or trust interests						-	
40								
12	Securities - Miscellaneous Qualified conservation contribution -							
13								
	Historic structures Qualified conservation contribution - Other							
14	Real estate - Residential		ļ. 					
15								
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		-					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens	••						
24	Archeological artifacts	v	1	2 750 000	A COULTAIN A MODE	DATED 1		
25	Other (DEBT FORGIVEN)	Х	<u> </u>	3,750,000.	ACTUAL AMOU	III.I.	FUR	<u> </u>
26	Other ()							
27	Other ()		<u> </u>			 -		
28	Other (<u> </u>			
29	Number of Forms 8283 received by the organization completed Form 828		•					
	for which the organization completed Form 828	bo, Part IV,	Dollee Acknowled	gement 29		Т	. 1	
20-	District the same did the assessment on secure by					$\overline{}$	Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for exer	npt purposes for	1		v
	the entire holding period?					30a		_X_
	If "Yes," describe the arrangement in Part II.	1 41 4			4 0	_		
31	Does the organization have a gift acceptance p	-				31		<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				-
_	contributions?			•		32a		<u> </u>
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.					1 1	ŀ	

132141 01-23-12

LHA

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

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

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 190 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
NATIVE AMERICAN 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 NATIVE AMERICAN 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 NOVEMBER 2011, OFN PARTNERED WITH STARBUCKS CORPORATION
("STARBUCKS") AND THE STARBUCKS FOUNDATION TO LAUNCH THE CREATE JOBS
FOR USA FUND TO MOBILIZE DONATIONS FROM INDIVIDUALS, THE STARBUCKS
FOUNDATION, AND OTHER INSTITUTIONS TO PROVIDE CAPITAL GRANTS TO CDFIS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Name of the organization OPPORTUNITY FINANCE NETWORK	Employer identification number 20-5189202						
FOR JOB CREATION AND RETENTION IN LOW-INCOME AND ECONOMIC	ALLY						
DISADVANTAGED COMMUNITIES THROUGHOUT THE U.S. STARBUCKS	SUPPORTED THE						
FUNDRAISING THROUGH A MAJOR NATIONAL CAMPAIGN IN ITS 6,80	0 STORES,						
ONLINE, IN THE NATIONAL MEDIA, AND BY OTHER MEANS. STARBU	CKS FOUNDATION						
MADE AN INITIAL \$5 MILLION DONATION TO A DONOR-ADVISED FU	ND WITHIN						
OPPORTUNITY FINANCE NETWORK TO SUPPORT CREATE JOBS FOR US	Α.						
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:						
ORGANIZATIONS THAT WOULD NOT OTHERWISE HAVE ACCESS TO REA	SONABLE AND						
RELIABLE FINANCING. IN 2011, OFN PROVIDED \$13.6 MILLION	IN FINANCING						
TO CDFIS WHICH HELPED LOW-INCOME INDIVIDUALS AND COMMUNIT	IES IMPROVE						
THEIR ECONOMIC POSITION THROUGH BUILDING AFFORDABLE HOUSI	NG, CREATING						
AND EXPANDING VITAL COMMUNITY SERVICES LIKE CHILDCARE, HE	AND EXPANDING VITAL COMMUNITY SERVICES LIKE CHILDCARE, HEALTHCARE AND						
SCHOOLS, AND STARTING AND GROWING SMALL BUSINESSES.							
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:							
STRATEGIC COMMUNICATIONS - STRATEGIC COMMUNICATIONS INCLU	DES OFN'S WORK						
TO RAISE AWARENESS ABOUT AND CREATE A BROAD BASE OF SUPPO	RT FOR CDFI'S						
AND THE PEOPLE AND COMMUNITIES THEY SERVE.							
EXPENSES \$ 305,891. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.						
POLICY - POLICY INCLUDES OFN'S ADVOCACY, PUBLIC EDUCATION	AND POLICY						
WORK ON BEHALF OF CDFIS AND THE OPPORTUNITY FINANCE INDUS	TRY TO						
INCREASE THE AMOUNT OF CAPITAL AND OTHER RESOURCES AVAILA	BLE TO CDFIS.						
EXPENSES \$ 912,298. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 51,040.						
CONSULTING - CONSULTING SERVICES INCLUDE CONSULTING SERVI	CES FOR						
CDFI'S, CDFI INVESTORS, AND OTHER KEY INDUSTRY STAKEHOLDE 132212 01-23-12 Sched	RS TO IMPROVE lule O (Form 990 or 990-EZ) (2011)						

Name of the organization **Employer identification number** OPPORTUNITY FINANCE NETWORK 20-5189202 PERFORMANCE OF AND RESOURCES FOR THE CDFI INDUSTRY. EXPENSES \$ 753,116. INCLUDING GRANTS OF \$ 0. REVENUE \$ 897.101. CARS - THE CDFI ASSESSMENT AND RATINGS SYSTEM, IS THE ONLY RATINGS SYSTEM TO PROVIDE A COMPREHENSIVE, THIRD-PARTY ASSESSMENT OF BOTH A CDFI'S IMPACT PERFORMANCE AND FINANCIAL STRENGTH AND PERFORMANCE. CARS HAS OPERATED AS A PROGRAM WITHIN OFN SINCE 2004. IN SEPTEMBER 2011, THE OFN BOARD OF DIRECTORS APPROVED THE SPIN-OFF OF CARS AS A SEPERATE LEGAL ENTITY. EXPENSES \$ 1,186,077. INCLUDING GRANTS OF \$ 0. REVENUE \$ 579,564. 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 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 Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization **Employer identification number** OPPORTUNITY FINANCE NETWORK 20-5189202 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 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 Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 20-5189202

FORM 990, PART VI, SECTION A, LINE 7B: 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 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 132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization **Employer identification number** OPPORTUNITY FINANCE NETWORK 20-5189202 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 SIGNS 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 REVIEW. THIS COMMITTEE MEETS TO DEVELOP RECOMMENDATIONS WHICH ARE PRESENTED TO THE FULL BOARD FOR DECISION. 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 LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization OPPORTUNITY FINANCE NETWORK	Employer identification number 20-5189202
PA, AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, M	I,MS,MN,MO,NC,ND,NJ
NH, NM, NY, OH, OK, OR, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FI	NANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	131,361.
FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGE	D FROM THE PRIOR
YEAR.	
	
132212	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer identification number 20-5189202 2011 Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990. OPPORTUNITY FINANCE NETWORK Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(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	OPERATE AS A GENERAL PARTNER OF CDFI TAX CREDIT FUND LP	DELAWARE	40 015	15. 31	486	
STRE		DELAWARE		0	0	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	cations (Complete if the organization ar	ıswered "Yes" to Form 990, F	art IV, line 34 beca	tuse it had one or	more related tax-exer	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section st	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
				501(c)(3))		Yes
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ins for Form 990.				Schedule R (Schedule R (Form 990) 2011

48

132161 01-23-12 LHA

20-5189202

Page 2

Schedule R (Form 990) 2011 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ncome lated, ax under -514)	(f) Share of total income	(g) Share of cend-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? S) Yes No	(j) (k) General or Percentage managing ownership partner? Yes No
Part IV 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.)	janizations Taxable a poration or trust dunn	is a Corpo	vration or Trust (Cor year.)	mplete if the or	ganizatior	answered "Yes"	to Form 990, Par	t IV, line 34	because it had	one or mo	re related
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
OPPORTUNITY MORTGAGE NETWORK - 620 CHESTNUT STREET, SUITE 572 PHILADELPHIA PA 19106	20-8920619		INACTIVE		PA		C CORP		0	0	1008
					_						
					<u> </u>						
132162 01-23-12				49					Schedu	ıle R (Forr	Schedule R (Form 990) 2011

Page 3

Schedule R (Form 990) 2011 OPPORTUNITY FINANCE NETWORK

~
×
.,
ਨ
~
๙
ξ,
(·)
·~
*
٠.
ne 34, 35,
स्र
d)
ĕ
=
•
2
-
ल
ຕັ
_
o ī
あ
စ္ပြာ စ
_
orm 990, Part IV, 11
Œ.
Ē.
₽
_
Š
,
"Yes"
_
ation answered
2
ō
3
ົທ
⊆
a
_
0
₽
īza
≌
듞
*
۲,
\sim
_
ŏ
ĕ
the (
if the (
e if the (
ste if the (
lete if the o
plete if the o
mplete if the o
omplete if the o
Complete if the o
(Complete if the
s (Complete if the
ons (Complete if the o
ons (Comple)
ons (Comple)
ations (Comple)
ations (Comple)
ations (Comple)
ations (Comple)
ganizations (Comple)
ganizations (Comple)
ganizations (Comple)
d Organizations (Comple)
d Organizations (Comple)
d Organizations (Comple)
d Organizations (Comple)
elated Organizations (Comple)
Related Organizations (Complet
elated Organizations (Comple)
With Related Organizations (Complet
ons With Related Organizations (Comple
With Related Organizations (Complet
ransactions With Related Organizations (Comple
With Related Organizations (Complet
ransactions With Related Organizations (Comple
Transactions With Related Organizations (Complet
Transactions With Related Organizations (Complet
Transactions With Related Organizations (Complet
ransactions With Related Organizations (Comple

				2	-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				*	Yes
1 During the tax year, did the organization engage in any of the following transactions with one of more related organizations listed in Parts II-107	is with one of more re	iated organizations listed	in Parts II-1V?		;
a Heceipt of (i) interest (ii) annuities (iii) royaities or (iv) rent from a controlled entity				_ 	4
b Gift, grant, or capital contribution to related organization(s)	•		•	1 p	×
c Gift. grant. or capital contribution from related organization(s)				2	×
				7,	>
d Loans or loan guarantees to or for related organization(s)				9	4
 Loans or loan guarantees by related organization(s) 				16	×
Sale of assets to related organization(s)				7	×
					;
g Purchase of assets from related organization(s)				19	×
h Exchange of assets with related organization(s)				ŧ	×
i Lease of facilities, equipment, or other assets to related organization(s)				1i	×
	:				<u> </u>
: I never of facultion and manual or other neverte from related argumentation(c)				Ţ	>
	(9)000402100			╁	
K PETIOTHATICE OF SETVICES OF HETIDERSHIP OF TUTIOTISHING SOUCHERHOLDS FOR TERRITORING SOURCES OF THE SET OF T	an incation i(s)	•		+	+
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	*
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		:	T E	×
n Sharing of paid employees with related organization(s)				ţ	×
Deimhirreament haid to related organization(s) for expenses					×
			: : : : : : : : : : : : : : : : : : : :	2 .	;
p Reimbursement paid by related organization(s) for expenses				욘	*
					. —
 Qther transfer of cash or property to related organization(s) 				19	×
r Other transfer of cash or property from related organization(s)				1-	×
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.	who must complete th	is line, including covered	relationships and transaction thresholds.		
l	3	(4)	(5)		
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(a) Method of determining amount involved		
l	(
(1) OFN GF, LLC	×	4,023.EMV	rav - casa		
(2) NCCA GENERAL PARTNER, LLC	M	40,000.FMV	FMV - CASH		
(3)					
(4)					
(6)	5.0		Schedule B (Form 990) 2011	(Form &	2011
132163 01-23-12	>			6 = 5 = 5	יין אין ואין

20-5189202

Page 4

Schedule R (Form 990) 2011 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

(k) lor Percentage ng ownership				
General or managing partner?	 			
(h) (i) (j) (k) Dispupor- Code V-UBI General or Percentage bronds amount in box 20 managing ownership of Schedule K-1 partner? Or Schedule K-1 yes No (Form 1065) yes No				
(h) Disproportionate allocations? Yes No				
Ze all Dis				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec 501(c)(3) orgs ? 4) Yes No	-			
Predominant income partiers sec (related, unrelated, orgs / under section 512-514) Yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011	OPPORTUNITY	<u>FINANCE</u>	NETWORK	20-5189202 Page 5
Part VII	(Form 990) 2011 Supplemental Info	rmation	-		
L	Complete this part to pre	avido additional informatio	n for roonance	to questions on Schedule R (see instr	uotiona)
	Complete this part to pro	ovide additional information	i ioi responses	to questions on Schedule h (see insti-	uctions).
-					
	-		-		
					
		<u> </u>			
					
		.			
					-
					
			 		
			·		
					
					
		· · 			
	 				

09480511 133301 OFN

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).	-				
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.				
	ic filing (e-file). You can electronically file Form 8868 if					oration			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	file Form 8	868 to request an e	extension			
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated With Ce	ertain			
Personal	Benefit Contracts, which must be sent to the IRS in par	er format	(see instructions). For more details	on the ele	ctronic filing of this	form,			
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits	3.							
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).					
A corpor	ation required to file Form 990-T and requesting an auto-	matic 6-mo	onth extension - check this box and	complete					
Part I onl	y				•	• 🔲			
	corporations (including 1120-C filers), partnerships, REN	IICs, and t	rusts must use Form 7004 to reque	st an exter	sion of time				
to file ınc	ome tax returns.								
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification num	ber (EIN) or			
print									
File burkha	OPPORTUNITY FINANCE NETWOR	K		X	20-51892	02			
File by the due date for	te for Number, street, and room or suite no. If a P.O. box, see instructions.								
filing your return See	See U20 CHBDINOT BIRBET, NO. 372								
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	PHILADELPHIA, PA 19106								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Application Return Application Return									
.12									
Form 990)	01	Form 990-T (corporation)		****	Code 07			
Form 990		02	Form 1041-A			08			
Form 990		01	Form 4720			09			
Form 990		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
)-T (trust other than above)	06	Form 8870	.		12			
101111000	LAURIE CURRAN	1 00	1 3/11/00/0			12			
• The be	ooks are in the care of > 620 CHESTNUT S'	TREET	- PHILADELPHIA, P	A 191	06				
	none No. ► 215-320-4317		FAX No. ▶						
•	organization does not have an office or place of busines	s in the l lr				. 🗀			
	is for a Group Return, enter the organization's four digit			lf this is fo	r the whole aroun	check this			
box 🕨	If it is for part of the group, check this box								
	quest an automatic 3-month (6 months for a corporation				ora tric exterision is	3 101.			
	1	-	tion return for the organization nam		The extension				
ıs f	or the organization's return for:	i organiza	tion rotalin for the organization ham	ca above.	THE EXTENSION				
	X calendar year 2011 or								
	tax year beginning	an	d ending						
		,			_ •				
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n				
<u> </u>	Change in accounting period	HOOK ICES	on. Las minarretom	i iilai iotai	''				
<u>-</u>	_ Change in accounting period								
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	nter the tentative tax loss and	- -					
	refundable credits. See instructions.	o, 0009, e	inter the terreative tax, less arry	2	•	0.			
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	ontor and	refundable credite and	3a	\$				
		•			,	0.			
	imated tax payments made. Include any prior year overp		· · · · · · · · · · · · · · · · · · ·	3b	\$	<u> </u>			
	ance due. Subtract line 3b from line 3a. Include your pa	-	•		*	0.			
	using EFTPS (Electronic Federal Tax Payment System) If you are going to make an electronic fund withdrawal y			3c	\$				
vauuon.	ii you are udinu to make an electronic fund withdrawal t	wan inis Ho	onn appa. see Form 8453-EO and F	om 8879.	EU for payment ins	TRUCTIONS			