CHANGE IN ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2019 calendar year, or tax year beginning JA	aN 1, 2020 and	ending J	UN 30, 2020	
B (a	heck if pplicable	C Name of organization			D Employer identif	fication number
	Addres					
	Name change				45-4127501	L
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numb	er
	Final return/	85 BROAD STREET, 18TH FLOOR			646-833-451	2
	termin ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	2,303,668.
	Ameno return	ed NEW YORK, NY 10004			H(a) Is this a group	return
	Application	F Name and address of principal officer: Mitche	AEL TORRES		for subordinate	es? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No
1.7	ax-exe	empt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. (see instructions)
J١	Vebsit	e: VS.ACCION.ORG			H(c) Group exempti	on number
KF	orm of	organization: X Corporation Trust As	sociation Other >	L Year	of formation: 2011	M State of legal domicile: DE
Pa	art I	Summary				
_	1	Briefly describe the organization's mission or most	significant activities: THE MI	SSION OF	AOF IS TO ASSIST	Г
nce		IN BUILDING WORLD CLASS MICROFINANCE				
rna	2	Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body ((Part VI, line 1a)		3	21
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	18
S S	5	Total number of individuals employed in calendar y	ear 2019 (Part V, line 2a)		5	0
Vitie	6	Total number of volunteers (estimate if necessary)			6	29
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		78	0.
_	b	Net unrelated business taxable income from Form 9	990-T, line 39		7k	0.
					Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			3,146,713	
eun	9	Program service revenue (Part VIII, line 2g)			439,610	
Revenue	10	investment income (Part VIII, column (A), lines 3, 4,	and 7d)		83,196	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0	*
		Total revenue - add lines 8 through 11 (must equal			3,669,519	
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		813,180	-
	I	Benefits paid to or for members (Part IX, column (A			0	<u> </u>
es		Salaries, other compensation, employee benefits (F			2,046,479	
Expenses	I	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0	0.
ă	I	Total fundraising expenses (Part IX, column (D), line				201 -11
ш		Other expenses (Part IX, column (A), lines 11a-11d,			1,255,853	
	1	Total expenses. Add lines 13-17 (must equal Part I)			4,115,512	
		Revenue less expenses. Subtract line 18 from line	12		-445,993	
SOF				Ве	ginning of Current Year	
Sset	20				3,922,997	
Net Assets or	21	Total liabilities (Part X, line 26)			195,577 3,727,420	
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		3,727,420	3,548,277.
		ties of perjury, I declare that I have examined this return,	including accompanying echodular	and etatom	ante and to the heet of n	ay knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				ly knowledge and belief, it is
ii uo	COLLCC	t, and complete. Declaration of preparer (other than office	1) is based on all illiornation of wi	iicii pi cpai ci	ilas arīy kriowicuge.	
Sig		Signature of officer			Date	
Her		MICHAEL TORRES, EVP & CFO				
1101	•	Type or print name and title				
		Print/Type preparer's name	Preparer's signature] [Date Check	PTIN
Paid		21	MATTHEW PETROSKI	lo	3/17/21 if self-empl	
	arer	Firm's name ARMANINO LLP			Firm's EIN	94-6214841
	Only	Firm's address 50 W. SAN FERNANDO ST, S	TE 500		I IIIII 3 LIIV	
-00	J ,	SAN JOSE, CA 95113			Phone no 40	8-200-6400
Ma\	the IF	S discuss this return with the preparer shown above	ve? (see instructions)		11 110110 110.	X Yes No

45-4127501

Pai	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	ACCION OPPORTUNITY FUND. INC. (AOF) WAS INCORPORATED ON DECEMBER 7,	
	2011. THE MISSION OF AOF IS TO ASSIST IN BUILDING WORLD CLASS MICROFINANCE INSTITUTIONS IN THE UNITED STATES TO ENHANCE ECONOMIC	
	DEVELOPMENT AND INDIVIDUALS' SELF SUFFICIENCY THROUGH INCREASING	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	· ·
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,274,862. including grants of \$1,342,820.) (Revenue \$)
	ACCION ENVISIONS A WORLD IN WHICH HARD WORKING ENTREPRENEURS HAVE THE	
	FINANCIAL ACCESS AND TOOLS THEY NEED TO IMPROVE THEIR LIVES AND ENHANCE	
	THE WELL-BEING OF THEIR FAMILIES, COMMUNITIES AND LOCAL ECONOMIES FOR	
	YEARS TO COME. ACCION OPPORTUNITY FUND, INC. WAS FORMED IN 2011 TO	
	ELEVATE AND SUPPORT THE WORK OF ITS MEMBERS AS WELL AS OTHER LEADING MICRO LENDERS ON A NATIONAL SCALE. PRIORITY STRATEGIES FOR REALIZING	
	THIS ARE AS FOLLOWS: PROPELLING THE FLOW OF RESOURCES, SUPPORT, TOOLS	
	AND INFORMATION TO ALL MEMBER AND NON-MEMBER MICROFINANCE	
	ORGANIZATIONS - INCLUDING FUNDRAISING, TRAINING AND EDUCATION, MEDIA.	
	PARTNERSHIP AND PROGRAMMATIC OPPORTUNITIES- TO ENCOURAGE THEIR	
	DEVELOPMENT, INCREASING ACCESS TO CREDIT AND OTHERWISE PROMOTING	
	FINANCIAL INCLUSION AND FINANCIAL HEALTH THROUGH TRAINING AND MENTORING	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
	Other average continue (December on Calcadula C.)	
4d	Other program services (Describe on Schedule O.)	\
4e	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \rightarrow \frac{2,274,862.}{\text{862.}}	,
TC	Total program dol vido dapondos P	Form 990 (2019)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the constitution maintain on office constitution and the state of the Helbert Obstace	14a		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

932003 01-20-20

Form **990** (2019)

Form					OPPORTUNITY		
Pai	rt IV	Ch	ecklist of Required	d	Schedules (continu	ıed)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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	051		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
97	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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	μ			

	990 (2019) ACCION OPPORTUNITY FUND INC. 45-412/501		Pa	age ɔ
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	—		T
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	inco for the calcindar year chaining with or within the year covered by this return	0.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		A
b	• • • • • • • • • • • • • • • • • • • •			
E-		En		х
5a			-	x
b	14 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3		-	
		30		
Va		60		x
h	,	Ua	-	
D		6h		
7		OD		
, a		72		х
b		7b	-	
			-	
·		7c		x
А				
e	Did the second of the second o	7e		х
f		7f		х
g		7g	N/A	
h	· · · · · · · · · · · · · · · · · · ·	7h	N/A	
8				
	N/A	8		
9				
а		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	dithe organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282? 74 75 decrease and a prize of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 decrease and a contribution of qualified intellectual property, did the organization file Form 8899 as required? 77 decrease and a contribution of qualified intellectual property, did the organization file Form 8899 as required? 78 fee organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 79 formsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the onsoring organization have excess business holdings at any time during the year? 80 feb the sponsoring organization make any taxable distributions under section 4966? 81 feb sponsoring organization make any taxable distributions under section 4966? 81 feb sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 81 feb sponsoring organizations. Enter: 82			
	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			
С				
14a		14a		Х
b	·	14b		—
15				l
		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			.,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schoolula O contains a response or note to any line in this Part VI			Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
000	tion A. Governing body and Management		V	NI-
4	Enter the number of voting members of the governing body at the end of the tax year 21		Yes	No
та	The the hamber of terms members of the geventing body at the one of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-		7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
8		0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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	Х	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		45-	Х	
	The organization's CEO, Executive Director, or top management official	15a		х
a	Other officers or key employees of the organization	15b		Λ
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, CO, CT, DC, DE, GA, IL, MA, MD, MI, NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	NICOLE LETELLIER - (408) 849-4386			
	111 W ST. JOHN ST SUITE 800, SAN JOSE , CA 95113			

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

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

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

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

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

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Lei an	uau	recto	i / ii us	lee)	from	from related	other
	l (list any hours for	director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 (***)		and related
	below	idual	ution	e	Key employee	est co oyee	e.			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) ANNA DODSON	1.00									
BOARD CHAIR (THRU 02/20)		Х		Х				0.	0.	0.
(2) GREG AVIS	1.00									
BOARD CHAIR (STARTING 02/20)		Х		Х				0.	0.	0.
(3) SEAN CARPENTER	1.00									
VICE-CHAIR AND TREAS.(THRU 02/20)		Х		Х				0.	0.	0.
(4) SEAN HARPER	1.00									
SECRETARY (THRU 02/20)		Х		Х				0.	0.	0.
(5) JIM KOSHLAND	1.00									
VICE CHAIR & SECRETARY (STARTING 02/		Х		Х				0.	0.	0.
(6) MICKEY KONSON	1.00									
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(7) MADELEINE FACKLER	1.00									
DIRECTOR (STARTING 02/20)		Х						0.	0.	0.
(8) ESTEBAN ALTSCHUL	1.00									
DIRECTOR (STARTING 02/20)		Х						0.	0.	0.
(9) SWATI BHATIA	1.00									
DIRECTOR (STARTING 02/20)		Х						0.	0.	0.
(10) PHIL BLACK	1.00									
DIRECTOR (STARTING 02/20)		Х						0.	0.	0.
(11) BRIAN GRAHAM	1.00	-						_	_	_
DIRECTOR (STARTING 02/20)		Х						0.	0.	0.
(12) DEBRA ENGEL	1.00									
DIRECTOR (STARTING 02/20)		Х						0.	0.	0.
(13) PARKER HUDNUT	1.00									
DIRECTOR (STARTING 02/20)	1 00	Х						0.	0.	0.
(14) SARA GAVISER LESLIE	1.00								_	•
DIRECTOR (STARTING 02/20)	1 00	Х				_		0.	0.	0.
(15) DICKSON CHU	1.00	,							_	
DIRECTOR (STARTING 02/20)	1 00	Х						0.	0.	0.
(16) JONI CROPPER DIRECTOR (STARTING 02/20)	1.00	х							_	^
(17) YUN-FANG JUAN	1.00	Λ	\vdash	_	\vdash	\vdash		0.	0.	0.
DIRECTOR (STARTING 02/20)	1.00	Х						0.	0.	٥
DIMECTOR (DIMITING UZ/ZU)	l	77	Ш		<u> </u>		<u> </u>	<u> </u>	٠.	0.

Form 990 (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c		itior more) than	one	Reportable	Reportable			timate	
	hours per week					is botl or/trus		compensation	compensation		an	nount c	of
	(list any	_	T	T	T	T	100,	from the	from related organizations		oom	other	ion
	hours for	director				_		organization	(W-2/1099-MISC	2)		pensat om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	,		anizati	
	organizations	trust	nal tru		yee	om pe						d relate	
	below	Individual trustee or	Institutional trustee	je j	employee	Highest compensated employee	ner				orga	anizatio	ns
-	line)	Пđ	Insti	Officer	Key	High	Former						
(18) TODD BAKER	1.00												•
DIRECTOR (STARTING 02/20)	1 00	Х			<u> </u>	┢		0.		0.			0.
(19) ARTHUR JOHNSON DIRECTOR (STARTING 02/20)	1.00	x						0.		0.			٥
(20) MICHAEL SCHLEIN	1.00	Λ			<u> </u>	\vdash	<u> </u>	0.		٥.			0.
DIRECTOR	1.00	x						0.		0.			0.
(21) SOLANA COZZO	1.00	21				\vdash				٠.			••
DIRECTOR	1.00	x						0.		0.			0.
(22) ZUHAIRAH WASHINGTON	1.00									-			
DIRECTOR (THRU 02/20)		х						0.		0.			0.
(23) PAUL QUINTERO	1.00					\vdash		-					
DIRECTOR (THRU 02/20)		х						0.		0.			0.
(24) BRAD MCCONNELL	1.00												
DIRECTOR (THRU 02/20)		х						0.		0.			0.
(25) BRAD HENDERSON	1.00												
DIRECTOR (THRU 02/20)		Х						0.		0.			0.
(26) TAHIRA DOSANI	1.00												
DIRECTOR (THRU 02/20)		Х						0.		0.			0.
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	,000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director truct	I		mn	lovo	0 0	hic	shoot componented omp	lovos on	1		163	140
3											3		Х
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from t			3		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				,			J			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	\$100,000 of compe	nsat	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thir	the organization's tax y	rear.				
(A)								(B)		_	(0		
Name and business	address	NO	NE					Description of s	services		ompe	nsation	1

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 ACCION OPPOR	RTUNITY FUND	IN	C.						45-41275	501
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				yee		the	organizations	compensation
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	9			ated		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee		e e	Highest compensated employee				and related
	organizations below	ual tr	ional		Key employee	tcom				organizations
	line)	divid	stitut	Officer	ey em	ighes	Former			
(05)		드	드	0	ž	Ξ	Ä			
(27) ERIC WEAVER	40.00			l						
EXECUTIVE VP (STARTING 02/20)		Х		Х				0.	0.	0.
(28) LUZ LOPEZ URRUTIA	40.00									
PRESIDENT & CEO (STARTING 02/20)		Х		Х				0.	0.	0.
(29) MIKE TORRES	40.00									
CFO & EVP (STARTING 06/20)				Х				0.	0.	0.
(30) GINA HARMAN	40.00									
CEO				Х				0.	0.	0.
(31) CATHERINE QUENSE	12.00									
OUTSOURCE CFO				Х				0.	0.	0.
-										
-										
		-								
	1									
		•								
	1									
-										
	1									
	1					_				
	1		_							
Total to Part VII, Section A, line 1c	<u></u>			<u></u>	<u></u>	<u></u>	<u></u> .			

45-4127501

Form 990 (2019) ACCION OPPO Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	e or note to anv lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S (s	1 2	Federated campaigns	1a					
ants								
جَ جَ		Membership dues						
fts,		Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations						
ns, Sim		Government grants (contribut						
atio er 9	T	All other contributions, gifts, gran		2 200 065				
듗된		similar amounts not included abo		2,290,865.				
ont od (_	Noncash contributions included in lines			0 000 055			
<u>0 g</u>	h	Total. Add lines 1a-1f			2,290,865.			
				Business Code				
9	2 a							
e <u>Ķ</u>	b	·						
Sugar	С	·						
eve	d							
Program Service Revenue	е	·						
Ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			12,803.			12,803.
	4	Income from investment of ta						·
	5	Royalties	· ·	·				
	•	, io, a.i.i.ee	(i) Real	(ii) Personal				
	6 2	Gross rents 6a	· · · ·	()				
			1					
		· ···	1					
	C		<u> </u>					
		Net rental income or (loss)	(i) Securities					
	<i>i</i> a	Gross amount from sales of		(ii) Other				
		assets other than inventory 7a	3					
	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
š		Gain or (loss) 70						
		Net gain or (loss)		.				
her	8 a	Gross income from fundraising e	vents (not					
₫		including \$	of					
		contributions reported on line	e 1c). See					
		Part IV, line 18	8	а				
	b	Less: direct expenses	8	b				
	С	Net income or (loss) from fund	draising event <u>s</u>	>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	9	а				
	b	Less: direct expenses	9	b				
	С	Net income or (loss) from gan	ming activities					
		Gross sales of inventory, less	-					
		and allowances	10)a				
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
\neg		in the same of the		Business Code				
Sn	11 a							
nec Tue	n a							
Miscellaneous Revenue	C							
See	ن ب	All other revenue						
Ξ	u							
		Total Add lines 11a-11d			2,303,668.	0.	0.	12,803.
	12	Total revenue. See instructions		<u> </u>	1 2,303,000.	ı	<u> </u>	12,000.

45-4127501

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,342,820 1,342,820 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 41,610 trustees, and key employees 167,956. 126,346. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 481,253. 392,987. 75,006. 13,260. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 149,261 121,659, 24,360 3,242. Other employee benefits 9 60,010. 48,777 9,956 1,277. 10 Payroll taxes Fees for services (nonemployees): Management а 7,566. 1,077. 6,489. Legal 14,557. 14,557. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 172,222 172,222. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 16,111. 11,342. 4,491 278. 13 Office expenses 31,939. 28,631. 3,308 14 Information technology 15 Royalties 21,138 17,122. 3,593 423. 16 Occupancy 10,359 11,569 450 760. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 3,206. 2,597. 545 64. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,900. BANK FEES 2,900 b d 303 303 All other expenses 2,482,811 25,793. Total functional expenses. Add lines 1 through 24e 2,274,862 182,156 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form **990** (2019)

Form 990 (2019) Part X | Balance Sheet

2ar	t X	Balance Sheet						
		Check if Schedule O contains a response or r	note to a	ny line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			92,296.	1	111,26	
	2	Savings and temporary cash investments			3,795,165.	2	3,242,19	
	3	Pledges and grants receivable, net				3	760,01	
	4	Accounts receivable, net			15,911.	4	26	
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sul	ıbstantial	contributor, or 35%				
		controlled entity or family member of any of the	these per	sons		5		
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined				
		under section 4958(f)(1)), and persons describ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
2	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
₹	9	Donner and a common and a defended a laboration			6,875.	9	7,72	
	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10a					
	b	Less: accumulated depreciation	10b			10c		
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, lin				12		
	13	Investments - program-related. See Part IV, lir		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	12,750.	15				
	16	Total assets. Add lines 1 through 15 (must e	3,922,997.	16	4,121,46			
	17	Accounts payable and accrued expenses	195,577.	17	573,19			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Comple				21		
, l	22	Loans and other payables to any current or fo						
Liabilities		trustee, key employee, creator or founder, sul	ıbstantial	contributor, or 35%				
		controlled entity or family member of any of the				22		
֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr				23		
	24	Unsecured notes and loans payable to unrela	ated third			24		
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin	nes 17-24	l). Complete Part X				
		of Schedule D				25		
	26	T			195,577.	26	573,19	
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗓				
se		and complete lines 27, 28, 32, and 33.						
au au	27	Net assets without donor restrictions			1,617,870.	27	1,698,94	
gal	28	Net assets with donor restrictions			2,109,550.	28	1,849,33	
		Organizations that do not follow FASB ASC						
2		and complete lines 29 through 33.						
ַ בַ	29	Capital stock or trust principal, or current fund	nds			29		
i Ser	30	Paid-in or capital surplus, or land, building, or				30		
AS	31	Retained earnings, endowment, accumulated				31		
Net Assets or Fund Balances	32	Total net assets or fund balances			3,727,420.	32	3,548,27	
-	33	Total liabilities and net assets/fund balances			3,922,997.	33	4,121,46	

Form **990** (2019)

45-4127501

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,303,	668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	482,	811.
3	Revenue less expenses. Subtract line 2 from line 1	3		179,	143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	727,	420.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	548,	277.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2019)

932012 01-20-20

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.

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

Open to Public

Name of the organization

Employer identification number

OMB No. 1545-0047

Inspection

ACCION OPPORTUNITY FUND INC. 45-4127501 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,487,729.	7,021,376.	4,254,701.	4,875,148.	5,437,578.	27,076,532.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,487,729.	7,021,376.	4,254,701.	4,875,148.	5,437,578.	27,076,532.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17,410,465.
6	Public support. Subtract line 5 from line 4.						9,666,067.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	5,487,729.	7,021,376.	4,254,701.	4,875,148.	5,437,578.	27,076,532.
	Gross income from interest,	, , , , , , , , , , , , ,	7 7 - 7 7 7 7 2	- / /		, , , , , , , , , ,	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		5,271.	14,767.	44,222.	95,999.	160,259.
9	Net income from unrelated business		0,2/2:	22,707.	,	20,222.	
9							
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital	428.					428.
44	assets (Explain in Part VI.)	120.					27,237,219.
	Total support. Add lines 7 through 10	ete (eee inetweetie	ma)			12	1,197,773.
12	Gross receipts from related activities, First five years. If the Form 990 is for	•		fourth or fifth to			1,137,773.
13	organization, check this box and stor	-			•		▶□
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (li			dumn (f))		14	35.49 %
15	Public support percentage from 2018					15	33.50 %
	33 1/3% support test - 2019. If the c						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the c					or more check thi	
	and stop here. The organization qual						. \Box
170	10% -facts-and-circumstances test	•	• •			and line 14 is 10% o	
17 a	and if the organization meets the "fac	-					
	_			-	-	-	
L	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets the		•		•		▶ □
40	organization meets the "facts-and-circ			•			
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	, 100, 1/a, or 1/b	, cneck this box ai	na see instructions	P

Schedule A (Form 990 or 990-EZ) 2019

Page 3

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·		*	•	. , . ,	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and coo inc	etructions	

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Schedule A (Form 990 or 990-EZ) 2019

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No	
1	
2	
_	
3a	
3b	_
3c	
4a	
4b	
4c	
5a	_
5b	
5c	_
6	_
7	
8	
9a	
9b	
9c	_
10a	
10b	

Page 5

Pai	TIV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type in outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
				_

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		
2	Amounts paid to perform activity that directly further	rs exemp	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	uired)			
6	Other distributions (describe in Part VI). See instruc	ctions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which th	ne organization is responsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6	3			
10	Line 8 amount divided by line 9 amount		1	1	
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line	3			
2	Underdistributions, if any, for years prior to 2019 (re	ason-			
	able cause required- explain in Part VI). See instruc	tions.			
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i_					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019				
	any. Subtract lines 3g and 4a from line 2. For result	greater			
	than zero, explain in Part VI. See instructions.	01			
6	Remaining underdistributions for 2019. Subtract line				
	and 4b from line 1. For result greater than zero, exp	lain in			
	Part VI. See instructions.	0:			
7	Excess distributions carryover to 2020. Add lines	ال ا			
•	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
-	ENGODO HOIH EU IU				

Schedule A (Form 990 or 990-EZ) 2019

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II,	SECTION A, COLUMN (E) 2019
COLUMN (E) 2019 NUMBERS ARE TOTALS FOR 01/01/2019 THROUGH 06/30/2020
INCLUDING	SHORT YEAR AMOUNTS DUE TO CHANGE IN ACCOUNTING PERIOD.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ACC	CION OPPORTUNITY FUND INC.	45-4127501
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a stions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductly to children or animals. Complete Parts I, II, and III.	•
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Name of organization

Employer identification number

ACCION OPPORTUNITY FUND INC.

45-4127501

ı artı	Contributors (see instructions). Ose duplicate copies of Part I if additional	a space is riceded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll

Name of organization

Employer identification number

ACCION OPPORTUNITY FUND INC.

45-4127501

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1001	Hamo, address, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, auuress, anu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ACCION OPPORTUNITY FUND INC.

45-4127501

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

Employer identification number

Name of organization

a) No. from Part I	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y try. For organizations less for the year. (Enter this info. once.) (d) Description of how gift is held
a) No. from Part I	Use duplicate copies of Part III if additional	space is needed.	
a) No. from Part I			(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			.,, .
			1
		· ·	
_			
-		(e) Transfer of gift	t
-			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) D	(2) 11-2-26-26	(a) Description of how wift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
		(1)	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			Troise and
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
u.c.			
			
		(a) Transfer of sift	L
		(e) Transfer of gift	t .
	Tunneferre la nome addresse e	ad 71D . 4	Deletionship of transferor to transferor
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			·
			·
a) No			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
L			
		(e) Transfer of gift	t
ı	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
<u> </u>			
卜			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACCION OPPORTUNITY FUND INC.

Employer identification number

45-4127501

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

Schedule D (Form 990) 2019

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection fame (check all that apply): a	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(contin	ued)	
a Public exhibition d Lan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	_									,		
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to noise funds attent than to be maintained as part of the organization collection? Yes No		collection items (check all that apply):										
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to noise funds attent than to be maintained as part of the organization collection? Yes No	а	Public exhibition	d		Loan or exc	hange prograi	m					
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicitor received cinations of art, historical breasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 930, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1b If "Yes, * explain the arrangement in Part XIII and complete the following table: C	b	Scholarly research	е									
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicitor received cinations of art, historical breasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 930, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1b If "Yes, * explain the arrangement in Part XIII and complete the following table: C	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		ollections and explain	n how th	ey further th	ne organizatior	n's exem	pt purpo	se in Part	XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Part V	5	During the year, did the organization solicit o	r receive donations of	of art, his	storical trea	sures, or other	r similar a	assets				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of the	he organ	nization's co	llection?				Yes	□ N	0
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on I	Form 990	, Part IV,	ine 9, or		
on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:												
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other asse	ets not ir	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?								Yes	N	0
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\bar{\text{yes}} \) % b Permanent endowment \(\bar{\text{permanent}} \) % c Term endowment \(\bar{\text{permanent}} \) 9/6 c Term endowment \(\bar{\text{permanent}} \) 9/6 c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ives the ine 3a(ii), are the related organizations is endowment tunds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation of property (e) Cost or other basis (investment) (f) Cost or other basis (other) (d) Book value depreciation (e) Check (d) Book value depreciation (f) Equipment (f) Cost or other basis (investment)	b											
d Additions during the year Eloting blaiance Technique Tech										Amount		
e Distributions during the year 1e 1 1 1 1 1 1 1 1	С	Beginning balance						1c				
e Distributions during the year 1e 1 1 1 1 1 1 1 1	d	Additions during the year						1d				
t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [b] Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization shall be explained in Part IV, line 10. Part V Endowment Funds. Complete if the organization has been provided on Part IV, line 10. Part V Endowment Funds. Complete if the organization is the passes in the explaint of the provided in Part IV, line 10. Part V Endowment Funds. Complete if the organization is the passes in Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Endowment Funds. Part V Endowment Funds. Part V Endowment Funds and Englishment Funds is (d) Book value depreciation in Englishment Funds is (nivestment) assis (other) depreciation depreciation depreciation for Engowers Funds (d) Book value funds and Equipment. Funds (e) Engowers Funds (d) Book value funds (e) Engowers Funds (e)	f											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a									Yes	N	0
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)	b											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part I	IV, line 10	0.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Two years	s back ((d) Three y	ears back	(e) Four	years back	(
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \$\bigset\$ \bigset\$ \bigse	е											
g End of year balance		and programs										
g End of year balance	f	Administrative expenses										
a Board designated or quasi-endowment	g											
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	j, column (a)) held as:						
c Term endowment ▶	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e Other Other	С	Term endowment	%									
by: Ves No		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	За	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held aı	nd administere	ed for the	e organiza	ation	_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		by:									Yes No)
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other										3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (e) Other (e) Other (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (e) Accumulated (fine 11a. See Form 990, Part X, line 10. (d) Book value (fine 11a. See Form 990, Part X, line 10. (e) Accumulated (fine 11a. See Form 990, Part X, line 10. (e) Accumulated (fine 11a. See Form 990, Part X, line 10. (e) Accumulated (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990, Part X, line 10. (fine 11a. See Form 990	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	4			wment f	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value	Par	t VI Land, Buildings, and Equipm	ent.									
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990,	Part X, Ii	ine 10.				
b Buildings		Description of property	1 ' '			I .				(d) Bool	value	
b Buildings	1a	Land										
c Leasehold improvements d Equipment e Other	_											
d Equipmente Other	С											
e Other	d											
	е											
				X, colum	nn (B), line 1	0c.)			>		0	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)		+	
(C)		+	
(D)			
(E)		+	
(F) (G)		+	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	F 000 Dart IV line	- 11d Cos Faura 000 Bart V line 15	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	Besonption		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.)</u>	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•		
2. Liability for uncertain tax positions. In Part XIII, provide		_	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footnote has been pr	ovided in Part XIII X

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2 12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financial		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
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			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lines VIIII Supplemental Information	ne 18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		rt V, line 4; Part X, line 2; Part XI	Ι,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.		
PART	X, LINE 2:			
	TO THE PROPERTY OF A STATE THROWS THE THROWS THE STATE OF	-0.1.100 00 000		
AOF	IS EXEMPT FROM NEW YORK STATE INCOME TAXES UNDER SECTI	ON 102 OF THE		
мош	TOD DECEM CORPORATION INC. ACT WAY BE LIVE TOD IN	NOWE MAYER DAGED		
NO.I	FOR-PROFIT CORPORATION LAW. AOF MAY BE LIABLE FOR INC	COME TAXES BASED		
ON T	NOOME EXPINED IN ORDER OFFICE AND IN UNITED IT HAS NOT Y	ZEM ADDITED EOD		
ON I	NCOME EARNED IN OTHER STATES AND IN WHICH IT HAS NOT Y	ET APPLIED FOR		
DVDM	IDMION AC OF TIME 20 2020 AGE AGEGGED MUE AMOUNT (NE CENTE ENVEC		
EVER	PTION. AS OF JUNE 30, 2020, AOF ASSESSED THE AMOUNT O	OF STATE TAKES,		
T 17: 7	NV MO DE IMMAMEDIAI MO IMC EINANCIAI CMAMEMENMO AND I	NOW ACCRUE		
<u> </u>	NY, TO BE IMMATERIAL TO ITS FINANCIAL STATEMENTS AND I	DID NOT ACCRUE		
7 7 TT	MAY ITADIITMY IN IMO OMAMDMONO OD DINANGIAI DOGIMION			
ANY	TAX LIABILITY IN ITS STATEMENT OF FINANCIAL POSITION.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization ACCION OPPORT	JNITY FUND INC	: .					Employer identification number 45-4127501
Part I General Information on Grants a		-					
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's propert II Grants and Other Assistance to II	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$	=					,	, , , , , , ,
(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 noncash assistance	(h) Purpose of grant or assistance
ACCION CHICAGO, INC 135 N. KEDZIE AVENUE CHICAGO, IL 60612	36-3966573	501(C)(3)	567,200.	0.			MICRO-LENDING ACTIVITIES
ACCION EAST, INC (ACH) 80 MAIDEN LANE, SUITE 903 NEW YORK, NY 10038	11-3317234	501(C)(3)	346,140.	0.			MICRO-LENDING ACTIVITIES
OPPORTUNITY FUND COMMUNITY DEVELOPMENT - 111 WEST SAINT JOHN ST., SUITE 800 - SAN JOSE, CA 95113	37-1719434	501(C)(3)	196,500.	0.			MICRO-LENDING ACTIVITIES
ACCION SAN DIEGO (ACH) 404 EUCLID AVE, STE 271 SAN DIEGO, CA 92114	33-0620415	501(C)(3)	186,980.	0.			MICRO-LENDING ACTIVITIES
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				> 4.
3 Enter total number of other organizations	listed in the line 1	l table)
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) ACCION OPPORTUNITY FUN	D INC.				45-4127501 Page
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	ı (b); and any other ac	dditional information.	
PART I, LINE 2:					
ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE S	SUBGRANTS ARE	FULLY			
ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGE	ETS AND DELIV	ERABLES FOR			
THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROGRAM	PROCESS IS MA	NAGED BY AOF			
THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED					
WHO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE	E DONOR REPOR	TS AS			

REQUIRED. NO FUNDS ARE DISBURSED UNTIL A SIGNED CONTRACT HAS BEEN EXECUTED.

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.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** ACCION OPPORTUNITY FUND INC. 45-4127501 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STATES TO ENHANCE ECONOMIC DEVELOPMENT AND INDIVIDUALS' SELF SUFFICIENCY THROUGH INCREASING ACCESS TO CREDIT AND OTHERWISE PROMOTING FINANCIAL INCLUSION AND FINANCIAL HEALTH THROUGH TRAINING AND MENTORING FOR MEMBERS OF LOW-TO-MODERATE INCOME COMMUNITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACCESS TO CREDIT AND OTHERWISE PROMOTING FINANCIAL INCLUSION AND FINANCIAL HEALTH THROUGH TRAINING AND MENTORING FOR MEMBERS OF LOW-TO-MODERATE INCOME COMMUNITIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOR MEMBERS OF LOW-TO-MODERATE INCOME COMMUNITIES. FORM 990, PART VI, SECTION A, LINE 3: CATHERINE QUENSE, OUTSOURCED CHIEF FINANCIAL CONSULTANT, WAS PAID \$24,250 AS AN INDEPENDENT CONTRACTOR FOR HER SERVICES. FORM 990, PART VI, SECTION A, LINE 4: A COMBINATION AGREEMENT IS MADE AS OF THIS 28TH DAY OF FEBRUARY, 2020 BY AND BETWEEN THIS FILING ORGANIZATION AND OPPORTUNITY FUND COMMUNITY DEVELOPMENT A CALIFORNIA NOT FOR-PROFIT CORPORATION ("OF"). AS A RESULT OF THE FILING ORGANIZATION AMENDED AND RESTATED ITS CERTIFICATE OF INCORPORATION AND BY-LAWS TO CHANGE ITS NAME TO ACCION OPPORTUNITY FUND INC AND RECONSTITUTE ITS BOARD OF DIRECTORS AS SET FORTH

IN THE COMBINATION AGREEMENT.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **Employer identification number** ACCION OPPORTUNITY FUND INC. 45-4127501 FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THE CORPORATION ARE THOSE INDIVIDUALS SERVING FROM TIME TO TIME AS MEMBERS OF THE BOARD OF DRECTORS OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 7A: THE NUMBER OF DIRECTORS ON THE BOARD OF DIRECTORS (THE "DIRECTORS," AND EACH A "DIRECTOR") SHALL BE FIXED EXCLUSIVELY BY THE BOARD OF DIRECTORS PURSUANT TO A RESOLUTION ADOPTED BY TWO-THIRDS OF THE BOARD OF DIRECTORS THEN AUTHORIZED. EACH DIRECTOR SHALL BE ELECTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE VOTES CAST AT A MEMBER MEETING AT WHICH A QUORUM IS PRESENT. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE OF OPPORTUNITY FUND, A RELATED CALIFORNIA NONPROFIT ORGANIZATION, SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. ONCE THE AUDIT COMMITTEE HAS APPROVED THE DRAFT FORM 990. IT SHALL BE SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, PRIOR TO FILING WITH THE IRS. ONCE THE REVIEW PERIOD HAS BEEN DULY EXPIRED, THE FORM 990 IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY WAS APPROVED BY THE BOARD OF DIRECTORS ON DECEMBER 11, 2011 AND AMENDED IN 2012. THE BOARD ADOPTED TWO SUPPLEMENTARY POLICIES POR ITS CONFLICT OF INTEREST POLICY AT ITS AUGUST 9, 2012 BOARD MEETING, WHICH ARE AS FOLLOWS. CONFLICT OF INTEREST FORMS ARE SIGNED

Name of the organization ACCION OPPORTUNITY FUND INC.	Employer identification number 45-4127501
ANNUALLY.	
APPROVAL OF PROCEDURES FOR EVALUATING INTERESTED TRANSACTIONS:	
IN FURTHERANCE OF THE CONFLICT OF INTEREST POLICY OF THE COMPANY, THE	
COMPANY PROPOSES THAT WHEN THE BOARD EVALUATES A POTENTIAL INTERESTED	
TRANSACTION WHERE A MORE ADVANTAGEOUS TRANSACTION FOR THE COMPANY IS NOT	
REASONABLY POSSIBLE THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST,	
THAT THE BOARD DETERMINE BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS	
WHETHER SUCH TRANSACTION OR ARRANGEMENT IS IN THE COMPANY'S BEST INTEREST,	
FOR ITS OWN BENEFIT AND WHETHER SUCH TRANSACTION IS FAIR AND REASONABLE. A	
LIST OF ALL OUR VENDORS IS PROVIDED WITH THE COI FORMS IN ORDER TO HELP THE	
BOARD MEMBERS MORE EASILY DETERMINE POSSIBLE CONFLICTS OF INTEREST.	
APPROVAL OF ANNUAL REVIEW OF COMPANY TRANSACTIONS:	
IN FURTHERANCE OF THE CONFLICT OF INTEREST POLICY OF THE COMPANY, THE	
COMPANY PROPOSES THAT ANNUALLY, THAT THE AUDIT COMMITTEE REVIEW THE	
COMPANY'S PARTNERSHIPS AND CONTRACTS WITH ITS MEMBERS, DIRECTORS, OFFICERS	
AND THEIR AFFILIATES TO DETERMINE THAT SUCH CONTRACTS AND PARTNERSHIPS	
CONFORM TO THE COMPANY'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT	
REASONABLE INVESTMENTS OR PAYMENTS FOR GOODS AND SERVICES, FURTHER	
CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE	
BENEFITS OR IN AN EXCESS BENEFIT TRANSACTION FOR THE COMPANY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AN INDEPENDENT FIRM WAS HIRED IN AUGUST 2011 TO SET TITLES AND SALARIES FOR	
ALL EMPLOYEES. THE REVIEW CONTAINED COMPARABILITY INFORMATION INCLUDING	
MINIMUM, MID AND MAXIMUM SALARY RANGES PLUS BENEFITS BY SIZE OF COMPANY AND	
REVENUES BY GEOGRAPHY AS NEEDED. A HR CONSULTANT UPDATED THE COMPARABLES	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ACCION OPPORTUNITY	FUND INC.					45-4127501		
Part I Identification of Disregarded Entities. Comp	olete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea		Direct co	f) ontrolling tity	9
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	izations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34,	because it had one	or more	related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
OPPORTUNITY FUND COMMUNITY DEVELOPMENT - 31-1719434, 111 WEST ST. JOHN STREET, STE	SMALL BUSINESS LENDING AND				ACCION			
800, SAN JOSE, CA 95113	NEW MARKET TAX CREDIT	CALIFORNIA	501(C)(3)	LINE 7	OPPORT	TUNITY FUND	Х	

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

Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
LCD NEW MARKETS FUND XII, LLC											
- 45-2521153, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME										
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XIII,											
LLC - 45-2521227, 111 WEST	PROVIDES LOANS										
ST. JOHN STREET, SUITE 800,	IN LOW INCOME										
SAN JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XIV, LLC											
- 45-2521284, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME										
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XV, LLC											
- 46-2368540, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME										
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

	1 (1)		()	1 ()	(0)		Τ ,,		(2)	T (2)	
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	1	oortion-	Code V-UBI amount in box	manag	or Percentage ownership
5		(state or foreign		excluded from tax under sections 512-514)		assets	ate allo		20 of Schedule	partne	· <u>"</u>
LCD NEW MARKETS FUND XVI, LLC		country)		360110113 3 12-3 14)			Yes	No	K-1 (F0111 1003)	Yes	10
- 46-2357749, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME										
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XVII,	COMMONTTES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/ A	N/A
LLC - 46-2344956, 111 WEST	PROVIDES LOANS										
ST. JOHN STREET, SUITE 800.	IN LOW INCOME										
	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SAN JOSE, CA 95113 LCD NEW MARKETS FUND XVIII.	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	PROVIDES LOANS										
LLC - 46-2331736, 111 WEST	┥										
ST. JOHN STREET, SUITE 800,	IN LOW INCOME	DE	37 / 3	NT / 2	37 / 3	NT / N	NT / 7		NT / N	NT / 3	NT / 7
SAN JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XIX LLC	DDOMINEG LOANG										
- 47-1097946, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME		37/3	27./2	37/3	27 / 2	. , ,		27 / 2	. , ,	37/3
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XX LLC -											
47-1108301, 111 WEST ST. JOHN	┥										
STREET, SUITE 800, SAN JOSE,	IN LOW INCOME		/-	/-	/-	/-	L.,_		/-		
CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXI LLC											
- 47-1120556, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME										
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXII LLC											
- 47-1131031, 111 WEST ST.	PROVIDES LOANS										
JOHN STREET, SUITE 800, SAN	IN LOW INCOME										
JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXIII											
LLC - 47-1146746, 111 WEST	PROVIDES LOANS										
ST. JOHN STREET, SUITE 800,	IN LOW INCOME										
SAN JOSE, CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXIV -											
47-1151234, 111 WEST ST. JOHN	PROVIDES LOANS										
STREET, SUITE 800, SAN JOSE,	IN LOW INCOME										
CA 95113	COMMUNITIES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) (b) (c) (d) (e) (f) Name, address, and EIN of related organization Primary activity Primary activity Direct controlling entity (related, unrelated, excluded from tax under foreign) Example 1. Co (d) (e) (f) Share of total entity entity (related, unrelated, excluded from tax under foreign)	(g) Share of end-of-year	(h Disprop		(i)	(j)	(k)
of related organization of related organizati	end-of-year	Disprop		0-4-1/1101		
foreign excluded from tax under		ate alloc		Code V-UBI amount in box	manag	Percentage ownership
country sections 512-514)	assets			 20 of Schedule K-1 (Form 1065) 		er?
country) Sections 512-514) LCD NEW MARKETS FUND XXV -		Yes	NO	10111111000)	Yes	NO
81-4931866, 111 WEST ST. JOHN PROVIDES LOANS						
STREET, SUITE 800, SAN JOSE, IN LOW INCOME						
CA 95113 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXVI -	11/11	147 22		14/11	11/21	11/11
81-4959450, 111 WEST ST. JOHN PROVIDES LOANS						
STREET, SUITE 800, SAN JOSE, IN LOW INCOME						
CA 95113 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXVII -	11,711	117.22		11/11	11,722	11,11
81-4987352, 111 WEST ST. JOHN PROVIDES LOANS						
STREET, SUITE 800, SAN JOSE, IN LOW INCOME						
CA 95113 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXVIII		11, 22		21,722	1,11	1,11
LLC - 81-5019797, 111 WEST PROVIDES LOANS						
ST. JOHN STREET, SUITE 800. IN LOW INCOME						
SAN JOSE CA 95113 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXIX LLC	,	1,		-1,-1	- 	
- 81-5030853, 111 WEST ST. PROVIDES LOANS						
JOHN STREET, SUITE 800, SAN IN LOW INCOME						
JOSE CA 95113 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXX LLC						
- 81-5047591, 111 WEST ST. PROVIDES LOANS						
JOHN STREET, SUITE 800, SAN IN LOW INCOME						
JOSE, CA 95114 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXXI LLC						
- 84-2183852 111 WEST ST. PROVIDES LOANS						
JOHN STREET, SUITE 800, SAN IN LOW INCOME						
JOSE, CA 95115 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND XXXII						
LLC - 84-2239967, 111 WEST PROVIDES LOANS						
ST. JOHN STREET, SUITE 800, IN LOW INCOME						
SAN JOSE, CA 95116 COMMUNITIES DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A
LCD NEW MARKETS FUND, LLC - ATTRACT CAPITAL					† †	
16-1666636, 111 WEST ST. JOHN TO REAL ESTATE						
STREET, SUITE 800, SAN JOSE, PROJECTS IN LOW						
CA 95117 INCOME AREAS DE N/A N/A N/A	N/A	N/A		N/A	N/A	N/A

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		Х		
	, , , , , , , , , , , , , , , , , , , ,								
f	Dividends from related organization(s)				1f		х		
g	Sale of assets to related organization(s)								
h	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organization(s)								
n	m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х		
	Sharing of paid employees with related organization(s)				10		Х		
р	Reimbursement paid to related organization(s) for expenses				1p		х		
q	Reimbursement paid by related organization(s) for expenses				1q		Х		
r	Other transfer of cash or property to related organization(s)				1r		х		
s	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on wh				•				
	(a)	(b)	(c)	(d)					
Name of related organization		Transaction	Amount involved	Method of determining amount inv	amount involved				
		type (a-s)							
1) (DPPORTUNITY FUND COMMUNITY DEVELOPMENT	В	196,500.	CASH TRANSFER					
2)									
3)									
4)									
5)									
6)									
3216	3 09-10-19			Schedule	R (For	n 990)	2019		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040