# **PUBLIC DISCLOSURE COPY**

## **PLEASE FILE IN A SAFE PLACE**

## ARMANINO LLP

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

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 For the 2020 calendar year, or tax year beginning and ending JUN 30 2021

|                                |                       | a  | ,                                   |                   | <del>1 ′ .</del> |                 |                               |  |  |
|--------------------------------|-----------------------|--|-------------------------------------|-------------------|------------------|-----------------|-------------------------------|--|--|
| B Check if applicable:         |                       | C Name of organization   | D Emplo                             | yer identific     | cation number    |                 |                               |  |  |
| X                              | Addre                 | SS ACCION OPPORTUNITY FUND INC.                                  |                                     |                   |                  |                 |                               |  |  |
|                                | Name<br>chang         | e Doing business as  | -4127501                            |                   |                  |                 |                               |  |  |
|                                | Initial<br>return     | Number and street (or P.O. box if mail is not deli               | E Teleph                            | one numbe         | <u> </u>         |                 |                               |  |  |
|                                | _<br>Final<br>_return | 111 WEST ST JOHN STREET  | · ·                                 | Room/suite<br>800 |                  | -833-4512       |                               |  |  |
|                                | termir<br>ated        |  | ceipts \$                           | 6,244,507.        |                  |                 |                               |  |  |
|                                | Amen<br>return        | ded SAN JOSE, CA 95113   |                                     |                   | H(a) Is th       | is a group re   | eturn                         |  |  |
|                                | Application           |  | ND JURGENS                          |                   | for s            | ubordinates     | ? Yes X No                    |  |  |
|                                | pendi                 | SAME AS C ABOVE  |                                     |                   | H(b) Are all     | subordinates in | cluded? Yes No                |  |  |
| ΙT                             | ax-ex                 | empt status: X 501(c)(3) 501(c) ( )                              |                                     | or 527            | 1                |                 | list. See instructions        |  |  |
|                                |                       | te: US.ACCION.ORG  | ,                                   |                   | 1                | -               | n number 🕨                    |  |  |
|                                |                       |  | sociation Other                     | L Year            | of formation     | <del></del>     | 1 State of legal domicile; DE |  |  |
|                                | rt I                  | Summary  |                                     | 1 =               |                  |                 |                               |  |  |
| ,                              | 1                     | Briefly describe the organization's mission or most s            | significant activities: TO ASS      | IST IN BU         | JILDING W        | ORLD            |                               |  |  |
| Governance                     |                       | CLASS MICROFINANCE INSTITUTIONS (SEE S                           |                                     |                   |                  |                 |                               |  |  |
| rna                            | 2                     | Check this box   if the organization discon                      | tinued its operations or dispos     | sed of more       | than 25%         | of its net ass  | sets.                         |  |  |
| ove                            | 3                     | Number of voting members of the governing body (I                | Part VI, line 1a)                   |                   |                  | 3               | 22                            |  |  |
|                                | 4                     | Number of independent voting members of the government           | erning body (Part VI, line 1b)      |                   |                  | 4               | 20                            |  |  |
| es &                           | 5                     | Total number of individuals employed in calendar ye              | ear 2020 (Part V, line 2a)          |                   |                  | 5               | 0                             |  |  |
| viti                           | 6                     | Total number of volunteers (estimate if necessary)               |                                     |                   |                  | 6               | 22                            |  |  |
| Activities &                   | 7 a                   | Total unrelated business revenue from Part VIII, colu            | umn (C), line 12                    |                   |                  | 7a              | 0.                            |  |  |
| _                              | b                     | Net unrelated business taxable income from Form 9                | 990-T, Part I, line 11              | <u></u>           |                  | 7b              | 0.                            |  |  |
|                                |                       |  |                                     |                   | Prior Y          |                 | Current Year                  |  |  |
| ø                              | 8                     | Contributions and grants (Part VIII, line 1h)                    |                                     |                   | 2,               | 290,865.        | 6,243,469.                    |  |  |
| ž                              | 9                     | Program service revenue (Part VIII, line 2g)                     |                                     |                   |                  | 0.              | 0.                            |  |  |
| Revenue                        | 10                    | Investment income (Part VIII, column (A), lines 3, 4,            | and 7d)                             |                   |                  | 12,803.         | 1,038.                        |  |  |
| æ                              | 11                    | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,           | 9c, 10c, and 11e)                   |                   |                  | 0.              | 0.                            |  |  |
|                                | 12                    | Total revenue - add lines 8 through 11 (must equal F             |                                     |                   | 2,               | 303,668.        | 6,244,507.                    |  |  |
|                                | 13                    | Grants and similar amounts paid (Part IX, column (A              | .), lines 1-3)                      |                   | 1,               | 342,820.        | 1,205,000.                    |  |  |
|                                | 14                    | Benefits paid to or for members (Part IX, column (A)             |                                     |                   |                  | 0.              | 0.                            |  |  |
| s                              | 15                    | Salaries, other compensation, employee benefits (P               | art IX, column (A), lines 5-10)     |                   |                  | 858,480.        | 1,155,720.                    |  |  |
| Expenses                       | 16a                   | Professional fundraising fees (Part IX, column (A), lir          |                                     |                   |                  | 0.              | 0.                            |  |  |
| be                             |                       | Total fundraising expenses (Part IX, column (D), line            |                                     | 896.              |                  |                 |                               |  |  |
| ñ                              |                       | Other expenses (Part IX, column (A), lines 11a-11d,              |                                     |                   |                  | 281,511.        | 1,467,341.                    |  |  |
|                                |                       | Total expenses. Add lines 13-17 (must equal Part IX              |                                     |                   | 2,               | 482,811.        | 3,828,061.                    |  |  |
|                                |                       | Revenue less expenses. Subtract line 18 from line 1              |                                     |                   | -                | 179,143.        | 2,416,446.                    |  |  |
| or                             |                       | ·  |                                     |                   | ginning of C     | urrent Year     | End of Year                   |  |  |
| ets                            | 20                    | Total assets (Part X, line 16)                                   |                                     |                   | 4,               | 121,467.        | 6,172,057.                    |  |  |
| Ass                            | 21                    | Total liabilities (Part X, line 26)                              |                                     |                   |                  | 573,190.        | 207,334.                      |  |  |
| Net Assets or<br>Fund Balances | 22                    | Net assets or fund balances. Subtract line 21 from I             | ine 20                              |                   | 3,               | 548,277.        | 5,964,723.                    |  |  |
| Pa                             | ırt II                | Signature Block  |                                     |                   |                  |                 |                               |  |  |
| Unde                           | er pena               | llties of perjury, I declare that I have examined this return, i | ncluding accompanying schedules     | s and stateme     | ents, and to t   | he best of my   | knowledge and belief, it is   |  |  |
| true,                          | corre                 | t, and complete. Declaration of preparer (other than officer     | ) is based on all information of wh | nich preparer     | has any kno      | wledge.         |                               |  |  |
|                                |                       |  |                                     |                   |                  |                 |                               |  |  |
| Sigr                           | า                     | Signature of officer   |                                     |                   | D                | ate             |                               |  |  |
| Here                           |                       | ROLLAND JURGENS, EVP & CFO                                       |                                     |                   |                  |                 |                               |  |  |
|                                |                       | Type or print name and title                                     |                                     | т =               |                  |                 |                               |  |  |
|                                |                       | Print/Type preparer's name                                       | Preparer's signature                | [                 | Date             | Check If        | PTIN                          |  |  |
| Paid                           |                       | MATTHEW PETROSKI   | MATTHEW PETROSKI                    | 0 !               | 5/13/22          | self-employ     |                               |  |  |
| Prep                           | arer                  | Firm's name ARMANINO LLP   |                                     |                   | Fi               | rm's EIN 🛌      | 94-6214841                    |  |  |
| Use                            | Only                  | Firm's address 50 W. SAN FERNANDO ST, ST                         | TE 500                              |                   |                  |                 |                               |  |  |
|                                |                       | SAN JOSE, CA 95113   |                                     |                   | P                | hone no.408     | -200-6400                     |  |  |
| May                            | the I                 | RS discuss this return with the preparer shown above             | e? See instructions                 |                   |                  |                 | X Yes No                      |  |  |

45-4127501

| Pa  | Irt III Statement of Program Service Accomplishments   |                        |
|-----|--|------------------------|
|     | Check if Schedule O contains a response or note to any line in this Part III   | <u> </u>               |
| 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   |                        |
|     | prior Form 990 or 990-EZ?  | Yes X No               |
|     | If "Yes," describe these new services on Schedule O.   |                        |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   | Yes X No               |
|     | If "Yes," describe these changes on Schedule O.  |                        |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by   | expenses.              |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and grants are required to report the section 501(c)(4) organization of the section 501(c)(4) organization 501(c)(4) organization 501(c)(4) org | •                      |
|     | revenue, if any, for each program service reported.  | <b>,</b>               |
| 4a  | (Code:) (Expenses \$ 2,563,438.       including grants of \$ 1,205,000.       ) (Revenue \$  | )                      |
| ··u | 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 \$)  | )                      |
|     |  |                        |
|     |  |                        |
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| 4c  | (Code:) (Expenses \$   | )                      |
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|     |  |                        |
| 4d  | Other program services (Describe on Schedule O.)   |                        |
|     | (Expenses \$ including grants of \$ ) (Revenue \$  | )                      |
| 4e  | Total program service expenses ▶ 2,563,438.  | 000                    |
|     |  | Form <b>990</b> (2020) |

45-4127501

#### 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>   |                  |     | <del></del> |
| 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<br>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 <del>7</del> a |     | <del></del> |
| 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              |     | <del></del> |
| 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           |
| <b>20</b> 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   |             |

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| 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 27 (if Yreys, complete Schedule I, Parts I and III 2  |        | (GOTTATAGE)   |      | Yes | No       |
|--|--------|---|------|-----|----------|
| Part X. column (A), line 2? if "Yes," complete Schedule I. Part I and III 2  Did the organization answer "Yes" to Part IVI, Scioon A, line 3. 4, or 5 a bout compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI 28  Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was issued after December 31, 2002? If "Yes," arasee lines 26b though 24d and complete Schedule K II "No," go to line 25a  Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24b   | 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on         |      | 103 | _110_    |
| 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officent, director, rustates, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax exempt bond is use 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 240 through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization branch as an "on behalf of" issuer for bonds outstanding escribe at any tax weeking the service of the organization invest and that the transaction has not been reported or program that the department of the program of the organizations with a disqualified person during the year?  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of any current or former office, director, trustee, key employee, creator or former office, director, trustee, key and the second with the program of the second part or    |        |   | 22   |     | Х        |
| and former officers, direction, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV  23  | 23     |   |      |     |          |
| Schedule / Late to deep comparization 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e.  Dot the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception?  Dot the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception?  24b   Cold the organization meets any proceeds of tax-exempt bonds?  d Did the organization markain an escrew account other than a refunding escrew at any time during the year?  24d   25a Section 50(16)(3), 501(16)4, and 501(e)(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   X    15b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X    25b Did the organization proof any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee. Center or former officer, director, trustee, key employee. Center or former officer, director, trustee, key employee. Center or former officer, director, trustee, key employee center or former officer, director, trustee, key employee. Center or former officer, director, trustee, key em    |        |   |      |     |          |
| 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," arwave lines 24b through 24d and complete Schedule K. If "No." yo to line 25a Did the organization maintain an escrow account other than a returnding escrow at any time during the year to defease any tax exempt bonds?  24b Did the organization maintain an escrow account other than a returnding escrow at any time during the year to defease any tax exempt bonds?  24c Did the organization axes as no no behalf of "issuer for bonds outstanding at any time during the year to defease any tax exempt bonds?  25c Schedule L, Part I as the organization axes 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 800 or 1906.22? If "Yes," complete Schedule L, Part I as 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, creation or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II as Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity from the week of raining innehend and yor times persons? If "Yes," complete Schedule L, Part II I as Did the organization provide a grant or other assistance to any current or former officer, of inector, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former offi    |        | , · · ·   | 23   | Х   |          |
| Schedule K. If "No." go to fine 25a  | 24a    |   |      |     |          |
| Schedule K. If "No." go to fine 25a  |        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete    |      |     |          |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  4 bid the organization account of the standard of the organization engage in an excess benefit transaction with a disqualified person during the year?  2 bid the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  2 bis the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  2 bid 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-E7? If "Yes," complete Schedule I, Part I  2 bid the organization proport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustse, key employee, creator or founder, substantial contributor or 80 or 25, controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II  2 bid the organization provide a grant or other assistance to any current or former officer, director, trustse, key employee, creator or founder, substantial contributor or controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III  2 bid the organization personal and part of family member of any of these persons? If "Yes," complete Schedule I, Part III  2 bid A animy member of any individual described in line 28a? If "Yes," complete Schedule I, Part III  2 bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributors? If "Yes," complete Schedule I, Part III  2 bid the organization neceive more than 355,000 in non-cash contributions? If "Yes," complete Schedule     |        |   | 24a  |     | Х        |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c/3), 501(c/4), and 501(c/23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I    25a  | b      |   | 24b  |     |          |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Saction 501(53), 501(64), 4an 501(62)92 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if "Yes," complete Schedule I, Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I   25b   X    25c Did 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-E27. If "Yes," complete Schedule I, Part I   25b   X    25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity finculary amember of any of these persons? If "Yes," complete Schedule I, Part II   26   X    27  | С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |      |     |          |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Saction 501(53), 501(64), 4an 501(62)92 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if "Yes," complete Schedule I, Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I   25b   X    25c Did 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-E27. If "Yes," complete Schedule I, Part I   25b   X    25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity finculary amember of any of these persons? If "Yes," complete Schedule I, Part II   26   X    27  |        | any tax-exempt bonds?   | 24c  |     |          |
| b is the organization ware 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 E27 in "Yes," complete Schedule I, Part I   | d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?               | 24d  |     |          |
| 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-EZ7 if "Yes," complete Schedule L, Part I  | 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit          |      |     |          |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // *Yes,* complete Schedule L, Part I   25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // *If *Yes,* complete Schedule L, Part II   26 Vas the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any individence provides Schedule L, Part II   27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   28 Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV   28 Vas the organization of the following parties (see Schedule L, Part IV   28 Vas for other officer, director, trustee, key employee, creator or founder, or substantial contributor? // */ **Yes,** complete Schedule L, Part IV   28 Vas A some ontrolled entity of one or more individuals and/or organizations described in lines 28a or 28b? // **Yes,** complete Schedule L, Part IV   29 Vas Did the organization receive more than \$25,000 in non-cash contributions? // */*Yes,** complete Schedule M   30 Did the organization liquidate, terminate, or dissolve and case operations? // *If *Yes,** complete Schedule N, Part I   31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-37 if *Yes,** complete Schedule R, Part I, III, or IV, and Part V, line 2  32 Just the organization own 301.7701-37 if *Yes,** complete Schedule B, Part V, line 2  33 Did the organization own 301.7701-37 if *Yes,** comp    |        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                         | 25a  |     | Х        |
| Schedule L, Part I  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  27 Did the organization periode a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or granization payable to prevent or any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or granizations, for applicable filing thresholds, conditions, and exceptions; in a controlled entity of one or more individuals and/or organization selections grant selection committee schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  31 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I II  32 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II  33 Did the organization on 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, III, or IV, and Part V, Iiin 1  34 Was the organization related to any tax-exemp | b      |   |      |     |          |
| Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Y'es, "complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of threes persons? If Y'es, "complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X C A 35% controlled entity of one or more individual adescribed in line 28a? If "Yes," complete Schedule L, Part IV 286 X X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 286 X X X X X X X X X X X X X X X X X X X  |        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete |      |     |          |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   280   |        | Schedule L, Part I  | 25b  |     | X        |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current       |      |     |          |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X X X 28b X X X X 28b X X X X X X X X X X X X X X X X X X X   |        |   |      |     |          |
| 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? // "Yes," complete Schedule L, Part II // instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // if "Yes," "Oranghete Schedule L, Part IV // 288   X    b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV // 28b   X    c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // "Yes," complete Schedule L, Part IV // 28c   X    29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M // 29   X    30 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule N // Part I // 31   X    31 Did the organization injudiate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I // 31   X    32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I // 31   X    33 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I // 31   X    34 Was the organization nave a controlled entity within the meaning of sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I // Iii, or IV, and Part V, line 1   34   X    35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   34   X    36 Section 501(c)(3) organizations. Did the organization nave a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2   35   X    37 Did the organization complete Schedule O and provide    |        | , , ,   | 26   |     |          |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28B X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28B X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28C X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  31 Did the organization induste, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 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 II 31 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 34 X  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, IIne 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, IIne 2 36 X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If we see the schedule R, Part V, IIne 2 36 X  37 Did    | 27     |   |      |     |          |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28a  |        |   |      |     |          |
| instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule I., Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28b X  28b X  28b X  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.77013? If "Yes," complete Schedule R, Part I.  31 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization sective any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization sective any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  35 If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R,    |        |   | 27   |     | <u> </u> |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?   "Yes," complete Schedule L, Part IV 28c X  Did the organization receive more than \$25,000 in non-cash contributions?   "I"Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?   "I"Yes," complete Schedule N, Part I 31 X  Did the organization liquidate, terminate, or dissolve and cease operations?   "I"Yes," complete Schedule N, Part I 31 X  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3?   "I"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  34 Was the organization related to any tax-exempt or taxable entity?   "I"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Iii I"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Iii I"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Iii I"Yes," complete Schedule R, Part V, Iine 2 35 Iii I"Yes," complete Schedule R, Part V, Iine 2 35 Iii I"Yes," complete Schedule R, Part V, Iine 2 35 Iii I"Yes," complete Schedule R, Part V, Iine 2 35 Iii I"Yes," complete Schedule R, Part V, Iine 2 35 Iii I"Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   "Yes, "complete Schedule R, Part V, Iine 2 36 X X X X X X X X X X X X X X X X X X  | 28     |   |      |     |          |
| "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  |        |   |      |     |          |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c   | а      |   |      |     |          |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  37 Did the organization complete Schedule O dor Part V, line 2  38 Did the organization complete Schedule O dor Part V, line 2  39 Did the organization complete Schedule O dor Part V, line 2  30 Did the organization complete Schedule O dor Part V, line 2  30 Did    |        |   |      |     |          |
| "Yes," complete Schedule L, Part IV  28c   X  29   |        |   | 28b  |     | _ X      |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  The organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  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  Mas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  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, Iine 2  Told 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 V Iines 1  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 O  The Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Determined the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                  | С      |   |      |     | v        |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30  | 00     |   |      |     |          |
| contributions? If "Yes," complete Schedule M 30  |        | , ,   | 29   |     |          |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  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 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  | 30     |   |      |     | v        |
| 32   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?   fr "yes," complete   Schedule N, Part II   32   X   X   | 24     |   |      |     |          |
| Schedule N, Part II  32  |        |   | 31   |     |          |
| 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   | 32     | ,   | 20   |     | x        |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33   | 22     |   | 32   |     |          |
| 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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 X  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 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 V I Intel 19 And 19?  Note: All Form 990 filers are required to complete Schedule O  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Team V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Team V  Te     | 33     |   | 22   |     | x        |
| Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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 V!  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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X   | 24     |   | 33   |     |          |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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  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 O  Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Late of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X   Scation 501(c)(3) organization necetive any payment from or engage in any transaction with a controlled entity any transaction with a controlled entity any transaction with a controlled entity within the meaning on any transaction with a controlled entity within the meaning of section 512(b)(12) any transaction with a controlled entity within the meaning of section 512(b)(12) any transaction within any transaction with a controlled entity any transaction within any transaction within any transaction with a controlled entity any transaction within any transaction within any transaction within any transaction with a controlled entity any transaction of the part V, line 2  36   | 34     |   | 34   |     | 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  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  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  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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X   | 35.2   |   |      | х   |          |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |        | •   | 33a  |     |          |
| 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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | D      |   | 35h  | х   |          |
| If "Yes," complete Schedule R, Part V, line 2  36  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  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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10  11  Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 36     |   | 000  |     |          |
| 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  | 00     |   | 36   |     | Х        |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 In  | 37     |   | "    |     |          |
| 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 O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X  | 0.     |   | 37   |     | Х        |
| Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the schedule of the schedul     | 38     |   | -    |     |          |
| Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X  |        |   | 38   | х   |          |
| Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X   | Par    | t V Statements Regarding Other IRS Filings and Tax Compliance   | ,    |     |          |
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     8       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X  |        |   |      |     |          |
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     8       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X  |        |   |      | Yes | No       |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 3    |     |          |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X  |        |   |      |     |          |
| (gambling) winnings to prize winners?  |        |   |      |     |          |
|  |        | (gambling) winnings to prize winners?   | 1c   | Х   |          |
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|----------|---|-----------------|-----|------|
| Part V   | Statements Regarding Other IRS Filings and Tax Complian | nce (continued) |     |      |

| 2a In the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Red of the teachedrary para employ with or with in the year covered by this naturu.  b I fall least one is reported on line 12a, did the organization file all required indered employment tax returns?  Note: If the sum of lines 1 and 28 is greater than 505, your may be required to e.g. if give instructions).  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary are, of the organization have are therest, in or a significant or other authority over, a financial account in a foreign country business as bank account, or other financial accountry?  5c In If Yes, I there the name of the foreign country.  5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction?  5c If Yes to line 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line 5c or 5b, did the organization that were year benefit to a prohibited tax shelter transaction?  5c If Yes to line 5c organization shelt were year solicitation an express statement that such contributions or gifts were not tax odeutibles a charitable contributions?  6c If Yes to line organization receive a payment in access of 575 made party as a contribution on year to your prohibition and year to your prohibitions or your prohibitions or your prohibitions or your prohibitions and year your prohibition and year your prohibition and year your prohibitions and year your prohibitions and year your year   |    |   |                              |           | Yes | No |
|---|----|---|------------------------------|-----------|-----|----|
| b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrealed to business gross income of \$1,000 or more during the year?  3b Did the organization fave unrealed to business gross income of \$1,000 or more during the year?  3a At any time during the calendary ear, did the organization have an explanation on Schedule O  3b At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or other financial account in oreign country (such as a bank account, securities account, or other financial account); or other financial account in oreign country in the foreign country in the file of any time of the organization to fine filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibet tax she where transaction?  5b X  5c If "we's to line Sac or St, did the organization that it was or is a party to a prohibeted tax shelter transaction?  5c If "we's to line Sac or St, did the organization the Ferm 8889.7?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or the deductible as charitable contributions?  5c If "we's if did the organization the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "we's if the organization received eductible contributions under section 170(c).  5c If If "we's if did the organization though with wey seed place the organization and party for goods and services provided to the payor?  7c If If we's if it did the organization to notify the donor of the value of the goods or services provided?  7c If If "we's if it did the organization to notify the donor of the value of the goods or services provided?  7c If If we's if it did the orga | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |                              |           |     |    |
| Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e/ije (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a Alary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? in some country (such as a bank account, searchies account; or other financial account?  4b If "Yes," enter the name of the foreign country   \$\frac{1}{2}\$ be a bank account, searchies account; or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b IV "Yes" to line Sa or Sb, did the organization file Form 888-17?  5c IV "Yes" to line Sa or Sb, did the organization file Form 888-17?  5b IV "Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?  6c IV "Yes," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8d IV "Yes," of the organization notify the donor of the value of the goods or services provided?  7 If yes," indicate the number of Forms 8282 filed during the year  8 If IV "Yes," indicate the number of Forms 8282 filed during the year  9 If IV "Yes," indicate the number of Forms 8282 filed during the year  10 If the organization neceived an ontribution of cars, boats, sinplanes, or other vehicles, did the organization file a Form 1088-07  15 Post organization selection of the state of the goods or services provided?  16 If "Yes," indicate the number of Forms 8282 filed during the year  17 IV A THE ORGANIZATION of the second of |    | filed for the calendar year ending with or within the year covered by this return                                   | 2a                           | 2         |     |    |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filled a Form 990 T for this year? If "No" to fine 3b, provide an explanation on Schedule O  3b Jack  4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()?  5 a li "Yes," organization or for for foreign country (such as a bank account, securities account, or other financial account()?  5 a li "Yes," organization or for the foreign country.  5 a li "Yes," organization or foreign country (such as a bank account, securities account, or other financial account()?  5 a li "Yes," organization for foreign country.  5 a li "Yes," of the organization for foreign pank and Financial accounts (FBAR).  5 a li "Yes," of the organization for foreign country.  5 a li "Yes," of the organization for foreign country.  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 c li "Yes" to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 c line organization solicition are represented that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  6 b li "Yes," idea the ware not tax deductible?  7 b li "Yes," idea that were not tax deductible as charitable contributions under section 170(c).  8 b li "Yes," idea that were not into the donor or line that was of the goods or services provided?  9 b li "Yes," idea the unmber of Forms 8282? filed during the year  10 bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to lite organization will be organization sell, exchange, or otherwise dispose of  | b  | If at least one is reported on line 2a, did the organization file all required federal employment tax return        | ns?                          | 2b        |     |    |
| b if "Yes," has it filed a Form 980.T for this year? If "No" to fine 3b, provide an explanation on Schedule O  4a At any time during the calendary year, id tift the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  4a X  5b if "Yes," enter the name of the foreign country [such as a stark account, securities account, or other financial accounts (FEAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction?  5b Did any taxable party nority the organization file form 88881?  6a Does the organization the organization file form 88881?  6b Did any taxable party nority the organization file form 88881?  6c Did the organization shelt many receive deductible contributions?  6c Did the organization shelt may receive deductible contributions under section 170(c).  6c Did the organization shelt may receive deductible contributions under section 170(c).  6c Did the organization shelt may receive deductible contributions under section 170(c).  6c Did the organization shelt may receive deductible contributions under section 170(c).  6c Did the organization shelt may receive deductible contributions under section 170(c).  6c Did the organization shelt may receive deductible contributions under section 170(c).  6c Did the organization shelt may receive deductible contribution and party for goods and services provided?  7c Did the organization shelt may receive deductible organization shelt the sequence of the value of the goods or services provided?  7d Did the organization shelt may receive deductible organization shelt of the sequence of the value of the goods or services provided?  7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization receive any funds, directly or indirectly, to     |    | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions            | )                            |           |     |    |
| 4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a  | 3а |   |                              |           |     | X  |
| financial account in a foreign country such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I "Yes" to line Sa or Sb, did the organization file Form 888617  6a Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apment in excess of \$76 made party sa contribution and party for goods and services provided to the payor?  7 I "Yes," indicate the number of Forms 82827 filed during the year or the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7 I Did the organization received an contribution of great year.  6 I Did the organization received an contribution of great year or the payor or the value of the organization received an contribution of qualified intellectual property, did the organization received an contribution of qualified intellectual property, did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 Sponsoring organizations exceed an contribution of clars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  9 Sponsoring organization received a contribution of updated funds.  a Did the sponsoring organization make any taxable distributions under section  |    |   |                              | 3b        |     |    |
| b if "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for tiling requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for tiling requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So I a was the proper of t     | 4a |   | •                            |           |     | ,, |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  5  |    |   | ccount)?                     | <u>4a</u> |     | X  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did any taxable party notify the organization file Form 888617?  6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?  6a Did Tyes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization include with every solicitation and express statement that such contributions or gifts were not tax deduction on the section 170(c).  8 Did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions?  7 Organization include with every solicitation and express statement that such contributions or gifts were not tax deductible.  8 Diff the organization include with every solicitation and partly for goods and services provided to the partly of the transaction of the value of the goods or services provided?  7 Organization services any funds, directly the goods or services provided?  7 Did the organization received any funds, directly to pay premiums on a personal benefit contract?  7 Organization received an contribution of qualified intellectual property, did the organization file or make a contribution of qualified intellectual property, did the organization file a Form 1080 organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization of Rie a Form 1080 organization and the contribution of cars, boats, arplane   | b  | • • • — — — — — — — — — — — — — — — — —   | (FD 4 D)                     |           |     |    |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6     V*es* to line 5a or 5b, did the organization file Form 8886*T7  6     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6     V*es*, "did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  7     Organization state may receive deductible contributions under section 170(c).  8     Did the organization receive a payment in excess of \$157 made party as a contribution and party for goods and services provided to the payor?  7     Did the organization notity the donor of the value of the goods or services provided?  7     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  10     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  10     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  10     Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  10     Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11     Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  12     V*es* individual organization make a distribution of qualified intellectual property, did the organization like Form 8899 as required?  13     Sponsoring organization make a distribution of activated funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund by the sponsoring organization make a distribution to a donor advised fund by the sponsoring organization make a distribution to a donor ad  | E. |   |                              | Ea        |     | v  |
| c If Yes' to line 5a or 5b, did the organization file Form 888b-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization creceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organization shat may receive deductible contributions under section 170(c).  a Did the organization notify the choror of the value of the goods or services provided?  b If Yes," indicate the number of Forms 8292 filed during the year  b If Yes," indicate the number of Forms 8292 filed during the year  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To I X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1086 C?  Sponsoring organization make excess business holdings at any time during the year?  N/A  10 Section 501(c)(12) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  N/A  10 Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  N/A  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against 11b  ground of the sponsoring organizations make any taxable distributions under section 4966?  B Certain Forganization inclinesed to issue qualified health plans in more th  | _  |   |                              |           |     |    |
| 5a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization netity the donor of the value of the goods or services provided to the payor?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization sell, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required?  12 If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required?  13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required?  13 If the organization was a property or solving the year?  14 If the organization was a property or year and the organization file Form 1098-C?  15 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  15 If the organization was a property organization and the property organization was a property organization was a property organization. The property organization was a property organization was a property organization. The property organization was a property organization. The property organization was a property organization   |    |   |                              |           |     |    |
| any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If de organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If if the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  A Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  N/A  B Sponsoring organization make any taxable distributions under section 4966?  N/A  B Section 501(c)(XI) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  N/A  If a Section 501(c)(XI) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(XI) organizations. Enter:  a If "Yes," enter the amount of tax exempt interest received or accrued during the year  b If "Yes," enter the amount of reserves the organization must report on Schedule O.  b Enter the amount of reserves on hand  If yes,   |    |   |                              | 50        |     |    |
| b   f*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7  | ou |   |                              | 6a        |     | x  |
| were not tax deductible?  a Did the organization receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   | b  | •   |                              | 3         |     |    |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7  |    |   |                              | 6b        |     |    |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c   | 7  |   |                              |           |     |    |
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| d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Section 501(c)(7) organization make any taxable distributions under section 4966?  N/A  9a  Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?  N/A  10a  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  N/A  Section 501(c)(12) organizations. Enter:  a Gross income from embers or shareholders  N/A  Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 501(c)(12) organizations. Enter:  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  11b  Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization ilcensed to issue qualified health plans in more than one state?  N/A  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  bi If Yes, "enter the amount of reserves on hand  14a Did the organization subject    | С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was            | s required                   |           |     |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Bid the organization received a contribution of qualified intellectual property, did the organization file a Form 899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  N/A  b Did the sponsoring organization make any taxable distributions under section 4966?  N/A  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  M/A  b Gross income from members or shareholders  Boction 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  Boction 501(c)(12) organizations. Enter:  a Gross income from ther 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans in more than one state?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  If "Yes," see instru    |    | to file Form 8282?  |                              | 7с        |     | Х  |
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| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g N/A  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  9a  9b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11a  11b  11b  12a  15 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from embers or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  12c  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax   | е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co            | ontract?                     |           |     | _  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  10 Initiation fees and capital contributions included on Part VIII, line 12  11 Section 501(c)(12) organizations. Enter:  2 Gross income from members or shareholders  3 Gross income from members or shareholders  4 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 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.  14 Is the organization is licensed to issue qualified health plans in more than one state?  15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  16 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," has it filed a Form 720. Schedule N.  16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?   | f  |   |                              |           | /-  | -  |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Section 501(c)(7) organizations. Enter:  11 Initiation fees and capital contributions included on Part VIII, line 12  12 Section 501(c)(2) organizations. Enter:  13 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  14 Gross income from members or shareholders  15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  16 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  17 Ina la la la the organization licensed to issue qualified health plans in more than one state?  18 Note: See the instructions for additional information the organization must report on Schedule O.  19 Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  19 If "Yes," see instructions and file Form 4720, Sc    |    |   |                              |           |     | _  |
| sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  Bab  Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  N/A  Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders  N/A  Bross 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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is iscensed to issue qualified health plans  c Enter the amount of reserves on hand  If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation on Schedule O  If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  | _  |   |                              | 7h        | N/A |    |
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| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  9a  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther 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 filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  13a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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 Ix   | 0  |   | N/A                          | 8         |     |    |
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| 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a   | _  |   |                              |           |     |    |
| 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 filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N.  | 11 |   | •                            |           |     |    |
| 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N.  | а  | Gross income from members or shareholders N/A   | 11a                          |           |     |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N.   | b  |   |                              |           |     |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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   |    | ,   |                              |           |     |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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?  15 X  |    |   |                              | 12a       |     |    |
| a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  | b  |   | 12b                          | _         |     |    |
| 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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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?  18  18  19  19  10  11b  12c  11c  11c  12d  13c  14a  X  X  If "Yes," see instructions and file Form 4760 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15  16  17  18  18  19  19  19  19  10  11  11  12  13  14  15  15  15  15  16  16  17  18  18  18  19  19  19  10  10  11  11  12  13  14  15  15  16  17  18  18  18  19  19  10  10  11  11  12  13  14  15  15  16  17  18  18  18  19  19  19  10  10  10  10  11  11  11  |    |   | 27 / 2                       |           |     |    |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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?  18 X  | а  |   | N/A                          | 13a       |     |    |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  18 the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 X   | J. | - · · · · · · · · · · · · · · · · · · ·   |                              |           |     |    |
| c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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   | D  |   | 126                          |           |     |    |
| 14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O     14b     14b       15     Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?     15     X       If "Yes," see instructions and file Form 4720, Schedule N.     16     X       15     X  | ^  |   |                              | 1         |     |    |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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?  18 In the organization and educational institution subject to the section 4968 excise tax on net investment income?   |    |   | •                            | 142       |     | х  |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  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   |    |   |                              |           |     |    |
| excess parachute payment(s) during the year?  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  X   |    |   |                              |           |     |    |
| 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  | -  |   |                              | 15        |     | x  |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  |    |   |                              |           |     |    |
|   | 16 |   | income?                      | 16        |     | х  |
|   |    |   |                              |           |     |    |

ACCION OPPORTUNITY FUND INC. Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2020)

95113

SUSAN LOUIE - (408) 849-4386

111 W ST. JOHN ST SUITE 800, SAN JOSE, CA

### 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.

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

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

| (A) Name and title     | (B) Average hours per week   | box                            | , unle                  | Pos<br>heck<br>ss per | c)<br>sition<br>more than one<br>rson is both an<br>lirector/trustee) |                              |          |  | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other  |
|------------------------|--|--------------------------------|-------------------------|-----------------------|---|------------------------------|----------|--|---|--|
|                        | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stit utional trustee | Officer               | Key employee  | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)                | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) LUZ LOPEZ URRUTIA  | 3.00   |                                |                         |                       |   |                              |          |  |   |  |
| PRESIDENT & CEO        | 37.00  | Х                              |                         | Х                     |   |                              |          | 0.                                     | 327,593.  | 24,479.  |
| (2) MIKE TORRES        | 3.00   |                                |                         |                       |   |                              |          |  |   |  |
| CFO & EVP              | 37.00  |                                |                         | Х                     |   |                              |          | 0.                                     | 207,620.  | 12,091.  |
| (3) ERIC WEAVER        | 1.50   |                                |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 5.00   | Х                              |                         |                       |   |                              |          | 0.                                     | 123,006.  | 12,371.  |
| (4) GREG AVIS          | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| BOARD CHAIR            | 1.50   | Х                              |                         | Х                     |   | _                            | _        | 0.                                     | 0.  | 0.   |
| (5) JIM KOSHLAND       | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| VICE CHAIR & SECRETARY | 1.50   | Х                              |                         | Х                     |   |                              |          | 0.                                     | 0.  | 0.   |
| (6) MICKEY KONSON      | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| ASSISTANT SECRETARY    | 1.50   | Х                              |                         | Х                     |   | _                            | _        | 0.                                     | 0.  | 0.   |
| (7) ESTEBAN ALTSCHUL   | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   | _                            | _        | 0.                                     | 0.  | 0.   |
| (8) TODD BAKER         | 1.50   |                                |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (9) SWATI BHATIA       | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (10) PHIL BLACK        | 1.50   |                                |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (11) DICKSON CHU       | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (12) CARETHA COLEMAN   | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (13) SOLANA COZZO      | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (14) JONI CROPPER      | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |
| (15) DEBRA ENGEL       | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   | _                            | <u> </u> | 0.                                     | 0.  | 0.   |
| (16) MADELEINE FACKLER | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   | _                            | <u> </u> | 0.                                     | 0.  | 0.   |
| (17) BRIAN GRAHAM      | 1.50   | 1                              |                         |                       |   |                              |          |  |   |  |
| DIRECTOR               | 1.50   | Х                              |                         |                       |   |                              |          | 0.                                     | 0.  | 0.   |

| Form 990 (2020) ACCION OPPOR                   | TUNITY FUND       | IN                             | c.                   |          |              |                              |         |                          | 45-412750                        | 1 Page <b>8</b>          |
|--|-------------------|--------------------------------|----------------------|----------|--------------|------------------------------|---------|--------------------------|----------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Em      | oloy                           | ees,                 | and      | l Hig        | ghes                         | t C     | ompensated Employee      | s (continued)                    |                          |
| (A)  | (B)               |                                |                      |          | C)           |                              |         | (D)                      | (E)                              | (F)                      |
| Name and title                                 | Average           | (do                            |                      | Pos      |              | l<br>than c                  | one     | Reportable               | Reportable                       | Estimated                |
|  | hours per         | box                            | , unles              | ss per   | rson i       | s both                       | an      | compensation             | compensation                     | amount of                |
|  | week<br>(list any |                                | l an                 |          | liecto       | i/ii us                      | (66)    | from                     | from related                     | other<br>                |
|  | hours for         | irecto                         |                      |          |              |                              |         | the organization         | organizations<br>(W-2/1099-MISC) | compensation<br>from the |
|  | related           | eord                           | tee                  |          |              | sated                        |         | (W-2/1099-MISC)          | (44-2/1099-141130)               | organization             |
|  | organizations     | truste                         | al trus              |          | ee/          | m pen                        |         | (** 27 1033 141100)      |                                  | and related              |
|  | below             | Individual trustee or director | nstitutional trustee | <u>~</u> | key employee | st co<br>oyee                | er      |                          |                                  | organizations            |
|  | line)             | Indiv                          | Instit               | Officer  | Key e        | Highest compensated employee | Former  |                          |                                  |                          |
| (18) PARKER HUDNUT                             | 1.50              |                                |                      |          |              |                              |         |                          |                                  |                          |
| DIRECTOR                                       | 1.50              | Х                              |                      |          |              |                              |         | 0.                       | 0.                               | 0.                       |
| (19) YUN-FANG JUAN                             | 1.50              |                                |                      |          |              |                              |         |                          |                                  |                          |
| DIRECTOR                                       | 1.50              | Х                              |                      |          |              |                              |         | 0.                       | 0.                               | 0.                       |
| (20) LATA KRISHNANA                            | 1.50              |                                |                      |          |              |                              |         |                          |                                  |                          |
| DIRECTOR                                       | 1.50              | Х                              |                      |          |              |                              |         | 0.                       | 0.                               | 0.                       |
| (21) JUANITA LOTT                              | 1.50              |                                |                      |          |              |                              |         |                          |                                  |                          |
| DIRECTOR                                       | 1.50              | Х                              |                      |          |              |                              |         | 0.                       | 0.                               | 0.                       |
| (22) MICHAEL SCHLEIN                           | 1.50              |                                |                      |          |              |                              |         |                          |                                  |                          |
| DIRECTOR                                       | 1.50              | Х                              |                      |          |              |                              |         | 0.                       | 0.                               | 0.                       |
| (23) DIANA TAYLOR                              | 1.50              |                                |                      |          |              |                              |         |                          |                                  |                          |
| DIRECTOR                                       | 1.50              | Х                              |                      |          |              |                              |         | 0.                       | 0.                               | 0.                       |
| (24) ROLLAND JURGENS - FR. FEB 2021            | 3.00              |                                |                      |          |              |                              |         |                          |                                  |                          |
| CHIEF FINANCIAL OFFICER                        | 37.00             |                                |                      | Х        |              |                              |         | 0.                       | 0.                               | 0.                       |
|  |                   |                                |                      |          |              |                              |         |                          |                                  |                          |
|  |                   |                                |                      |          |              |                              |         |                          |                                  |                          |
| 1b Subtotal                                    |                   |                                |                      |          |              |                              | <b></b> | 0.                       | 658,219.                         | 48,941.                  |
| c Total from continuation sheets to Part VI    |                   |                                |                      |          |              |                              | <b></b> | 0.                       | 0.                               | 0.                       |
| d Total (add lines 1b and 1c)                  |                   |                                |                      |          |              |                              | <b></b> | 0.                       | 658,219.                         | 48,941.                  |
| 2 Total number of individuals (including but n | ot limited to th  | ose                            | liste                | d ab     | ove          | ) wh                         | o re    | eceived more than \$100, | 000 of reportable                |                          |
| compensation from the organization             |                   |                                |                      |          |              |                              |         |                          |                                  | 0                        |
|  |                   |                                |                      |          |              |                              |         |                          | 1                                | Yes No                   |
| 3 Did the organization list any former officer | , director, trust | ee, k                          | сеу е                | empl     | oye          | e, or                        | hig     | hest compensated emp     | loyee on                         |                          |
| 1. 4 0   |                   |                                |                      |          |              |                              |         |                          |                                  |                          |

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

#### Section B. Independent Contractors

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

| (A)  | (B)                                | (C)          |
|--|------------------------------------|--------------|
| Name and business address  | Description of services            | Compensation |
| 37 OAKS CONSULTING   |                                    |              |
| 3231 S HALSTED, CHICAGO, IL 60608  | E-COMMERCE CONSULTING              | 180,000.     |
|  |                                    |              |
|  |                                    |              |
|  |                                    |              |
|  |                                    |              |
|  |                                    |              |
|  |                                    |              |
|  |                                    |              |
|  |                                    |              |
| 2 Total number of independent contractors (including but not limited to those li | sted above) who received more than |              |
| 0400 000 f   |                                    |              |

Form 990 (2020) ACCION OPPO Part VIII Statement of Revenue

|  |    |          | Check if Schedule O contains  | a response o | or note to anv lin | e in this Part VIII |                   |                  |                                    |
|--|----|----------|---|--------------|--------------------|---------------------|-------------------|------------------|------------------------------------|
|  |    |          |   |              |                    | (A)                 | (B)               | (C)              | (D)                                |
|  |    |          |   |              |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|  |    |          |   |              |                    |                     | function revenue  | business revenue | sections 512 - 514                 |
| SS   | 1  | _        | Federated campaigns   | 1a           |                    |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts | •  |          | Membership dues   |              |                    |                     |                   |                  |                                    |
| S S  |    |          | Fundraising events  |              |                    |                     |                   |                  |                                    |
| fts,   |    |          | Related organizations   |              |                    |                     |                   |                  |                                    |
| ij gi  |    |          |   |              |                    |                     |                   |                  |                                    |
| ons,   |    |          | Government grants (contributions)   | 1e           |                    |                     |                   |                  |                                    |
| utio<br>er (   |    | T        | All other contributions, gifts, grants, an                                |              | 6 242 460          |                     |                   |                  |                                    |
| ĕŧ   |    |          | similar amounts not included above  |              | 6,243,469.         |                     |                   |                  |                                    |
| ont  |    | -        | Noncash contributions included in lines 1a-1f                             | 1g  \$       |                    | 6 242 460           |                   |                  |                                    |
| O g  |    | n        | Total. Add lines 1a-1f  |              |                    | 6,243,469.          |                   |                  |                                    |
|  |    |          |   |              | Business Code      |                     |                   |                  |                                    |
| ce   | 2  | а        |   |              |                    |                     |                   |                  |                                    |
| ervi   |    | b        |   |              |                    |                     |                   |                  |                                    |
| S  |    | С        |   |              |                    |                     |                   |                  |                                    |
| ran<br>Sev   |    | d        |   |              |                    |                     |                   |                  |                                    |
| Program Service<br>Revenue                             |    | е        |   |              |                    |                     |                   |                  |                                    |
| <u>-</u>   |    | f        | All other program service revenue   |              |                    |                     |                   |                  |                                    |
|  |    | g        | Total. Add lines 2a-2f  |              | <b></b>            |                     |                   |                  |                                    |
|  | 3  |          | Investment income (including divid  | ends, intere | st, and            |                     |                   |                  |                                    |
|  |    |          | other similar amounts)  |              |                    | 1,038.              |                   |                  | 1,038.                             |
|  | 4  |          | Income from investment of tax-exe   |              |                    |                     |                   |                  |                                    |
|  | 5  |          | Royalties   |              | <b>&gt;</b>        |                     |                   |                  |                                    |
|  |    |          |   | (i) Real     | (ii) Personal      |                     |                   |                  |                                    |
|  | 6  | а        | Gross rents 6a  |              |                    |                     |                   |                  |                                    |
|  |    |          | Less: rental expenses 6b  |              |                    |                     |                   |                  |                                    |
|  |    | С        | Rental income or (loss) 6c  |              |                    |                     |                   |                  |                                    |
|  |    |          | Not rental income or (less)   |              |                    |                     |                   |                  |                                    |
|  |    |          | ` · · · ·   | Securities   | (ii) Other         |                     |                   |                  |                                    |
|  |    |          | assets other than inventory 7a  |              |                    |                     |                   |                  |                                    |
|  |    | b        | Less: cost or other basis   |              |                    |                     |                   |                  |                                    |
| <u>o</u>   |    | _        | and sales expenses  |              |                    |                     |                   |                  |                                    |
| her Revenue  |    | c        | Gain or (loss) 7c   |              |                    |                     |                   |                  |                                    |
| ě  |    | ч        | Net gain or (loss)  |              | <b></b>            |                     |                   |                  |                                    |
| ౼  |    |          | Gross income from fundraising events                                      | I .          |                    |                     |                   |                  |                                    |
| O<br>th  | Ü  | u        | including \$  |              |                    |                     |                   |                  |                                    |
|  |    |          | contributions reported on line 1c).                                       | _            |                    |                     |                   |                  |                                    |
|  |    |          | Part IV, line 18  | I            |                    |                     |                   |                  |                                    |
|  |    | h        |   |              |                    |                     |                   |                  |                                    |
|  |    |          | Less: direct expenses   |              |                    |                     |                   |                  |                                    |
|  |    |          | Net income or (loss) from fundraising Gross income from gaming activities |              |                    |                     |                   |                  |                                    |
|  | 9  | а        |   | <b>I</b>     |                    |                     |                   |                  |                                    |
|  |    | <b>L</b> | Part IV, line 19 Less: direct expenses                                    |              |                    |                     |                   |                  |                                    |
|  |    |          |   |              |                    |                     |                   |                  |                                    |
|  |    |          | Net income or (loss) from gaming a  |              | <b>&gt;</b>        |                     |                   |                  |                                    |
|  | 10 | а        | Gross sales of inventory, less retur                                      | <b>I</b>     |                    |                     |                   |                  |                                    |
|  |    |          | and allowances  |              |                    |                     |                   |                  |                                    |
|  |    |          | Less: cost of goods sold  |              |                    |                     |                   |                  |                                    |
| -  |    | С        | Net income or (loss) from sales of i                                      | nventory     |                    |                     |                   |                  |                                    |
| જ  | ٠. |          |   |              | Business Code      |                     |                   |                  |                                    |
| eor<br>Te  | 11 |          |   |              |                    |                     |                   |                  |                                    |
| Miscellaneous<br>Revenue                               |    | b        |   |              |                    |                     |                   |                  |                                    |
| See.   |    | С        |   |              |                    |                     |                   |                  |                                    |
| Mis  |    |          | All other revenue   |              |                    |                     |                   |                  |                                    |
|  |    |          | Total. Add lines 11a-11d  |              |                    |                     |                   |                  |                                    |
|  | 12 |          | Total revenue. See instructions   |              |                    | 6,244,507.          | 0.                | 0.               | 1,038.                             |

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

| D-       | Check if Schedule O contains a respons   | (A)            | (B)                      | (C)                             | (D)                  |
|----------|--|----------------|--------------------------|---------------------------------|----------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1        | Grants and other assistance to domestic organizations  |                |                          |                                 |                      |
|          | and domestic governments. See Part IV, line 21   | 1,205,000.     | 1,205,000.               |                                 |                      |
| 2        | 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  |                |                          |                                 |                      |
| 4        | Benefits paid to or for members  |                |                          |                                 |                      |
| 5        | Compensation of current officers, directors,   |                |                          |                                 |                      |
|          | trustees, and key employees  |                |                          |                                 |                      |
| 6        | Compensation not included above to disqualified  |                |                          |                                 |                      |
|          | persons (as defined under section 4958(f)(1)) and  |                |                          |                                 |                      |
|          | persons described in section 4958(c)(3)(B)   |                |                          |                                 |                      |
| 7        | Other salaries and wages   | 1,154,586.     | 631,476.                 | 523,110.                        |                      |
| 8        | Pension plan accruals and contributions (include   |                |                          |                                 |                      |
|          | section 401(k) and 403(b) employer contributions)  |                |                          |                                 |                      |
| 9        | Other employee benefits  | 1,134.         | 516.                     | 618.                            |                      |
| 0        | Payroll taxes  |                |                          |                                 |                      |
| 1        | Fees for services (nonemployees):  |                |                          |                                 |                      |
| а        | Management   |                |                          |                                 |                      |
| b        | Legal  | 78.            | 49.                      | 29.                             |                      |
| С        | Accounting   | 20,400.        |                          | 20,400.                         |                      |
| d        | Lobbying   |                |                          |                                 |                      |
| е        | Professional fundraising services. See Part IV, line 17  |                |                          |                                 |                      |
| f        | Investment management fees   |                |                          |                                 |                      |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   |                |                          |                                 |                      |
|          | column (A) amount, list line 11g expenses on Sch 0.)   | 1,052,938.     | 649,835.                 | 353.                            | 402,750              |
| 12       | Advertising and promotion  | 20,381.        | 20,381.                  |                                 |                      |
| 13       | Office expenses  | 5,497.         | 4,710.                   | 75.                             | 712                  |
| 14       | Information technology   | 33,774.        | 32,073.                  | 1,599.                          | 102                  |
| 15       | Royalties  | 12 022         | 8,948.                   | 2 075                           |                      |
| 16       | Occupancy  | 12,823.        | 0,540.                   | 3,875.<br>1,833.                |                      |
| 17       | Travel   | 1,033.         |                          | 1,033.                          |                      |
| 18       | Payments of travel or entertainment expenses   |                |                          |                                 |                      |
|          | for any federal, state, or local public officials  | 446.           | 369.                     | 19.                             | 58                   |
| 19<br>20 | Conferences, conventions, and meetings   | 110,           | 303.                     | 17.                             | 3.0                  |
|          | Payments to affiliates   |                |                          |                                 |                      |
| 21<br>22 | Depreciation, depletion, and amortization  |                |                          |                                 |                      |
| :2       | la a companya a a  |                |                          |                                 |                      |
| .s<br>24 | Other expenses. Itemize expenses not covered   |                |                          |                                 |                      |
|          | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                |                          |                                 |                      |
| а        | INTER COMPANY SERVICE  | 295,843.       |                          | 295,843.                        |                      |
| b        | DUES & SUBSCRIPTIONS   | 19,378.        | 10,000.                  | 4,129.                          | 5,249                |
| c        | MISCELLANEOUS  | 3,950.         | 81.                      | 3,844.                          | 2!                   |
| d        |  |                |                          |                                 |                      |
| е        | All other expenses   |                |                          |                                 |                      |
| :5       | Total functional expenses. Add lines 1 through 24e   | 3,828,061.     | 2,563,438.               | 855,727.                        | 408,896              |
| :6       | Joint costs. Complete this line only if the organization   |                |                          |                                 |                      |
|          | reported in column (B) joint costs from a combined   |                |                          |                                 |                      |
|          | educational campaign and fundraising solicitation.   |                |                          |                                 |                      |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                |                          |                                 |                      |

# Form 990 (2020) Part X Balance Sheet

| га                          | rt X | Balance Sneet  |                                 |                   |       |                                       |
|-----------------------------|------|--|---------------------------------|-------------------|-------|---------------------------------------|
|                             |      | Check if Schedule O contains a response or   | note to any line in this Part X | (A)               | ····· |                                       |
|                             |      |  |                                 | Beginning of year |       | End of year                           |
|                             | 1    | Cash - non-interest-bearing  |                                 | 111,261.          | 1     | 536,67                                |
|                             | 2    | Savings and temporary cash investments   |                                 | 3,242,199.        | 2     | 2,851,50                              |
|                             | 3    | Pledges and grants receivable, net   |                                 | 760,014.          | 3     | 2,740,00                              |
|                             | 4    | Accounts receivable, net   |                                 | 268.              | 4     |                                       |
|                             | 5    | Loans and other receivables from any curren  | t or former officer, director,  |                   |       |                                       |
|                             |      | trustee, key employee, creator or founder, su  | bstantial contributor, or 35%   |                   |       |                                       |
|                             |      | controlled entity or family member of any of t   | hese persons                    |                   | 5     |                                       |
|                             | 6    | Loans and other receivables from other disqu   | ualified persons (as defined    |                   |       |                                       |
|                             |      | under section 4958(f)(1)), and persons descri  | bed in section 4958(c)(3)(B)    |                   | 6     |                                       |
| 2                           | 7    | Notes and loans receivable, net  |                                 |                   | 7     |                                       |
| Assers                      | 8    | Inventories for sale or use  |                                 |                   | 8     |                                       |
| ₹                           | 9    | Prepaid expenses and deferred charges  |                                 | 7,725.            | 9     | 43,88                                 |
|                             | 10a  | Land, buildings, and equipment: cost or other  |                                 |                   |       |                                       |
|                             |      | basis. Complete Part VI of Schedule D  |                                 |                   |       |                                       |
|                             | b    | Less: accumulated depreciation   |                                 |                   | 10c   |                                       |
|                             | 11   | Investments - publicly traded securities   |                                 |                   | 11    |                                       |
|                             | 12   | Investments - other securities. See Part IV, lin   |                                 |                   | 12    |                                       |
|                             | 13   | Investments - program-related. See Part IV, li   | ne 11                           |                   | 13    |                                       |
|                             | 14   | Intangible assets  |                                 |                   | 14    |                                       |
|                             | 15   | Other assets. See Part IV, line 11   |                                 |                   | 15    |                                       |
|                             | 16   | Total assets. Add lines 1 through 15 (must e   |                                 | 4,121,467.        | 16    | 6,172,05                              |
|                             | 17   | Accounts payable and accrued expenses  |                                 | 573,190.          | 17    | 207,33                                |
|                             | 18   | Grants payable   |                                 |                   | 18    |                                       |
|                             | 19   | Deferred revenue   |                                 |                   | 19    |                                       |
|                             | 20   | Tax-exempt bond liabilities  |                                 |                   | 20    |                                       |
|                             | 21   | Escrow or custodial account liability. Complete  |                                 |                   | 21    |                                       |
| S<br>D                      | 22   | Loans and other payables to any current or f   |                                 |                   |       |                                       |
| Liabilities                 |      | trustee, key employee, creator or founder, su  |                                 |                   |       |                                       |
| 2                           |      | controlled entity or family member of any of t   |                                 |                   | 22    |                                       |
| _                           | 23   | Secured mortgages and notes payable to un  |                                 |                   | 23    |                                       |
|                             | 24   | Unsecured notes and loans payable to unrela  |                                 |                   | 24    |                                       |
|                             | 25   | Other liabilities (including federal income tax,   |                                 |                   |       |                                       |
|                             |      | parties, and other liabilities not included on li  | nes 17-24). Complete Part X     |                   |       |                                       |
|                             |      | of Schedule D  |                                 | F72 100           | 25    | 207.22                                |
|                             | 26   |  |                                 | 573,190.          | 26    | 207,33                                |
| ς                           |      | Organizations that follow FASB ASC 958, or the second state of the second secon | check here 📂 🔼                  |                   |       |                                       |
| ဥ                           | 07   | and complete lines 27, 28, 32, and 33.   |                                 | 1,698,942.        | 07    | 2,538,72                              |
| <u>a</u>                    | 27   |  |                                 | 1,849,335.        | 27    |                                       |
| <u>ο</u>                    | 28   | Net assets with donor restrictions   |                                 | 1,049,555.        | 28    | 3,426,00                              |
| 5                           |      | Organizations that do not follow FASB AS   | 5 958, check here               |                   |       |                                       |
| 5                           |      | and complete lines 29 through 33.  | d.                              |                   | 00    |                                       |
| 2                           | 29   | Capital stock or trust principal, or current fur   |                                 |                   | 29    |                                       |
| 155                         | 30   | Paid-in or capital surplus, or land, building, o   |                                 |                   | 30    |                                       |
| Net Assets or Fund Balances | 31   | Retained earnings, endowment, accumulated  |                                 | 3,548,277.        | 31    | 5 964 72                              |
| ž                           | 32   | Total net assets or fund balances  |                                 | 4,121,467.        | 32    | 5,964,723                             |
|                             | 33   | Total liabilities and net assets/fund balances   |                                 | 1 +,121,40/.      | 33    | 6 , 172 , 057<br>Form <b>990</b> (202 |

| Pa | rt 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         | 6    | ,244, | 507.   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 3    | ,828, | 061.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3         | 2    | ,416, | 446.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 3    | ,548, | 277.   |
| 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        | 5    | ,964, | 723.   |
| Pa | rt 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        | Ο.        |      |       |        |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                    |           |      |       | 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    | audit,    |      |       |        |
|    | 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 Scho    | edule O.  |      |       |        |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |      |       |        |
|    | Act and OMB Circular A-133?   |           | За   |       | Х      |
| 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   |       |        |
|    |   |           | Form | 990   | (2020) |

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

000 01 000 EE

## 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** 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) 2016              | <b>(b)</b> 2017      | (c) 2018              | (d) 2019            | (e) 2020            | (f) Total   |
| 1    | Gifts, grants, contributions, and   |                       |                      |                       |                     |                     |             |
|      | membership fees received. (Do not   |                       |                      |                       |                     |                     |             |
|      | include any "unusual grants.")  | 7,021,376.            | 4,254,701.           | 4,875,148.            | 5,437,578.          | 6,243,469.          | 27,832,272. |
| 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  | 7,021,376.            | 4,254,701.           | 4,875,148.            | 5,437,578.          | 6,243,469.          | 27,832,272. |
| 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)  |                       |                      |                       |                     |                     | 16,309,472. |
| 6    | Public support. Subtract line 5 from line 4.  |                       |                      |                       |                     |                     | 11,522,800. |
| Sec  | ction B. Total Support  |                       |                      |                       |                     |                     |             |
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2016              | <b>(b)</b> 2017      | (c) 2018              | (d) 2019            | (e) 2020            | (f) Total   |
| 7    | Amounts from line 4   | 7,021,376.            | 4,254,701.           | 4,875,148.            | 5,437,578.          | 6,243,469.          | 27,832,272. |
| 8    | Gross income from interest,   |                       |                      |                       |                     |                     |             |
|      | dividends, payments received on   |                       |                      |                       |                     |                     |             |
|      | securities loans, rents, royalties,   |                       |                      |                       |                     |                     |             |
|      | and income from similar sources   | 5,271.                | 14,767.              | 44,222.               | 95,999.             | 1,038.              | 161,297.    |
| 9    | Net income from unrelated business  |                       |                      |                       |                     |                     |             |
|      | activities, whether or not the  |                       |                      |                       |                     |                     |             |
|      | business is regularly carried on  |                       |                      |                       |                     |                     |             |
| 10   | Other income. Do not include gain   |                       |                      |                       |                     |                     |             |
|      | or loss from the sale of capital  |                       |                      |                       |                     |                     |             |
|      | assets (Explain in Part VI.)  |                       |                      |                       |                     |                     |             |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                       |                      |                       |                     |                     | 27,993,569. |
| 12   | Gross receipts from related activities,   | etc. (see instruction | ns)                  |                       |                     | 12                  | 1,132,773.  |
| 13   | First 5 years. If the Form 990 is for th  | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 50 | 01(c)(3)            |             |
|      | organization, check this box and stop   |                       |                      |                       |                     |                     | <b>&gt;</b> |
|      | ction C. Computation of Publi   |                       |                      |                       |                     | Г                   |             |
| 14   | Public support percentage for 2020 (li  |                       |                      |                       |                     | 14                  | 41.16 %     |
| 15   | Public support percentage from 2019   |                       |                      |                       |                     | 15                  | 35.49 %     |
| 16a  | <b>33 1/3% support test - 2020.</b> If the o  | _                     |                      | line 13, and line 1   | 4 is 33 1/3% or m   | ore, check this box |             |
|      | <b>stop here.</b> The organization qualifies  |                       | •                    |                       |                     |                     |             |
| b    | 33 1/3% support test - 2019. If the o   |                       |                      |                       | line 15 is 33 1/3%  | or more, check this | s box       |
|      | and <b>stop here.</b> The organization qual   |                       |                      |                       |                     |                     |             |
| 17a  | 10% -facts-and-circumstances test   | _                     |                      |                       |                     |                     |             |
|      | and if the organization meets the facts   |                       |                      | -                     | •                   | VI how the organiz  | ation       |
|      | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization                               |                       |                      |                       |                     |                     |             |
| b    | 10% -facts-and-circumstances test   | •                     |                      |                       |                     | •                   | 0% or       |
|      | more, and if the organization meets the   |                       |                      |                       | -                   |                     |             |
|      | organization meets the facts-and-circu  |                       |                      |                       |                     |                     |             |
| 18   | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |                       |                      |                       |                     |                     |             |

Schedule A (Form 990 or 990-EZ) 2020

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 | ndar year (or fiscal year beginning in)                                   | (a) 2016                    | <b>(b)</b> 2017       | (c) 2018               | (d) 2019             | (e) 2020              | (f) Total   |
| 1    | Gifts, grants, contributions, and   |                             |                       |                        |                      |                       |             |
|      | membership fees received. (Do not   | ļ                           |                       |                        |                      |                       |             |
|      | include any "unusual grants.")  |                             |                       |                        |                      |                       |             |
| 2    | Gross receipts from admissions,   |                             |                       |                        |                      |                       |             |
|      | merchandise sold or services per-   |                             |                       |                        |                      |                       |             |
|      | formed, or facilities furnished in any activity that is related to the    | ļ                           |                       |                        |                      |                       |             |
|      | organization's tax-exempt purpose   |                             |                       |                        |                      |                       |             |
| 3    | Gross receipts from activities that                                       |                             |                       |                        |                      |                       |             |
|      | are not an unrelated trade or bus-  | ļ                           |                       |                        |                      |                       |             |
|      | iness under section 513   |                             |                       |                        |                      |                       |             |
| 4    | Tax revenues levied for the organ-  |                             |                       |                        |                      |                       |             |
|      | ization's benefit and either paid to                                      | ļ                           |                       |                        |                      |                       |             |
|      | or expended on its behalf   |                             |                       |                        |                      |                       |             |
| 5    | The value of services or facilities                                       |                             |                       |                        |                      |                       |             |
|      | furnished by a governmental unit to                                       | ļ                           |                       |                        |                      |                       |             |
|      | the organization without charge   | ļ                           |                       |                        |                      |                       |             |
| 6    | Total. Add lines 1 through 5  |                             |                       |                        |                      |                       |             |
|      | Amounts included on lines 1, 2, and                                       |                             |                       |                        |                      |                       |             |
|      | 3 received from disqualified persons                                      |                             |                       |                        |                      |                       |             |
| k    | 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 | ndar year (or fiscal year beginning in)                                   | (a) 2016                    | <b>(b)</b> 2017       | (c) 2018               | (d) 2019             | (e) 2020              | (f) Total   |
| 9    | Amounts from line 6   |                             |                       |                        |                      |                       |             |
|      | Gross income from interest,   |                             |                       |                        |                      |                       |             |
|      | dividends, payments received on securities loans, rents, royalties,       | ļ                           |                       |                        |                      |                       |             |
|      | and income from similar sources   | ļ                           |                       |                        |                      |                       |             |
| k    | 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  | ļ                           |                       |                        |                      |                       |             |
| 12   | Other income. Do not include gain   |                             |                       |                        |                      |                       |             |
|      | or loss from the sale of capital assets (Explain in Part VI.)             |                             |                       |                        |                      |                       |             |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)                            |                             |                       |                        |                      |                       |             |
| 14   | First 5 years. If the Form 990 is for th                                  | ne organization's fir       | rst, second, third,   | fourth, or fifth tax y | year as a section 5  | 01(c)(3) organization | on,         |
|      | check this box and stop here  |                             |                       |                        |                      |                       | <b>&gt;</b> |
| Se   | ction C. Computation of Publi   | c Support Per               | centage               |                        |                      |                       |             |
| 15   | Public support percentage for 2020 (I                                     | ine 8, column (f), d        | livided by line 13, o | column (f))            |                      | 15                    | %           |
|      | Public support percentage from 2019                                       |                             |                       |                        |                      | 16                    | %           |
| Se   | ction D. Computation of Inves   | tment Income                | Percentage            |                        |                      |                       |             |
| 17   | Investment income percentage for 20                                       | <b>)20</b> (line 10c, colur | mn (f), divided by li | ne 13, column (f))     |                      | 17                    | %           |
|      | Investment income percentage from   |                             |                       |                        |                      | 18                    | %           |
| 19a  | a 33 1/3% support tests - 2020. If the                                    | organization did n          | not check the box     | on line 14, and line   | e 15 is more than 3  | 3 1/3%, and line 1    | 7 is not    |
|      | more than 33 1/3%, check this box ar                                      | nd <b>stop here.</b> The    | organization quali    | fies as a publicly s   | upported organiza    | tion                  | <b>&gt;</b> |
| k    | 33 1/3% support tests - 2019. If the                                      | organization did n          | not check a box on    | line 14 or line 19a    | a, and line 16 is mo | ore than 33 1/3%, a   | ınd         |
|      | line 18 is not more than 33 1/3%, che                                     | ck this box and st          | op here. The orga     | nization qualifies a   | as a publicly suppo  | rted organization     |             |
| 20   | Private foundation. If the organization                                   | n did not check a           | box on line 14, 19a   | a, or 19b, check th    | nis box and see ins  | tructions             |             |

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Schedule A (Form 990 or 990-EZ) 2020

Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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).
- 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 line 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 |
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| Pai | rt IV 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 lines 11b and  |           |     |     |
|     | 11c below, the governing body of a supported organization?  | 11a       |     |     |
| b   | A family member of a person described in line 11a above?  | 11b       |     |     |
|     | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |           |     |     |
| _   | detail in Part VI.  | 11c       |     |     |
| Sec | tion B. Type I Supporting Organizations   |           |     |     |
|     |   |           | Yes | No  |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |           |     | 110 |
|     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |           |     |     |
|     | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)  |           |     |     |
|     | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |           |     |     |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 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,   |           |     |     |
|     | supervised, or controlled the supporting organization.  | 2         |     |     |
| Sec | tion C. Type II Supporting Organizations  |           |     |     |
|     |   |           | Yes | No  |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |           |     |     |
|     | or trustees of each of the organization's supported organization(s)? 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 line 2, above, did the organization's supported organizations have a   |           |     |     |
|     | significant voice in the organization's investment policies and in directing the use of the organization's  |           |     |     |
|     | income or assets at all times during the tax year? 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).   |           |     |     |
| а   | 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 governmental entity (see ins  | struction | s). |     |
| 2   | Activities Test. Answer lines 2a and 2b 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   |           |     |     |
|     | that these activities constituted substantially all of its activities.  | 2a        |     |     |
| b   | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,   |           |     |     |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |           |     |     |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |           |     |     |
|     | these activities but for the organization's involvement.  | 2b        |     |     |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  |           |     |     |
| а   | 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? If "Yes" or "No" provide details in Part VI.   | 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        |     |     |

| Sche | dule A (Form 990 or 990-EZ) 2020 ACCION OPPORTUNITY FUND INC.                   |                |                                   | 45-4127501              | Page 6    |
|------|---|----------------|-----------------------------------|-------------------------|-----------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | ng Organ       | nizations                         |                         |           |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on    | Nov. 20, 1970 ( <i>explain in</i> | Part VI). See instr     | ructions. |
|      | All other Type III non-functionally integrated supporting organizations mus     |                | ·                                 |                         |           |
| Sect | ion A - Adjusted Net Income   |                | (A) Prior Year                    | (B) Current<br>(optiona |           |
| 1    | Net short-term capital gain   | 1              |                                   |                         |           |
| 2    | Recoveries of prior-year distributions  | 2              |                                   |                         |           |
| 3    | Other gross income (see instructions)   | 3              |                                   |                         |           |
| 4    | Add lines 1 through 3.  | 4              |                                   |                         |           |
| 5    | Depreciation and depletion  | 5              |                                   |                         |           |
| 6    | Portion of operating expenses paid or incurred for production or                |                |                                   |                         |           |
|      | collection of gross income or for management, conservation, or                  |                |                                   |                         |           |
|      | maintenance of property held for production of income (see instructions)        | 6              |                                   |                         |           |
| 7    | Other expenses (see instructions)   | 7              |                                   |                         |           |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8              |                                   |                         |           |
| Sect | ion B - Minimum Asset Amount  |                | (A) Prior Year                    | (B) Current<br>(optiona |           |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |                |                                   |                         |           |
|      | instructions for short tax year or assets held for part of year):               |                |                                   |                         |           |
| а    | Average monthly value of securities   | 1a             |                                   |                         |           |
| b    | Average monthly cash balances   | 1b             |                                   |                         |           |
| С    | Fair market value of other non-exempt-use assets                                | 1c             |                                   |                         |           |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d             |                                   |                         |           |
| е    | Discount claimed for blockage or other factors                                  |                |                                   |                         |           |
|      | (explain in detail in Part VI):   |                |                                   |                         |           |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2              |                                   |                         |           |
| 3    | Subtract line 2 from line 1d.   | 3              |                                   |                         |           |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,     |                |                                   |                         |           |
|      | see instructions).  | 4              |                                   |                         |           |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5              |                                   |                         |           |
| 6    | Multiply line 5 by 0.035.   | 6              |                                   |                         |           |
| 7    | Recoveries of prior-year distributions  | 7              |                                   |                         |           |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8              |                                   |                         |           |
| Sect | ion C - Distributable Amount  |                |                                   | Current Y               | 'ear      |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)           | 1              |                                   |                         |           |
| 2    | Enter 0.85 of line 1.   | 2              |                                   |                         |           |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)          | 3              |                                   |                         |           |
| 4    | Enter greater of line 2 or line 3.  | 4              |                                   |                         |           |
| 5    | Income tax imposed in prior year  | 5              |                                   |                         |           |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |                |                                   |                         |           |
|      | emergency temporary reduction (see instructions).                               | 6              |                                   |                         |           |
| 7    | Check here if the current year is the organization's first as a non-functional  | Illy integrate | ed Type III supporting orga       | anization (see          |           |

Schedule A (Form 990 or 990-EZ) 2020

instructions).

| Par   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | inizations <sub>(continue</sub>        | <u>d)</u> |   |
|-------|---|-------------------------------|--|-----------|---|
| Secti | on D - Distributions  |                               |  |           | Current Year                              |
| _1_   | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |  | 1         |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |  |           |   |
|       | organizations, in excess of income from activity                |                               |  | 2         |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                                      | 3         |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |  | 4         |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pri  | ovide details in Part VI)     |  | 5         |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |  | 6         |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               |  | 7         |   |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |  |           |   |
|       | (provide details in Part VI). See instructions.                 |                               |  | 8         |   |
| 9     | Distributable amount for 2020 from Section C, line 6            |                               |  | 9         |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               |  | 10        |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2020 |           | (iii)<br>Distributable<br>Amount for 2020 |
| _1_   | Distributable amount for 2020 from Section C, line 6            |                               |  |           |   |
| 2     | Underdistributions, if any, for years prior to 2020 (reason-    |                               |  |           |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |  |           |   |
| 3     | Excess distributions carryover, if any, to 2020                 |                               |  |           |   |
| a     | From 2015   |                               |  |           |   |
| b     | From 2016   |                               |  |           |   |
| с     | From 2017   |                               |  |           |   |
| d     | From 2018   |                               |  |           |   |
| е     | From 2019   |                               |  |           |   |
| f     | Total of lines 3a through 3e                                    |                               |  |           |   |
| g     | Applied to underdistributions of prior years                    |                               |  |           |   |
| h     | Applied to 2020 distributable amount                            |                               |  |           |   |
| i_    | Carryover from 2015 not applied (see instructions)              |                               |  |           |   |
| j_    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |  |           |   |
| 4     | Distributions for 2020 from Section D,                          |                               |  |           |   |
|       | line 7: \$  |                               |  |           |   |
| а     | Applied to underdistributions of prior years                    |                               |  |           |   |
| b     | Applied to 2020 distributable amount                            |                               |  |           |   |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |  |           |   |
| 5     | Remaining underdistributions for years prior to 2020, if        |                               |  |           |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |  |           |   |
|       | than zero, explain in Part VI. See instructions.                |                               |  |           |   |
| 6     | Remaining underdistributions for 2020. Subtract lines 3h        |                               |  |           |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |  |           |   |
|       | Part VI. See instructions.                                      |                               |  |           |   |
| 7     | Excess distributions carryover to 2021. Add lines 3j            |                               |  |           |   |
|       | and 4c.   |                               |  |           |   |
| 8     | Breakdown of line 7:  |                               |  |           |   |
| а     | Excess from 2016  |                               |  |           |   |
| b     | Excess from 2017  |                               |  |           |   |
| С     | Excess from 2018  |                               |  |           |   |
| d     | Excess from 2019  |                               |  |           |   |
| е     | Excess from 2020  |                               |  |           |   |

Schedule A (Form 990 or 990-EZ) 2020

| Part VI | 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.)   |
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### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

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

2020

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

| ACCION OPPORTUNITY FUND INC. 45-4127501                    |   |                                |  |  |  |  |
|--|---|--------------------------------|--|--|--|--|
| Organization type (check                                   | one):   |                                |  |  |  |  |
| Filers of:   | Section:  |                                |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |                                |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> 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  |                                |  |  |  |  |
| • •  | n is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule  | e. See instructions.           |  |  |  |  |
| General Rule   |   |                                |  |  |  |  |
| -  | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling<br>ny one contributor. Complete Parts I and II. See instructions for determining a contributor's  |                                |  |  |  |  |
| Special Rules  |   |                                |  |  |  |  |
| sections 509(a)(1<br>any one contribu                      | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, of the during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amout EZ, line 1. Complete Parts I and II.  | or 16b, and that received from |  |  |  |  |
| contributor, duri<br>literary, or educa                    | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.   |                                |  |  |  |  |
| year, contribution<br>is checked, ente<br>purpose. Don't c | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1 |                                |  |  |  |  |
|  | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo  |                                |  |  |  |  |

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

ACCION OPPORTUNITY FUND INC.

45-4127501

| Parti      | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed.      |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 1          |   | \$                         | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$144,922                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 3          |   | \$150,000                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 4          |   | \$150,000.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 5          |   | \$                         | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 6          |   | \$                         | Person X Payroll   |

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 | space is needed.           |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 7          |   | \$250,000.                 | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 8          |   | \$500,000.                 | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 9          |   | \$1,250,000.               | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 10         | Name, address, and ZIF + 4  | \$1,000,000.               | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 11         |   | \$1,250,000.               | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 12         | Training data 230, till all 1 1   | \$500,000.                 | Person X Payroll Noncash (Complete Part II for                          |

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)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | <br>  \$                                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   |   |                      |

Employer identification number

Name of organization

| a) No.<br>from<br>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.<br>from<br>Part I | Use duplicate copies of Part III if additional  | space is needed.   |   |
| a) No.<br>from<br>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.<br>from           | (b) D   | (2) 112 2 2 6 2 6  | (a) Description of how wife is hold   |
| 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.<br>from           |   |  |   |
| from<br>Part I           | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |
| u.c.                     |   |  |   |
|                          |   |  | <del></del>   |
|                          |   |  |   |
|                          |   |  |   |
|                          |   | (a) Transfer of sift   | L   |
|                          |   | (e) Transfer of gift   | t .   |
|                          | Tueneferesia nema addresa a   | 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.<br>from<br>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 Inspection

Name of the organization

Employer identification number

| Nam  | ACCION OPPORTUNITY FUND INC.  |                        | 45-4127501                      |
|------|---|------------------------|---------------------------------|
| Par  | rt I Organizations Maintaining Donor Advised Funds or Other Simil   | ar Funds or Ac         |                                 |
|      | organization answered "Yes" on Form 990, Part IV, line 6.   |                        | o complete ii the               |
|      | (a) Donor advised fun   | nds (I                 | b) Funds 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 writing that the assets held in                                    | donor advised fund     | s                               |
| _    | are the organization's property, subject to the organization's exclusive legal control?   |                        |                                 |
| 6    | Did the organization inform all grantees, donors, and donor advisors in writing that grant fu                                   |                        |                                 |
| _    | for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth                                   |                        | · ·                             |
|      | impermissible private benefit?  |                        |                                 |
| Par  |   | Form 990, Part IV,     |                                 |
| 1    | Purpose(s) of conservation easements held by the organization (check all that apply).   | ,                      |                                 |
|      |   | eservation of a histo  | rically important land area     |
|      |   |                        | ied historic structure          |
|      | Preservation of open space  |                        |                                 |
| 2    | Complete lines 2a through 2d if the organization held a qualified conservation contribution                                     | in the form of a cor   | servation easement on the last  |
|      | day of the tax year.  |                        | Held at the End of the Tax Year |
| а    | Total number of conservation easements  |                        | 2a                              |
| b    |   |                        | 2b                              |
| С    | Number of conservation easements on a certified historic structure included in (a)  |                        | 2c                              |
| d    | Number of conservation easements included in (c) acquired after 7/25/06, and not on a his                                       | storic structure       |                                 |
|      | listed in the National Register   |                        | 2d                              |
| 3    | Number of conservation easements modified, transferred, released, extinguished, or termination                                  |                        | ation during the tax            |
|      | year ▶  |                        |                                 |
| 4    | Number of states where property subject to conservation easement is located   |                        |                                 |
| 5    | Does the organization have a written policy regarding the periodic monitoring, inspection, h                                    | handling of            |                                 |
|      | violations, and enforcement of the conservation easements it holds?   |                        | Yes No                          |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en                                     | forcing conservation   | n easements during the year     |
|      | <b></b>   |                        |                                 |
| 7    | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing                                    | ng conservation eas    | ements during the year          |
|      | <b>▶</b> \$   |                        |                                 |
| 8    | Does each conservation easement reported on line 2(d) above satisfy the requirements of s                                       |                        |                                 |
| _    | and section 170(h)(4)(B)(ii)?   |                        |                                 |
| 9    | In Part XIII, describe how the organization reports conservation easements in its revenue at                                    | •                      |                                 |
|      | balance sheet, and include, if applicable, the text of the footnote to the organization's finar                                 | ncial statements tha   | t describes the                 |
| Pai  | organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of Art, Historical Treasu | res. or Other Si       | milar Assets                    |
| · ui | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.   |                        | imai Addeta.                    |
| 12   | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue                                      | statement and hala     | nco shoot works                 |
| Ia   | of art, historical treasures, or other similar assets held for public exhibition, education, or re                              |                        |                                 |
|      | service, provide in Part XIII the text of the footnote to its financial statements that describe                                |                        | ce of public                    |
| h    | If the organization elected, as permitted under FASB ASC 958, to report in its revenue state                                    |                        | sheet works of                  |
| D    | art, historical treasures, or other similar assets held for public exhibition, education, or rese                               |                        |                                 |
|      | provide the following amounts relating to these items:  | carerriir iditireranee | or public service,              |
|      | (i) Revenue included on Form 990, Part VIII, line 1   |                        | <b>&gt;</b> \$                  |
|      | (ii) Assets included in Form 990, Part X  |                        | <b>\$</b>                       |
| 2    | If the organization received or held works of art, historical treasures, or other similar assets                                |                        | · · ———                         |
| _    | the following amounts required to be reported under FASB ASC 958 relating to these items  |                        |                                 |
| а    | Revenue included on Form 990, Part VIII, line 1   |                        | <b>&gt;</b> \$                  |
| h    | Assets included in Form 990. Part X   |                        | \$                              |

032051 12-01-20

Schedule D (Form 990) 2020

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| Pai | rt III Organizations Maintaining Coll                  | ections of Ar                | t, Histo     | orical Tre    | asures, o           | r Other        | Similar               | Assets     | (contin   | nued)   |       |
|-----|--|------------------------------|--------------|---------------|---------------------|----------------|-----------------------|------------|-----------|---------|-------|
| 3   | Using the organization's acquisition, accession,       | and other record             | s, check     | any of the t  | following tha       | t make sig     | nificant u            | se of its  | •         | ĺ       |       |
|     | collection items (check all that apply):               |                              |              |               |                     |                |                       |            |           |         |       |
| а   | Public exhibition                                      | d                            | ı 🔲 ı        | _oan or exc   | hange progr         | am             |                       |            |           |         |       |
| b   | Scholarly research                                     | е                            | (            | Other         |                     |                |                       |            |           |         |       |
| С   | Preservation for future generations                    |                              |              |               |                     |                |                       |            |           |         |       |
| 4   | Provide a description of the organization's collection | tions and explair            | n how the    | ey further th | ne organizati       | on's exem      | ot purpos             | e in Part  | XIII.     |         |       |
| 5   | During the year, did the organization solicit or re-   | ceive donations o            | of art, his  | torical treas | sures, or oth       | er similar a   | ssets                 |            |           |         |       |
|     | to be sold to raise funds rather than to be mainta     |                              |              |               |                     |                |                       |            | Yes       |         | No    |
| Par | rt IV Escrow and Custodial Arrange                     | <b>nents.</b> Comple         | ete if the   | organizatio   | n answered          | "Yes" on F     | orm 990,              | Part IV, I | ine 9, or |         |       |
|     | reported an amount on Form 990, Part X,                | line 21.                     |              |               |                     |                |                       |            |           |         |       |
| 1a  | Is the organization an agent, trustee, custodian       | or other intermed            | iary for c   | ontribution   | s or other as       | sets not in    | cluded                |            |           |         | _     |
|     | on Form 990, Part X?                                   |                              |              |               |                     |                |                       | $\square$  | Yes       |         | No    |
| b   | If "Yes," explain the arrangement in Part XIII and     |                              |              |               |                     |                |                       |            |           |         |       |
|     |  |                              |              |               |                     |                |                       |            | Amount    | t       |       |
| С   | Beginning balance                                      |                              |              |               |                     |                | 1c                    |            |           |         |       |
|     | Additions during the year                              |                              |              |               |                     |                | 1d                    |            |           |         |       |
| е   | Distributions during the year                          |                              |              |               |                     |                | 1e                    |            |           |         |       |
| f   | Ending balance   |                              |              |               |                     |                | 1f                    |            |           |         |       |
| 2a  | Did the organization include an amount on Form         | 990, Part X, line            | 21, for e    | scrow or cu   | ustodial acco       | ount liability | /?                    |            | Yes       |         | No    |
| b   | If "Yes," explain the arrangement in Part XIII. Ch     |                              |              |               |                     |                |                       |            |           |         |       |
| Par | rt V Endowment Funds. Complete if the                  | e organization an            | swered '     | 'Yes" on Fo   | rm 990, Par         | t IV, line 10  | ).                    |            |           |         |       |
|     | _(a  | a) Current year              | <b>(b)</b> P | rior year     | (c) Two yea         | ers back (e    | d) Three y            | ears back  | (e) Four  | years   | back_ |
| 1a  | Beginning of year balance                              |                              |              |               |                     |                |                       |            |           |         |       |
| b   | Contributions  |                              |              |               |                     |                |                       |            |           |         |       |
| С   | Net investment earnings, gains, and losses             |                              |              |               |                     |                |                       |            |           |         |       |
| d   | Grants or scholarships                                 |                              |              |               |                     |                |                       |            |           |         |       |
| е   | 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             | e (line 1g   | , column (a   | )) held as:         |                |                       |            |           |         |       |
| а   | Board designated or quasi-endowment                    |                              | %            |               |                     |                |                       |            |           |         |       |
| b   | Permanent endowment                                    | %                            | _            |               |                     |                |                       |            |           |         |       |
| С   | Term endowment >%                                      |                              |              |               |                     |                |                       |            |           |         |       |
|     | The percentages on lines 2a, 2b, and 2c should         | equal 100%.                  |              |               |                     |                |                       |            |           |         |       |
| За  | Are there endowment funds not in the possession        | on of the organiza           | tion that    | are held ar   | nd administe        | red for the    | organiza              | tion       | _         |         |       |
|     | by:  |                              |              |               |                     |                |                       |            |           | Yes     | No    |
|     | (i) Unrelated organizations                            |                              |              |               |                     |                |                       |            | 3a(i)     |         |       |
|     | (ii) Related organizations                             |                              |              |               |                     |                |                       |            | 3a(ii)    |         |       |
| b   | If "Yes" on line 3a(ii), are the related organization  | ns listed as requir          | ed on Sc     | hedule R?     |                     |                |                       |            | 3b        |         |       |
| 4   | Describe in Part XIII the intended uses of the org     |                              | wment fu     | ınds.         |                     |                |                       |            |           |         |       |
| Par | rt VI Land, Buildings, and Equipmen                    | t.                           |              |               |                     |                |                       |            |           |         |       |
|     | Complete if the organization answered "Y               | es" on Form 990              | , Part IV    | , line 11a. S | See Form 990        | ), Part X, lii | ne 10.                |            |           |         |       |
|     | Description of property                                | (a) Cost or o basis (investr |              |               | or other<br>(other) | 1              | cumulate<br>reciation | d          | (d) Bool  | k value | e     |
| 1a  | Land   |                              |              |               |                     |                |                       |            |           |         |       |
| b   | Buildings  |                              |              |               |                     |                |                       |            |           |         |       |
| С   | Leasehold improvements                                 |                              |              |               |                     |                |                       |            |           |         |       |
| d   | Equipment  |                              |              |               |                     |                |                       |            |           |         |       |
|     | Other  |                              |              |               |                     |                |                       |            |           |         |       |
|     | I. Add lines 1a through 1e. (Column (d) must equa      | I Form 990. Part             | X. colum     | n (B). line 1 | 0c.)                |                |                       | <b>▶</b>   |           |         | 0.    |

Schedule D (Form 990) 2020

| Part VII Investments - Other Securities.   | 5 000 B 1 N/ II                          | 441.0.5.000.5.17.17.40                     |                       |
|--|--|--|-----------------------|
| Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)  | n Form 990, Part IV, line (b) Book value | (c) Method of valuation: Cost or end       | -of-vear market value |
| A) = 1 1 1 1 1 1   | (b) Book value                           | (b) Wellied of Valuation. Cost of Grid     | or your market value  |
|  |  |  |                       |
| 2) Closely held equity interests   |  |  |                       |
| 3) Other   |  |  |                       |
| (A)  |  |  |                       |
| (B)  |  |  |                       |
| (C)  |  |  |                       |
| (D)  |  |  |                       |
| (E)  |  |  |                       |
| (F)  |  |  |                       |
| (G)  |  |  |                       |
| (H)  |  |  |                       |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |  |  |                       |
|  |  |  |                       |
| Complete if the organization answered "Yes" o  (a) Description of investment   | n Form 990, Part IV, line (b) Book value | (c) Method of valuation: Cost or end       | of year market value  |
|  | (b) book value                           | (C) Method of Valuation. Cost of end       | -or-year market value |
| (1)  |  |  |                       |
| (2)  |  |  |                       |
| (3)  |  |  |                       |
| (4)  |  |  |                       |
| (5)  |  |  |                       |
| (6)  |  |  |                       |
| (7)  |  |  |                       |
| (8)  |  |  |                       |
| (9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►  |  |  |                       |
| Part IX Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the o | n Form 990, Part IV, line<br>Description | 11d. See Form 990, Part X, line 15.        | (b) Book value        |
| (1)  |  |  |                       |
| (2)  |  |  |                       |
| (3)  |  |  |                       |
| (4)  |  |  |                       |
| (5)  |  |  |                       |
| (6)  |  |  |                       |
| (7)  |  |  |                       |
| (8)  |  |  |                       |
| (9)  |  |  |                       |
| Fotal. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.   | 15.)                                     | <b>&gt;</b>                                |                       |
| Complete if the organization answered "Yes" or   | n Form 990, Part IV, line                | 11e or 11f. See Form 990, Part X, line 25. |                       |
| (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  | 25.)                                     |  |                       |
| Liability for uncertain tax positions. In Part XIII, provide t   |  |  | at reports the        |
| organization's liability for uncertain tax positions under F   |  | _  |                       |

Schedule D (Form 990) 2020

| Par          | t XI Reconciliation of Revenue per Audited Financial Statemer                               | nts With Re        | venue per Return.     |  |
|--------------|---|--------------------|-----------------------|--|
|              | Complete if the organization answered "Yes" on Form 990, Part IV, 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  |                    |                       |  |
| С            | Recoveries of prior year grants   | 2c                 |                       |  |
| d            | Other (Describe in Part XIII.)  | 1                  |                       |  |
| 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 12.)             |                    |                       |  |
| Par          | t XII Reconciliation of Expenses per Audited Financial Stateme                              | ents With Ex       | cpenses per Return.   |  |
|              | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                 |                    |                       |  |
| 1            | Total expenses and losses per audited financial statements                                  |                    | 1                     |  |
| 2            | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           |                    |                       |  |
| а            | Donated services and use of facilities  |                    |                       |  |
| b            | Prior year adjustments  | 2b                 |                       |  |
| С            | Other losses  | 2c                 |                       |  |
| d            | Other (Describe in Part XIII.)  | 2d                 |                       |  |
| е            | Add lines 2a through 2d   |                    | 2e                    |  |
| 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                            | 4a                 |                       |  |
| b            | Other (Describe in Part XIII.)  | 4b                 |                       |  |
| С            | Add lines 4a and 4b   |                    |                       |  |
| 5            | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)            |                    | 5                     |  |
|              | t XIII Supplemental Information.  |                    |                       |  |
|              | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | *                  |                       |  |
| lines        | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi       | tional information | on.                   |  |
|              |   |                    |                       |  |
| ם אם ת       | X. LINE 2:  |                    |                       |  |
| IAKI         | A, DINE 2.  |                    |                       |  |
| AOF          | AND AOFCD ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVI                              | STONS OF           |                       |  |
|              |   |                    |                       |  |
| SECT         | ION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITIONAL, AOF                              | AND                |                       |  |
|              | · · · · · · · · · · · · · · · · · · ·   |                    |                       |  |
| AOFC         | D QUALIFY FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAVE BEEN                              | •                  |                       |  |
|              |   |                    |                       |  |
| CLAS         | SIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATION. INCOM                              | E WHICH            |                       |  |
|              |   |                    |                       |  |
| IS N         | OT RELATED TO EXEMPT PURPOSES LESS APPLICABLE DEDUCTIONS, IS S                              | UBJECT             |                       |  |
|              |   |                    |                       |  |
| TO F         | EDERAL AND STATE CORPORATE INCOME TAXES. THE ORGANIZATION HAD                               | NO                 |                       |  |
|              |   |                    |                       |  |
| UNRE         | LATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2021.                                     |                    |                       |  |
|              |   |                    |                       |  |
|              |   |                    |                       |  |
| AOF          | IS EXEMPT FROM NEW YORK STATE INCOME TAXES UNDER SECTION 102 C                              | F THE              |                       |  |
|              |   |                    |                       |  |
| NOT-         | FOR-PROFIT CORPORATION LAW. AOF MAY BE LIABLE FOR INCOME TAXES                              | BASED              |                       |  |
| <b>017</b> - | NGOVE TINNED IN OUTDER GENERAL INC  |                    |                       |  |
| ON I         | NCOME EARNED IN OTHER STATES AND IN WHICH IT HAS NOT YET APPLI                              | ED FOR             | Sahadula D./Farm 000) |  |

#### 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.

2020

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization  |                |                                    |                |                                   |   |                                       | Employer identification number            |
|---|----------------|------------------------------------|----------------|-----------------------------------|---|---------------------------------------|---|
| ACCION OPPORT   |                | · .                                |                |                                   |   |                                       | 45-4127501                                |
| Part I General Information on Grants a  |                |                                    |                |                                   |   |                                       |   |
| <b>1</b> Does the organization maintain records   |                |                                    |                |                                   |   |                                       |   |
| criteria used to award the grants or assis  | stance?        |                                    |                |                                   |   |                                       | Yes No                                    |
| 2 Describe in Part IV the organization's pro  |                |                                    |                |                                   |   |                                       |   |
| di di its di di Ottici Assistance to  | •              |                                    |                |                                   | anization answered "Y                         | es" on Form 990, Part                 | IV, line 21, for any                      |
| recipient that received more than 9   |                |                                    | (d) Amount of  |                                   | (f) Method of                                 | (a) Description of                    | (h) Durage of great                       |
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section<br>(if applicable) | cash grant     | (e) Amount of non-cash assistance | valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance     |
| ALLIES FOR COMMUNITY BUSINESS INC   |                |                                    |                |                                   |   |                                       |   |
| 135 N KEDZIE AVENUE   |                |                                    |                |                                   |   |                                       | MICRO-LENDING ACTIVITES &                 |
| CHICAGO, IL 60612   | 36-3966573     | 501(C)(3)                          | 257,000.       | 0.                                |   |                                       | PROGRAM SUPPORT                           |
|   |                |                                    |                |                                   |   |                                       |   |
| ASCENDUS  |                |                                    |                |                                   |   |                                       |   |
| 80 MAIDEN LANE, SUITE 903   |                |                                    |                |                                   |   |                                       | MICRO-LENDING ACTIVITES &                 |
| NEW YORK, NY 10038  | 11-3317234     | 501(C)(3)                          | 303,425.       | 0.                                |   |                                       | PROGRAM SUPPORT                           |
|   |                |                                    |                |                                   |   |                                       |   |
| ACCESSITY   |                |                                    |                |                                   |   |                                       |   |
| 404 EUCLID AVENUE, SUITE 271<br>SAN DIEGO, CA 92114   | 33-0620415     | E01/C\/2\                          | 161,300.       | 0.                                |   |                                       | MICRO-LENDING ACTIVITES & PROGRAM SUPPORT |
| SAN DIEGO, CA 92114   | 33-0620415     | 501(C)(3)                          | 101,300.       | 0.                                |   |                                       | PROGRAM SUPPORT                           |
| CENTER FOR WOMEN & ENTERPRISE,  |                |                                    |                |                                   |   |                                       |   |
| INC 24 SCHOOL STREET, 7TH FLOOR   |                |                                    |                |                                   |   |                                       |   |
| - BOSTON, MA 02108  | 04-3256236     | 501(C)(3)                          | 25,000.        | 0.                                |   |                                       | PROGRAM SUPPORT                           |
|   |                |                                    |                |                                   |   |                                       |   |
| HOT BREAD KITCHEN   |                |                                    |                |                                   |   |                                       |   |
| 630 FLUSHING AVE, SUITE 210   |                |                                    |                |                                   |   |                                       |   |
| BROOKLYN, NY 11206  | 26-3332972     | 501(C)(3)                          | 35,000.        | 0.                                |   |                                       | PROGRAM SUPPORT                           |
|   |                |                                    |                |                                   |   |                                       |   |
| PEOPLEFUND  | ]_             |                                    |                |                                   |   |                                       |   |
| 2921 E. 17TH STREET, BUILDING D, S  |                | E01/G)/3)                          | 25 000         | _                                 |   |                                       | MICRO-LENDING ACTIVITES &                 |
| AUSTIN, TX 78702  | 74-2814572     |                                    | 25,000.        | 0.                                |   |                                       | PROGRAM SUPPORT  7.                       |
| <ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul> | •              | -                                  | e iine 1 tadie |                                   |   |                                       |   |
| 3 Enter total number of other organization: LHA For Paperwork Reduction Act Notice                                |                |                                    |                |                                   |   |                                       | Schedule I (Form 990) 2020                |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |   |  |   |                                       |
|--|------------|-------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
| OPPORTUNITY FUND COMMUNITY   |            |                               |                          |   |  |   |                                       |
| DEVELOPMENT - 111 WEST SAINT JOHN  |            |                               |                          |   |  |   |                                       |
| STREET, SUITE 800 - SAN JOSE, CA   |            |                               |                          |   |  |   | MICRO-LENDING ACTIVITES &             |
| 95113  | 31-1719434 | 501(C)(3)                     | 348,275.                 | 0.                                      |  |   | PROGRAM SUPPORT                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   |                                       |
|  |            |                               |                          |   |  |   | Sabadula I /Form 000)                 |

| PART I, LINE 2:  CCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  | (a) Type of grant or assistance                               | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| PART I, LINE 2:  CCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  CCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  CCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  CCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   |   |                          |                          |                                       |   |                                       |
| PART I, LINE 2:  ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   |   |                          |                          |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, LINE 2:  ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY  ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR  THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  WHO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  REQUIRED. NO FUNDS ARE DISBURSED UNTIL A SIGNED CONTRACT HAS BEEN EXECUTED. |   |                          |                          |                                       |   |                                       |
| ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE SUBGRANTS ARE FULLY ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  | Part IV Supplemental Information. Provide the information red | quired in Part I, lin    | e 2; Part III, columr    | n (b); and any other ac               | ditional information.                                 |                                       |
| ENGAGED IN THE PROCESS OF CRAFTING PROPOSALS, BUDGETS AND DELIVERABLES FOR THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  | PART I, LINE 2:   |                          |                          |                                       |   |                                       |
| THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   | ACCION MEMBER AND PEER ORGANIZATIONS THAT RECEIVE             | SUBGRANTS ARE            | FULLY                    |                                       |   |                                       |
| THE PROGRAM, AND IN REPORTING BACK TO DONORS. THE PROCESS IS MANAGED BY AOF  THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF  THO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   | INGAGED IN THE PROCESS OF CRAFTING PROPOSALS BUDG             | ETS AND DELIV            | ERABLES FOR              |                                       |   |                                       |
| THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED BY SEASONED AOF STAFF WHO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS   |   |                          |                          |                                       |   |                                       |
| WHO TRACK THE RESULTS AGAINST GOALS AND PREPARE THE DONOR REPORTS AS  | HE PROGRAM, AND IN REPORTING BACK TO DONORS. THE              | PROCESS IS MA            | NAGED BY AUF             |                                       |   |                                       |
|   | THROUGH THE PARTNERSHIP AND BRANDING PROGRAMS, LED            | BY SEASONED              | AOF STAFF                |                                       |   |                                       |
| REQUIRED. NO FUNDS ARE DISBURSED UNTIL A SIGNED CONTRACT HAS BEEN EXECUTED.   | THO TRACK THE RESULTS AGAINST GOALS AND PREPARE TH            | E DONOR REPOR            | TS AS                    |                                       |   |                                       |
|   | REQUIRED. NO FUNDS ARE DISBURSED UNTIL A SIGNED CO            | NTRACT HAS BE            | EN EXECUTED.             |                                       |   |                                       |

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ACCION OPPORTUNITY FUND INC.

Employer identification number 45-4127501

| Pa | art I Questions Regarding Compensation   |    |     |    |
|----|--|----|-----|----|
|    |  |    | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |    |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |    |
|    | First-class or charter travel Housing allowance or residence for personal use  |    |     |    |
|    | Travel for companions Payments for business use of personal residence  |    |     |    |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |    |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |    |     |    |
|    |  |    |     |    |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |    |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |    |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |    |
|    |  |    |     |    |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |    |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |    |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |    |
|    | Compensation committee Written employment contract   |    |     |    |
|    | Independent compensation consultant Compensation survey or study   |    |     |    |
|    | Form 990 of other organizations  Approval by the board or compensation committee                                       |    |     |    |
|    |  |    |     |    |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |    |
|    | organization or a related organization:  |    |     |    |
| а  | Receive a severance payment or change-of-control payment?  | 4a |     | Х  |
| b  | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | Х  |
| С  | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | Х  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |    |
|    |  |    |     |    |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |    |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|    | contingent on the revenues of:   |    |     |    |
|    | The organization?  | 5a |     | X  |
| b  | Any related organization?  | 5b |     | Х  |
|    | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |    |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|    | contingent on the net earnings of:   |    |     | v  |
|    | The organization?  | 6a |     | X  |
| b  | Any related organization?  | 6b |     |    |
| _  | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |    |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       | _  |     | v  |
|    | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | Х  |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     | Х  |
| •  | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | Λ  |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 | a  |     |    |
|    | Bennauous secuou 53 4958-NCD   |    |     |    |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title    |      | (B) Breakdown of         | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|-----------------------|------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|--|
|                       |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) LUZ LOPEZ URRUTIA | (i)  | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| PRESIDENT & CEO       | (ii) | 327,593.                 | 0.                                  | 0.  | 2,000.                         | 22,479.        | 352,072.             | 0.   |
| (2) MIKE TORRES       | (i)  | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| CFO & EVP             | (ii) | 192,566.                 | 15,000.                             | 54.                                       | 5,000.                         | 7,091.         | 219,711.             | 0.   |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |
|                       | (i)  |                          |                                     |   |                                |                |                      |  |
|                       | (ii) |                          |                                     |   |                                |                |                      |  |

| Part III   Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 3:  |
| A RELATED ORGANIZATION, ACCTION OPPORTUNITY FUND COMMUNITY DEVELOPMENT,  |
| COMPENSATED OFFICERS. THE METHODS USED BY THE RELATED ORGANIZATION TO  |
| ESTABLISH THE COMPENSATION INCLUDE:  |
|  |
| COMPENSATION SURVEY OR STUDY   |
| FORM 990 OF OTHER ORGANIZATIONS  |
| APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

| ACCION OPPORTUNITY FUND INC.  | 45-4127501                           |
|---|--------------------------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  |                                      |
|   |                                      |
| IN THE UNITED 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 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   |                                      |
| HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.                               | Schedule O (Form 990 or 990-EZ) 2020 |

| Name of the organization  ACCION OPPORTUNITY FUND INC.                      | Employer identification number 45-4127501 |
|---|---|
| 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        |   |
| 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      |   |

| Name of the organization  ACCION OPPORTUNITY FUND INC.                      | Employer identification number 45-4127501 |  |  |
|---|---|--|--|
| 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    |   |  |  |
| FOR EACH POSITION ON AN ANNUAL BASIS. THE BOARD OF DIRECTORS VOTED ON THE   |   |  |  |
| CEO'S SALARY.   |   |  |  |
|   |   |  |  |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:      |   |  |  |
| AR,CA,CO,CT,DC,DE,GA,IL,MA,MD,MI,NJ,NM,NY,OH,PA,VA                          |   |  |  |
|   |   |  |  |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |   |  |  |
| AOF MAKES ITS FORM 990 AND 1023 AVAILABLE UPON REQUEST                      |   |  |  |

| Name of the organization  ACCION OPPORTUNITY FUND INC.                         |            | Employer identification numbe |
|--|------------|-------------------------------|
| •  |            |                               |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                                       |            |                               |
| TECHNICAL CONSULTANTS:   |            |                               |
| PROGRAM SERVICE EXPENSES   | 468,299.   |                               |
| MANAGEMENT AND GENERAL EXPENSES  | 353.       |                               |
| FUNDRAISING EXPENSES   |            |                               |
| TOTAL EXPENSES   | 871 402    |                               |
| OTHER PROFESSIONAL SERVICES:   |            |                               |
| PROGRAM SERVICE EXPENSES   | 181,536.   |                               |
| MANAGEMENT AND GENERAL EXPENSES  | 0.         |                               |
| FUNDRAISING EXPENSES   | 0.         |                               |
| TOTAL EXPENSES   | 181,536.   |                               |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A                         | 1,052,938. |                               |
| FORM 990, PART XII, LINCE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |            |                               |
|  |            |                               |
|  |            |                               |
|  |            |                               |
|  |            |                               |
|  |            |                               |
|  |            |                               |
|  |            |                               |
|  |            |                               |

## **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

ACCION OPPORTUNITY FUND INC.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2020

45-4127501

| Part I Identification of Disregarded Entities. Complet  | e if the organization answered "Yes"                | on Form 990, Part IV, line 33                 | 3.                            |                                       |                               |                               |       |
|---|---|---|-------------------------------|---------------------------------------|-------------------------------|-------------------------------|-------|
| (a)  Name, address, and EIN (if applicable)  of disregarded entity  | (b) Primary activity                                | (c) Legal domicile (state of foreign country) | (d)<br>or Total inco          | me End-of-yea                         | r assets Direct o             | (f) Direct controlling entity |       |
|   |   |   |                               |                                       |                               |                               |       |
|   |   |   |                               |                                       |                               |                               |       |
|   |   |   |                               |                                       |                               |                               |       |
|   |   |   |                               |                                       |                               |                               |       |
| Part II Identification of Related Tax-Exempt Organizations during the tax year.                                     | tions. Complete if the organization a               | answered "Yes" on Form 990                    | ), Part IV, line 34, t        | ecause it had one                     | or more related tax-exe       | mpt                           |       |
| (a) Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity                      | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5<br>contr            | olled |
|   |   | ,,  |                               | 501(c)(3))                            |                               | Yes                           | No    |
| ACCION OPPORTUNITY FUND COMMUNITY  DEVELOPMENT - 31-1719434, 111 WEST ST. JOHN  STREET, STE 800, SAN JOSE, CA 95113 | SMALL BUSINESS LENDING AND<br>NEW MARKET TAX CREDIT | CALIFORNIA                                    | 501(C)(3)                     | LINE 7                                | ACCION OPPORTUNITY FUND       | x                             |       |
|   |   |   |                               |                                       |                               |                               |       |
|   |   |   |                               |                                       |                               |                               |       |
|   |   |   |                               |                                       |                               |                               |       |

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

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)                               | (t     | n)                  | (i)   | (j            | )            | (k)                     |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|--------|---------------------|---|---------------|--------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling entity | Predominant income<br>(related, unrelated,<br>excluded from tax under | Share of total income | Share of<br>end-of-year<br>assets | alloca | ortionate<br>tions? | Code V-UBI<br>amount in box<br>20 of Schedule | mana<br>partr | ging<br>ner? | Percentage<br>ownership |
|  |                  | country)                                  |                           | sections 512-514)   |                       |                                   | Yes    | No                  | K-1 (Form 1065)                               | Yes           | No           |                         |
| LCD NEW MARKETS FUND XIX LLC                   |                  |   |                           |   |                       |                                   |        |                     |   |               |              |                         |
| - 47-1097946, 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                               |        | x                   | N/A   |               | X            | 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                               |        | x                   | N/A   |               | x            | N/A                     |
| LCD NEW MARKETS FUND XVI, LLC                  |                  |   |                           |   |                       |                                   |        |                     |   |               |              |                         |
| - 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                               |        | x                   | N/A   |               | X            | N/A                     |
| LCD NEW MARKETS FUND XVII,                     |                  |   |                           |   |                       |                                   |        |                     |   |               |              | _                       |
| LLC - 46-2344956, 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                               |        | x                   | N/A   |               | X            | 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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |     | enary: |  |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|-----|--------|--|
|  |                                | country)                             |                               | ,   |                                 |  |                                | Yes | No     |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
| -  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
| -  | -                              |                                      |                               |   |                                 |  |                                |     |        |  |
| -  |                                |                                      |                               |   |                                 |  |                                |     |        |  |
|  | -                              |                                      |                               |   |                                 |  |                                |     |        |  |
|  |                                |                                      |                               |   |                                 |  |                                |     |        |  |

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

| (a)                           | (b)              | (c)                 | (d)                | (e)  | (f)            | (g)         | (i        | 1)       | (i)                          | (j)              | (k)           |
|-------------------------------|------------------|---------------------|--------------------|--|----------------|-------------|-----------|----------|------------------------------|------------------|---------------|
| Name, address, and EIN        | Primary activity | Legal<br>domicile   | Direct controlling | Predominant income                           | Share of total | Share of    | Disprop   |          | Code V-UBI                   | General          | or Percentage |
| of related organization       |                  | (state or           | entity             | (related, unrelated, excluded from tax under | income         | end-of-year | ate alloc | cations? | amount in box 20 of Schedule | managi<br>partne |               |
|                               |                  | foreign<br>country) |                    | sections 512-514)                            |                | assets      | Yes       | No       |                              | Yes N            | 0             |
| LCD NEW MARKETS FUND XVIII,   |                  |                     |                    |  |                |             |           |          |                              |                  |               |
| LLC - 46-2331736, 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         |           | x        | N/A                          | x                | N/A           |
| LCD NEW MARKETS FUND XX LLC - |                  |                     |                    |  |                |             |           |          |                              |                  |               |
| 47-1108301, 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         |           | x        | N/A                          | x                | 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         |           | x        | N/A                          | x                | 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         |           | x        | N/A                          | x                | 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         |           | x        | N/A                          | x                | 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         |           | x        | N/A                          | x                | N/A           |
| LCD NEW MARKETS FUND XXIX LLC |                  |                     |                    |  |                |             |           |          |                              |                  |               |
| - 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         |           | x        | N/A                          | x                | N/A           |
| LCD NEW MARKETS FUND XXV -    |                  |                     |                    |  |                |             |           |          |                              |                  |               |
| 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         |           | x        | N/A                          | x                | N/A           |
| LCD NEW MARKETS FUND XXVI -   |                  |                     |                    |  |                |             |           |          |                              |                  |               |
| 81-4959450, 111 WEST ST. JOHN | PROVIDES LOANS   |                     |                    |  |                |             |           |          |                              |                  |               |
| STREET, SUITE 800, SAN JOSE,  | IN LOW INCOME    | 1                   |                    |  |                |             |           |          |                              |                  |               |
| CA 95113                      | COMMUNITIES      | DE                  | N/A                | N/A  | N/A            | N/A         |           | x        | N/A                          | x                | N/A           |

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

| (a)                           | (b)              | (c)                   | (d)                | (e)  | (f)            | (g)         | (1       | h)       | (i)                          | (j)           | Т        | (k)        |
|-------------------------------|------------------|-----------------------|--------------------|--|----------------|-------------|----------|----------|------------------------------|---------------|----------|------------|
| Name, address, and EIN        | Primary activity | Legal                 | Direct controlling | Predominant income                           | Share of total | Share of    | 1 -      | oortion- | Code V-UBI                   | Gener         | al or F  | Percentage |
| of related organization       |                  | domicile<br>(state or | entity             | (related, unrelated, excluded from tax under | income         | end-of-year | ate allo |          | amount in box 20 of Schedule | mana<br>partn | ging     | ownership  |
|                               |                  | foreign<br>country)   |                    | sections 512-514)                            |                | assets      | Yes      | No       | /                            | Yes           | No       |            |
| LCD NEW MARKETS FUND XXVII -  |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
| 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         |          | x        | N/A                          |               | ۱ ک      | N/A        |
| LCD NEW MARKETS FUND XXVIII   |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
| 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         |          | x        | N/A                          |               | ۱ ک      | 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 95113                | COMMUNITIES      | DE                    | N/A                | N/A  | N/A            | N/A         |          | x        | N/A                          |               | ۱ ک      | 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 95113                | COMMUNITIES      | DE                    | N/A                | N/A  | N/A            | N/A         |          | x        | N/A                          |               | ۱ ک      | 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 95113            | COMMUNITIES      | DE                    | N/A                | N/A  | N/A            | N/A         |          | x        | N/A                          |               | ۱ ک      | N/A        |
| LCD NEW MARKETS FUND XXXIII - |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
| 84-2245040, 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         |          | x        | N/A                          |               | ۱ ک      | 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 95113                      | INCOME AREAS     | DE                    | N/A                | N/A  | N/A            | N/A         |          | x        | N/A                          |               | ۱ ک      | N/A        |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               | $\dashv$ |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |
|                               |                  |                       |                    |  |                |             |          |          |                              |               |          |            |

| Part V Transact | ions With Related Org | <b>ıanizations.</b> Comi | olete if the org | ganization answered | "Yes" on | ı Form 990, P | art IV, line 34, | 35b, or 36. |
|-----------------|-----------------------|--------------------------|------------------|---------------------|----------|---------------|------------------|-------------|
|-----------------|-----------------------|--------------------------|------------------|---------------------|----------|---------------|------------------|-------------|

| Not  | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.            |                                  |                              |   |       | Yes | No |  |  |  |  |  |
|--|---|----------------------------------|------------------------------|---|-------|-----|----|--|--|--|--|--|
| 1  | During the tax year, did the organization engage in any of the following transactions           | s with one or more re            | elated organizations listed  | in Parts II-IV?                           |       |     |    |  |  |  |  |  |
| а  | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | /                                |                              |   | 1a    |     | Х  |  |  |  |  |  |
| b  | Gift, grant, or capital contribution to related organization(s)                                 |                                  |                              |   | 1b    | Х   |    |  |  |  |  |  |
| С  | c Gift, grant, or capital contribution from related organization(s)                             |                                  |                              |   |       |     |    |  |  |  |  |  |
|  | d Loans or loan guarantees to or for related organization(s)                                    |                                  |                              |   |       |     |    |  |  |  |  |  |
| е  | Loans or loan guarantees by related organization(s)   |                                  |                              |   | 1e    |     | Х  |  |  |  |  |  |
|  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| f  | f Dividends from related organization(s)  |                                  |                              |   |       |     |    |  |  |  |  |  |
| g  | g Sale of assets to related organization(s)   |                                  |                              |   |       |     |    |  |  |  |  |  |
|  | Purchase of assets from related organization(s)   |                                  |                              |   | 1h    |     | Х  |  |  |  |  |  |
| i  | i Exchange of assets with related organization(s)   |                                  |                              |   |       |     |    |  |  |  |  |  |
| j  | j Lease of facilities, equipment, or other assets to related organization(s)                    |                                  |                              |   |       |     |    |  |  |  |  |  |
|  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| k Lease of facilities, equipment, or other assets from related organization(s)                   |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| I Performance of services or membership or fundraising solicitations for related organization(s) |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| Sharing of paid employees with related organization(s)   |   |                                  |                              |   |       |     |    |  |  |  |  |  |
|  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| p Reimbursement paid to related organization(s) for expenses                                     |   |                                  |                              |   |       |     |    |  |  |  |  |  |
|  | 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 w           | ho must complete th              | is line, including covered r | relationships and transaction thresholds. |       |     |    |  |  |  |  |  |
|  | (a)<br>Name of related organization   | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved       | (d)<br>Method of determining amount inv   | olved |     |    |  |  |  |  |  |
| (1) <sup>2</sup>   | CCION OPPORTUNITY FUND COMMUNITY DEVELOPMENT  | В                                | 348,275.                     | FMV                                       |       |     |    |  |  |  |  |  |
| (2)  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| <u>,_,</u>   |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| (3)  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| (4)  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
|  |   |                                  |                              |   |       |     |    |  |  |  |  |  |
| (5)  |   |                                  |                              |   |       |     |    |  |  |  |  |  |

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)<br>Name, address, and EIN<br>of entity | (b)<br>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)<br>Share of<br>end-of-year<br>assets | Dispretion allocat | opor-<br>late<br>tions? | Genera<br>manag<br>partn<br>Yes | (k) Al or Percentage ging ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|---------------------------------|-------------------------------------|
|  |                         |   |   |                                       |  |                    |                         |                                 |                                     |
|  |                         |   |   |                                       |  |                    |                         |                                 |                                     |
|  |                         |   |   |                                       |  |                    |                         |                                 |                                     |
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