

WithumSmith+Brown, PC
Certified Public Accountants and Consultants

OPPORTUNITIES INDUSTRIALIZATION CENTERS
OF AMERICA, INC.
1415 N. BROAD STREET
PHILADELPHIA, PA 19122

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED JUNE 30, 2009 FOR:

OPPORTUNITIES INDUSTRIALIZATION CENTERS
OF AMERICA, INC. AS FOLLOWS...

2008 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2008 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2008 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2008 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2008 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990
2008 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS
2008 PENNSYLVANIA BCO-10 - CHARITABLE ORG. REGISTRATION STATEMENT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

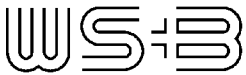
WITHUM SMITH + BROWN, P. C.

JOSEPH SCUDESE, CPA

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Additional Offices in New Jersey, New York,
Pennsylvania, Maryland, Florida and Colorado

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WithSmith+Brown, PC
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INSTRUCTIONS FOR FILING
OPPORTUNITIES INDUSTRIALIZATION CENTERS
OF AMERICA, INC.
FORM 990 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED JUNE 30, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MAY 17, 2010
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

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Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Header section containing organization name (OPPORTUNITIES INDUSTRIALIZATION CENTE), address (1415 N. BROAD STREET, PHILADELPHIA, PA 19122), and identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown.

Part II Signature Block

Signature block containing declaration text, signature lines for officer and preparer, and preparer information (WITHUM SMITH + BROWN, P. C.).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,834,610. including grants of \$ _____) (Revenue \$ 40,416.)

TRAINING AND TECHNICAL ASSISTANCE-PROVIDES EDUCATION
TRAINING AND EMPLOYMENT SERVICES THROUGH A NATIONAL NETWORK
OF LOCAL AFFILIATED ORGANZIATIONS THAT WILL ENABLE
ECONOMICALLY DISADVANTAGED AND UNEMPLOYED PEOPLE OF ALL
RACES AND BACKGROUNDS TO BECOME PRODUCTIVE AND MORE
FULFILLED MEMBERS OF AMERICAN SOCIETY.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 1,834,610. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, and Form 990 distribution.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and governing documents availability.

Part VIII Statement of Revenue

23-7109952

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a _____				
	b Membership dues	1b _____				
	c Fundraising events	1c _____				
	d Related organizations	1d _____				
	e Government grants (contributions) . .	1e 2,051,711.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f 113,380.				
	g Noncash contributions included in lines 1a-1f: \$ _____					
	h Total. Add lines 1a-1f ▶		2,165,091.			
Program Service Revenue	2a MEMBERSHIP DUES	Business Code _____	42,000.			42,000.
	b _____	_____				
	c _____	_____				
	d _____	_____				
	e _____	_____				
	f All other program service revenue	_____				
	g Total. Add lines 2a-2f ▶		42,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT. 3 ▶		21.			21.
	4 Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5 Royalties ▶		NONE			
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses	14,209.				
	c Rental income or (loss)	14,209.				
	d Net rental income or (loss) ▶		14,209.			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶		NONE			
	9a Gross income from gaming activities. See Part IV, line 19. a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶		NONE			
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory. ▶		NONE				
Miscellaneous Revenue		Business Code				
11a OTHER INCOME	_____		26,207.			26,207.
b _____	_____					
c _____	_____					
d All other revenue	_____					
e Total. Add lines 11a-11d ▶			26,207.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			2,247,528.			68,228.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	130,200.	123,690.	6,510.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	736,454.	613,273.	119,777.	3,404.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	198,243.	155,120.	42,351.	772.
10 Payroll taxes	68,652.	57,464.	10,986.	202.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	24,516.	24,516.		
c Accounting	42,775.	22,525.	20,250.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	306,403.	302,275.	4,128.	
12 Advertising and promotion	150.		150.	
13 Office expenses	165,469.	155,284.	10,185.	
14 Information technology	18,413.	17,187.	1,226.	
15 Royalties	NONE			
16 Occupancy	316,698.	264,859.	51,839.	
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	36,959.	23,899.	11,056.	2,004.
20 Interest	3,450.		3,450.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	36,219.		36,219.	
23 Insurance	14,206.	14,206.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REPAIRS & MAINTENANCE -----	10,360.	8,832.	1,528.	
b EQUIPMENT RENTAL -----	18,821.	17,443.	1,378.	
c POSTAGE & SHIPPING -----	2,694.	1,078.	1,616.	
d STAFF DEVELOPMENT -----	2,000.	2,000.		
e MISCELLANEOUS EXPENSE -----	36,382.	30,604.	5,778.	
f All other expenses -----	2,548.	355.	2,193.	
25 Total functional expenses. Add lines 1 through 24f	2,171,612.	1,834,610.	330,620.	6,382.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	194,792.	1	212,037.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	51,711.	3	12,009.
	4 Accounts receivable, net	6,235.	4	NONE
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges <small>SFMT. 7</small>	15,349.	9	2,184.
	10a Land, buildings, and equipment: cost basis 10a	959,334.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b	805,064.	194,436.	10c 154,270.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,992.	15	43,861.
16 Total assets. Add lines 1 through 15 (must equal line 34)	480,515.	16	424,361.	
Liabilities	17 Accounts payable and accrued expenses	593,429.	17	445,027.
	18 Grants payable		18	24,332.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties <small>SFMT. 8</small>	69,926.	23	61,926.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.	663,355.	26	531,285.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-182,840.	27	-106,924.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-182,840.	33	-106,924.	
34 Total liabilities and net assets/fund balances	480,515.	34	424,361.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12 170,115.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 99.01%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 98.96%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	122,339.	2,524.	12,493.	14,904.	14,209.	166,469.
TOTALS	122,339.	2,524.	12,493.	14,904.	14,209.	166,469.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

OPPORTUNITIES INDUSTRIALIZATION CENTERS
OF AMERICA, INC.

Employer identification number

23-7109952

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA, INC.	Employer identification number 23-7109952
--------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE SCHOOL DISTRICT OF PHILADELPHIA 440 NORTH BROAD STREET PHILADELPHIA, PA 19130	\$ 1,518,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PHILADELPHIA YOUTH NETWORK 714 MARKET STREET PHILADELPHIA, PA 19106	\$ 67,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DEPT. OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SOUTHWEST WASHINGTON, DC 20447	\$ 465,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA, INC.

Employer identification number 23-7109952

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Year. Rows include purpose(s) of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Rows include questions about reporting art and historical treasures and their associated revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|-------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		81,051.		81,051.
b Buildings				
c Leasehold improvements		117,015.	91,134.	25,881.
d Equipment		626,196.	596,625.	29,571.
e Other		117,690.	99,925.	17,765.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				154,268.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (2,247,528); Line 2: Total expenses (2,171,612); Line 3: Excess or (deficit) for the year (75,916); Line 10: Excess or (deficit) for the year per financial statements (75,916).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (2,247,528); Line 3: Subtract line 2e from line 1 (2,247,528); Line 5: Total revenue (2,247,528).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (2,171,612); Line 3: Subtract line 2e from line 1 (2,171,612); Line 5: Total expenses (2,171,612).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines provided for entering supplemental information.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **OPPORTUNITIES INDUSTRIALIZATION CENTERS
OF AMERICA, INC.**

Employer Identification number
23-7109952

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE WILSON-COLLINS CHAIRPERSON		X								
JAMES HAYNES 1ST VICE CHAIRPERSON		X								
DR. HERMAN WALKER 2ND VICE CHAIRPERSON		X								
HUGH HENDERSON SECRETARY		X								
LINDA WHITE TREASURER		X								
TRAVIS L WILLIAMS REGIONAL VICE CHAIRPERSON		X								
PERCY DAVIS REGION II BOARD MEMBER		X								
DR. HENRY BRADDOCK REGION III BOARD MEMBER		X								
BOBBIE J TURNER REGION IV BOARD MEMBER		X								
RICHARD ALLEN MEMBER AT LARGE		X								
CLYDE BELLECOURT MEMBER AT LARGE		X								
THE HONORABLE JACK KEMP MEMBER AT LARGE		X								
JAMES M TALTON MEMBER AT LARGE		X								
HOPE MASTERS, ESQ. MEMBER AT LARGE		X								
GARY L BURGESS MEMBER AT LARGE		X								
WALTER LUCKERT, JR MEMBER AT LARGE		X								
GAIL L MOANEY MEMBER AT LARGE		X								
ROBERT FARRIS, JR. ESQ MEMBER AT LARGE		X								
DELORES SHELTON MEMBER AT LARGE		X								
MARTIN STARK MEMBER AT LARGE		X								
LUDDY HADEN MEMBER AT LARGE		X								

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

Schedule J-2 (Form 990) 2008

Name of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA, INC.	Employer identification number 23-7109952
-----------------------------------------------------------------------------------------	----------------------------------------------

CONFLICT OF INTEREST

PART VI, SECTION B, QUESTION 12

OICA HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH GOES OUT TO ALL

BOARD MEMBERS, CEO AND KEY EMPLOYEES, WHO ARE REQUIRED TO READ AND

UNDERSTAND THE POLICY AND SIGN TO ACKNOWLEDGE RECIEPT, AND DISCLOSURE

THEREON. BOARD CHAIR REVIEWS THE OUTCOME FOR EXCEPTIONS. THE POLICY IS

UPDATED AND DISTRIBUTED ANNUALLY TO BOARD MEMBERS, OFFICERS AND

EMPLOYEES.

Name of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA, INC.	Employer identification number 23-7109952
-----------------------------------------------------------------------------------------	----------------------------------------------

COMPENSATION DETERMINATION

PART VI, SECTION B, QUESTION 15

THE ORGANIZATION USES COMPARABLE SALARIES WITHIN THE INDUSTRY GUIDE AS WELL AS BOARD APPROVAL TO DETERMINE SALARIES FOR THE ORGANIZATION'S OFFICERS AND OTHER EMPLOYEES.

Name of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA, INC.	Employer identification number 23-7109952
-----------------------------------------------------------------------------------------	----------------------------------------------

AVAILABILITY TO THE PUBLIC

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND

THROUGH WWW.GUIDESTAR.COM

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA, INC. **Employer identification number** 23-7109952

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
OPPORTUNITIES SERVICE CORPORATION 23-2292014 1415 NORTH BROAD STREET PHILADELPHIA, PA 19122	PROP. MANAG.	PA	501(C)(3)	9	N/A

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE CORPORATION PROVIDES EDUCATION, TRAINING AND EMPLOYMENT SERVICES THROUGH A NATIONAL NETWORK OF LOCAL AFFILIATED ORGANIZATIONS THAT WILL ENABLE ECONOMICALLY DISADVANTAGED AND UNEMPLOYED PEOPLE OF ALL RACES AND BACKGROUNDS TO BECOME PRODUCTIVE AND MORE FULFILLED MEMBERS OF AMERICAN SOCIETY.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

BENJAMIN LATIMORE
1428 BARTON DR
FT WASHINGTON, PA 19034

CONSULTANT

199,108.

TOTAL COMPENSATION

199,108.

=====

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST INCOME	21.			21.
TOTALS	21.			21.
	=====	=====	=====	=====

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER INCOME

SUBLEASE INCOME

14,209.

14,209.
=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	14,209.	-----	-----	14,209.
TOTALS	14,209.	=====	=====	14,209.
	=====	=====	=====	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	15,349.	2,184.
TOTALS	----- 15,349. =====	----- 2,184. =====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: CITIZENS BANK
 ORIGINAL AMOUNT: 150,000.
 INTEREST RATE: 6.000000
 REPAYMENT TERMS: PAYABLE ON DEMAND WITH MONTHLY INTEREST PAYMENTS
 SECURITY PROVIDED: COLLATERALIZED BY SECURITY INTEREST IN ALL ACCTS

BEGINNING BALANCE DUE	69,926.
ENDING BALANCE DUE	61,926.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	69,926.
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=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	61,926.
------------------------------------------------	---------

=====

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
RENOVATIONS OF QOP	06/30/1996	15,449.	100.000			15,449.	12,874.		SL	MQ	5.000		15		NONE *
HP COLOR LASERJET	06/30/1997	5,950.	100.000			5,950.	5,950.	5,950.	SL	MQ	5.000		5		
FURNITURE & EQUIP	06/30/1997	46,723.	100.000			46,723.	46,723.	46,723.	SL	MQ	5.000		5		
SLED CHAIRS	06/30/1997	447.	100.000			447.	447.	447.	SL	MQ	5.000		5		
DESKS, CREDENZAS	06/30/1997	3,566.	100.000			3,566.	3,566.	3,566.	SL	MQ	5.000		5		
CHAR AND BOOKCASE	06/30/1997	422.	100.000			422.	422.	422.	SL	MQ	5.000		5		
VERTICAL BLINDS	06/30/1997	5,662.	100.000			5,662.	5,662.	5,662.	SL	MQ	5.000		5		
CARPET	06/30/1997	4,000.	100.000			4,000.	3,066.		SL	MQ	5.000		15		NONE *
ELECTRICAL WORK	06/30/1997	1,880.	100.000			1,880.	1,441.		SL	MQ	5.000		15		NONE *
C-PHONES	06/30/1998	16,990.	100.000			16,990.	16,990.	16,990.	SL	MQ	5.000		5		
VARIOUS COMPUTER	06/30/1998	18,000.	100.000			18,000.	18,000.	18,000.	SL	MQ	5.000		5		
5 LEARNING LIBRARY	06/30/1998	15,000.	100.000			15,000.	15,000.	15,000.	SL	MQ	5.000		5		
10 COMP UPGRADES	06/30/1998	25,000.	100.000			25,000.	25,000.	25,000.	SL	MQ	5.000		5		
48 CCP LEARNING	06/30/1998	21,384.	100.000			21,384.	21,384.	21,384.	SL	MQ	5.000		5		
COMPUTER PRODUCTS	06/30/1999	78,766.	100.000			78,766.	78,766.	78,766.	SL	MQ	5.000		5		
FUR/FIX	06/30/1999	23,491.	100.000			23,491.	23,491.	23,491.	SL	MQ	5.000		5		
CARPET	06/30/1999	1,987.	100.000			1,987.	1,987.	1,987.	SL	MQ	5.000		5		
COMPUTERS	06/30/2000	31,094.	100.000			31,094.	31,094.	31,094.	SL	MQ	5.000		5		
FURNITURE	06/30/2000	2,202.	100.000			2,202.	2,202.	2,202.	SL	MQ	5.000		5		
Less: Retired Assets															
Subtotals															

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1.000

