<sup>ym</sup> 990-T	Exempt Organization  (and proxy to	ex under section 6033(e))	1917	2040
	For calendar year 2019 or other tay year beginning	, and ending	1114	2019
epartment of the Treasury	· ·	90T for instructions and the latest inform		Open to Public Inspection
X Check box if	Do not enter SSN numbers on this form			50 (a)(3) Organizations On Toyar identification number
address changed	Name of organization ( Check box	ir name changed and see instructions )	(Emp	nlovees' trust, see uctions )
Exempt under section	Print OPPORTUNITY FINANC	E NETWORK	2	0-5189202
X 501(c(f)3_)	or Number, street, and room or suite no. If			Lited business activity Lod instructions )
408(e)220(e)	Type 123 S. BROAD STREE		(300)	risk deficites )
408A530(a)	City or town, state or province country,	and ZIP or foreign postal code		
529(a)	<u> </u>	19109		
Book value of all assets at end of year $152,045,9$	F Group exemption number (See instruc			<del></del>
	And the second s	AND THE PERSONNEL PROPERTY OF THE PERSON OF	401(a) trust	Other trus
	organization's unrelated trades or businesses		the only (or first) unrelated	
trade or business here	<del></del>		, complete Parts I-V If more	
business, then complete	plank space at the end of the previous sentence cor	inplete Paris Land II, complete a Schedule	iw ior each adoldonal trace	. Qr
	the corporation a subsidiary in an affiliated group	or a parent-subsidiary controlled group?	▶ TY	es X No
	and identifying number of the parent corporation		<b>-</b> · · ·	73 [24] 110
TO SERVICE STREET, STR	► LAURIE CURRAN		one number ▶ 215-	923-4754
Part I Unrelate	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net
a Gross receipts or sal	es	The state of the s	***************************************	
b Less returns and allo	wances c Balance	<b>I</b> c		
Cost of goods sold (S	Schedule A line 7)	2	* * * * * * * * * * * * * * * * * * * *	
Gross profit. Subtrac	t line 2 from line 1c	3		
	ne (attach Schedule D)	4a		**************************************
	4797 Part II, line 17) (attach Form 4797)	46	construction of management	PRETERMENTAL PROPERTY COMP. 122 2-2-
c Capital loss deductio	•	40	1, 1	-1
Income (loss) from a Rent income (Schedi	partnership or an S corporation (attach statement)	5	razasaramina in 5 minin	ESTABLICATION OF THE PROPERTY OF THE PERSON
	red income (Schedule E)	7 5 5 5 1		<u> </u>
	yalties, and rents from a controlled organization (৪৫	,   '	<u>/ E :</u>	
	f a section 501(c)(7), (9), or (17) or ganization (Sch		2020	
Exploited exempt act	vity income (Schedule I)	10 E NUV 1 3	ZUZU	
Advertising income (	Schedule J)	i 11 i		
•	structions, attach schedule)	12 OGDEN	), U 1- (	
Total Combine line:	s 3 through 12	13 0.		L
	ons Not Taken Elsewhere (See instru			
		su pusifiess income /		
•	ficers, directors, and trustees (Schedule K)		14 15	
Salaries and wages Repairs and mainter			16	<del></del>
Bad debts	. /		17	
	edule) (see instructions)		18	
Taxes and licenses			19	
Depreciation (attach	Form 4562)	20		
Less depreciation cl	aimed on Schedule A and elsewhere on return	21a	21b	
Depletion			22	
/	erred compensation plans		23	
Employee benefit pr			24	
Excess exempt expe	· ·		25	
Excess readership c			26	
Other deductions (a		•	27	
/	dd lines 14 through 27	Cubbrant line 20 from him 40	28	0
Unrelated business	axable income before net operating loss deduction		29	<u> </u>
/	erating loss arising in tax years beginning on or af	iei January i 2016		0
Deduction for net or				
Deduction for net of (see instructions)	axable income. Subtract line 30 from line 29		30	0

Form 99	6-T(2019) OPPORTUNITY FINANCE NETWORK	20-5189202 Page 2
Pat	HII Total Unrelated Business Taxable Income	1
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33	Amounts paid for disallowed fringes	\$3
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Sebraci in a 4 from the sum of lines 32 and 33	35
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38	Specific deduction (Generally \$1,000, but see line 3B instructions for exceptions)	38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
•••	enter the smaller of zero or line 37	39 0.
Pari	HV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:	
	Tax rate schedule or Schedule D (Form 1041)	11.1
42	Samuelan Constanting	2
43	Alternative minimum tax (trusts only)	13
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Par		1 10
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 468	T T
		† 1
		1
6	" ' " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4 }
đ	· · · · · · · · · · · · · · · · · · ·	1.6.1
	Total credits Add lines 46a through 46d	45c O.
47	Subtract line 46e from line 45	<del></del>
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (shach schedule)	4
49	Total tax. Add lines 47 and 48 (see instructions)	49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	0.
	Payments: A 2018 overpayment credited to 2019	4 1
b	2019 estimated tax payments	- 1
	Tax deposited with Form 8868	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	<u>.</u> 1
e	Backup withholding (see Instructions)	J
1	Credit for small employer health insurance premiums (attach Form 8941)	<b>↓</b>
9	Other credits, adjustments, and payments: Form 2439	1 1
	Form 4136 Other Total ▶ 51g	J. 1
52	Total payments. Add lines 51a through 51g ,	2,520.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔃	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 2,520.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	55 2,520.
Par	t VI   Statements Regarding Certain Activities and Other Information (see instructions)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	i i
	here >	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If Yes," see instructions for other forms the organization may have to file.	
59	Enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>
	Under pensities of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	odge and bedef it is true,
Sign	correct, and complete. Opclaration of program (other than toppayer) to based on all information of which prepare the try knowledge  CHIEF FINANCIAL	
Here	1 - 1	tay the IRS discuss this return with no preparer shown below (see
		natructions)? X Yes No
		I PTIN
		1
Pale	k some Tourson PT // 17/1/4/20	P00757336
	Part of the Property of the Pr	
Use	Only Firm's name RSM US LIEP / Firm's EIN P	40 VITTJUJ
		215-765-4600
9237++	01-27-20	Form 990-T (2019)
	** ** **	, ann and . (colo)

Schedule A - Cost of Good	s Sold. Ente	method of inver	ntory valuation   N/A		<del></del>			
1 Inventory at beginning of year	1		6 Inventory at end of yea	ar		6		
2 Purchases	2		7 Cost of goods sold Subtract		line 6			
3 Cost of labor	3		from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a	4a 8 Do the ru			rules of section 263A (with respect to			No
<ul><li>Other costs (attach schedule)</li></ul>	4b		property produced or a	or acquired for resale) apply to			_	
5 Total Add lines 1 through 4b	5	* *	the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	.ease	d With Real Prop	erty)		
- in the second							<del></del>	<u> </u>
1 Description of property	·							
(1)	· · · · · · · · · · · · · · · · · · ·				·		······································	
(3)			<del></del>		<del></del>		·····	
(4)								
	2. Rentrecul	r d or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta pursonal property exceeds 50% or if nt is based on profit or income)	gə	3(a) Deductions directly columns 2(a) an			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	, ,	nter -		0.	(b) Total deductions Enter here and on parie 1 Part I line o, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)			····		
			2 Cross income from		3 Deductions directly con- to debt-finance			
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach nehedule)	S
(1)	<u> </u>	<b>~~~~</b>			" · · · · · · · · · · · · · · · · · · ·	+		
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to deht-financed property (attach schedule)	of or debt-fina	andjusted basis allocable to inced property hischedulul	6 Column 4 dicided by column 5		7 Gross income reportable (column 2 × column 8)		8. Allocable deduction of the state of the s	
(1)			0/0			士		
(2)			9/0					
(3)			%					
(4)			0/0					
			<del></del>		nter here and on page 1 Part I, line 7, column (A)		nter here and on page lart I, line 7, column (l	
Totals			<b>&gt;</b>	ł	0 .	.		0.
Total dividends-received deductions in	ocluded in colum	n 8		*	<b>b</b>			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

	1 Name of periodical		2 Gross adviritising income	3 Direct advertising costs	4 Advertising gain or (loss) (col ? minus col 3) It a gain compute cols 5 through ?	5. Greulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		1			•			į
(2)								
(3)								
(4)					<u> </u>			
Totals (care	ry to Part II, line (5))	•	0.	0.				0.

0

0.

**Totals** 

Form 990- (2019) OPPORTUNITY FINANCE NETWORK

Part.II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7.	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								
(2)								
(3)								
(4)								
Totals from Part I	▶	0.	0.		1	1, "	0	
		Enter here and on page 1 Part I ling 11 col (A)	Enter here and on page 1 Pert I line 11 col (B)			, i	Enter here and on page 1 Part II, line 26	
Fotals, Part II (lines 1-5)	▶	0.	0.	j ·	•	1	0	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			9/6	
(2)			%	
(3)			%	
(4)			%	
otal Enter here	and on page 1, Part II, line 14		<b>&gt;</b>	0

Form 990-T (2019)