EXTENDED TO MAY 15, 2019

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No 1545-0047 Open to Public Inspection

	or the z	017 calendar year, or tax year beginning J 【	JL 1, 2017 and	ending	<u>JUN 30,</u>	201	<u> </u>
3 Ct	heck if oplicable	C Name of organization			D Employe	r ident	ification number
_	Address	THE -OPPORTUNITY INSTITU	TE		· I		
	Name change	Doing business as				47-	3888926
	Initial return	Number and street (or P.O box if mail is not deli	vered to street address)	Room/suit	te E Telephon	e numt	oer
	Final return/ termin-	2001 CENTER STREET, 5TH	FLOOR	<u> </u>		510	-679-1004
	ated Amended	City or town, state or province, country, and Z			G Gross receip		3,934,824
<u> </u>	return Applica-	BERKELEY, CA 94704-124		_	H(a) Is this a		
	tion pending	F Name and address of principal officer MAR	LA ECHAVESTE		for sub		
		SAME AS C ABOVE pt status X 501(c)(3) 501(c) () <	4047(a)(1)		H(b) Are all sut		
		pt status X 501(c)(3) 501(c)() THEOPPORTUNITYINSTITUTE	 	or (*)(52	⊣ .		a list (see instructions)
			sociation Other	I Yea			M State of legal domicile: C
		ummary		<u> </u>	27 07 107 1114 110112 -		Ter Otato of Togal dofficito; O-
		efly describe the organization's mission or most s	<u> </u>		TUNITY I		
Activities & Governance	<u>N</u> (ON-PROFIT ORGANIZATION TH					EQUITY BY
Ĕ		eck this box 🕨 🔛 if the organization discon		\$ 9 F 60			
Š		mber of voting members of the governing body (1!
8		mber of independent voting members of the gove tal number of individuals employed in calendar ye		MAY	17 2019	ΫH	14 14 15 28
ties		tal number of individuals employed in calendar ye tal number of volunteers (estimate if necessary)	ear 2017 (Part V, lifte 2a)		j	V.4 -	15
美		tal unrelated business revenue from Part VIII, coli	ımn (C), line 12	OGD	EN LIT	-=I ⊢	a 0.
۲		t unrelated business taxable income from Form 9	90-T, line 34	OGD	EN, UT		
					Prior Yea	r	Current Year
اه	8 Co	ntributions and grants (Part VIII, line 1h)			9,964,		
핆	9 Pro	ogram service revenue (Part VIII, line 2g)		<u> </u>	323,		
Revenue		estment income (Part VIII, column (A), lines 3, 4,	•	<u> </u>		441	
٦		her revenue (Part VIII, column (A), lines 5, 6d, 8c,		<u> </u> -		163	
\dashv		tal revenue - add lines 8 through 11 (must equal F			10,293,		
ļ		ants and similar amounts paid (Part IX, column (A	•	⊢	1,633,	045	
		nefits paid to or for members (Part IX, column (A) laries, other compensation, employee benefits (P.	=	⊢	2,638,		
ses		ofessional fundraising fees (Part IX, column (A), Iir		<u> </u>	2,030,	0	
Expenses		tal fundraising expenses (Part IX, column (D), line		63.			
ŭΙ	17 Ot	her expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		3,661,	841	4,121,160
	18 To	tal expenses Add lines 13-17 (must equal Part IX	, column (A), line 25)	L	7,933,		
\dashv	19 Re	venue less expenses. Subtract line 18 from line 1	2		2,359,	_	
Seg				<u> </u> _	Beginning of Curr		
Assets A Balan	20 To	tal assets (Part X, line 16)		-	10,679,		
∺a		tal liabilities (Part X, line 26) t assets or fund balances Subtract line 21 from li	no 20	-	664, 10,014,		
		t assets or fund balances, Subtract line 21 from I	IIIE ZU		<u> </u>	010	· J, 12±,020 ·
		s of perjury, I declare that have examined this return, i	ncluding accompanying schedules	s and stater	nents, and to the l	oest of r	ny knowledge and belief, it is
		nd complete. Declaration of preparer (other than officer					
		1 X / Tetrons	276			lox	15,2014
Sign		Signature of officer			Date	,	•
lere	•	MARIA ECHAVESTE, PRESID Type or print name and title	ENT & CEO				
			Proporado diagnotura 1		Date	Check	PTIN
	MT1	Int/Type preparer's name I CHAEL STEPHEN SCHAFFER	Rreparer skienature		05/09/19	1	Ш І
hig	<u> </u>					s EIN ▶	81-4234542
Sign Here	arer I Fii	misname DFM DDF					
aid repa lse (arer Fi		ARD, SUITE 1000)	!		
repa	arer Fi	m's address 10 ALMADEN BOULEV SAN JOSE, CA 9511)	Phon	e no. 4	08-961-6300
repa Ise (only Fu	m's address 10 ALMADEN BOULEV	3-2238) [[]	Phon	e no. 4	08-961-6300 X Yes No Form 990 (2017

Form 990 (2017)

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Form 990 (2017) THE OPPORTUNITY INSTITUTE

[Partily] 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			ļ
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5		X
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,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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		السا	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
C	3			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	• • • • • • • • • • • • • • • • • • • •	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		i	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			х
	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	,,		х
47	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,	,,		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	\dashv	
19		19		X
	complete Schedule G. Part III		990	2017)
		. 5	(

•			Yes	No
20a	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		
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K If "No", go to line 25a	24a		Х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1 .		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
^7	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		Х
С				
	director, trustee, or direct or indirect owner? If "Yes." complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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
	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		l	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	,,		Х
26	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		- 21
38				
		30	χİ	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	<u>х</u> 990 (2017)

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Form **990** (2017)

	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		103	140
b		1 /		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\overline{\mathbf{x}}$	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	At 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		Х
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			 -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		х
_	to file Form 8282? If "Yes." Indicate the number of Forms 8282 filed during the year 7d	7c		^
		7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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]		
1	Section 501(c)(12) organizations. Enter			
а	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	\sqcup		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	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 in Schedule O	14b		

THE OPPORTUNITY INSTITUTE 47-3888926 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 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: 8a a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the q X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 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? X 15a a The organization's CEO, Executive Director, or top management official 15b X b Other officers or key employees of the organization 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 16a taxable entity during the year? b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

CA

94704-1242

SEAN SIMPLICIO - 510-325-7089

2001 CENTER STREET, 5TH FLOOR, BERKELEY

Partivil 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization r		orga I	nıza			nper	ısat			/E\
(A) Name and Title	(B) Average]		Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per		not c	heck :	more	than		compensation	compensation	amount of
	week	offi	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	l i						the	organizations	compensation
	hours for	dire				8		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat	l	(W-2/1099-MISC)		organization
	organizations	E E	na t		loyee	e comp				and related
•	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		·	organizations
(1) CHRISTOPHER EDLEY, JR.	32.00	프	Ĕ	ਙ		<u>₹</u> 5	<u> </u>			
PRES & CO-FOUNDER, BOARD VICE CHAIR	32.00	X		Х	ļ	ļ		39,624.	0.	1,140.
(2) ANN O'LEARY	2.00							· · · · · · · · · · · · · · · · · · ·		•
CHAIR		x		X	ĺ			0.	0.	0.
(3) TOM STEYER	1.00									
DIRECTOR		x						0.	0.	0.
(4) HEATHER BOUSHEY	2.00									
TREASURER		X		Х		ļ		0.	0.	0.
(5) NADINE BURKE HARRIS, M.D.	1.00									
DIRECTOR		X			_	_	L	0.	0.	0.
(6) ALIDA GARCIA	1.00							_		_
DIRECTOR		X			 	<u> </u>		0.	0.	0.
(7) BERTRAM LUBIN, M.D.	1.00									
DIRECTOR	<u> </u>	X			_	┞-		0.	0.	0.
(8) LENNY MENDONCA	1.00				l	1				
DIRECTOR	1 00	X			_	⊢	-	0.	0.	0.
(9) ROBERT REICH	1.00	,,							0	•
DIRECTOR	1 00	X	<u> </u>	_	_	⊢	<u> </u>	0.	0.	0.
(10) BILL RICHARDSON	1.00	x			ŀ			0.	0.	0.
DIRECTOR (11) THOMAS SAENZ	2.00	^		_		\vdash	⊢	 	0.1	<u> </u>
SECRETARY	2.00	x		х				0.	0.	0.
(12) ROBERT SHIREMAN	1.00	Ĥ	-			┢	┝	†·		
DIRECTOR	1.00	X				ļ		0.	0.	0.
(13) LAURA D' ANDREA TYSON	1.00					t^-				
DIRECTOR		x						0.	0.	0.
(14) MARK G. YUDOF	1.00	<u> </u>				_		<u> </u>		
DIRECTOR		х					İ	0.	0.	0.
(15) ARNOLD SOWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) REBECCA SILBERT	40.00									
DIRECTOR, RENEWING COMMUNITIES			Ш	Х			<u> </u>	165,348.	0.	5,641.
(17) SEAN SIMPLICIO	40.00									
CFO & COO		L		X				167,038.	0.	16,236.

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

40.00

40.00

40.00

40.00

40.00

dividual trustee or

nstitutional trustee

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

ey employee

X

X

X

X

Hice

1,119,022.

0.

(18) KARA DUKAKIS

(19) MOLLY MAUER

(20) GUY JOHNSON

(21) KIMAN CHHENG

(22) KEDDA WILLIAMS

DEPUTY DIRECTOR

1b Sub-total

CONTROLLER

DIRECTOR, TOO SMALL TO FAIL

EXECUTIVE VICE PRESIDENT

SENIOR PROGRAM DIRECTOR

(A)

Name and title

	47-3888	926 Page 8
pensated Employee		<u></u>
(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
146,244.	0.	28,887.
181,666.	0.	14,657.
135,513.	0.	19,096.
136,575.	0.	28,534.
147,014.	0.	11,214.

0.

0.

1,119,022. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

> Yes No 3 4

125,405.

125,405.

line 1a? If "Yes," complete Schedule J for such individual 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

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on

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.

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

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) Name and business address	(B) Description of services	(C) Compensation
NELSON MULLINS RILEY & SCARBROUGH LLP	SCIENCE OF LEARNING	
PO BOX 11009, COLUMBIA, SC 29211	AND DEVELOPMENT PROJ	656,858.
UNIVISION	EXECUTED THE	
P.O. BOX 189, TEANECK, NJ 07666	"PEQUENOS Y VALIOSOS	540,000.
TURNAROUND FOR CHILDREN, 25 WEST 45TH	SCIENCE OF LEARNING	
STREET, FLOOR 6, NEW YORK, NY 10036	AND DEVELOPMENT PROJ	308,705.
LEARNING POLICY INSTITUTE, 1530 PAGE MILL	SCIENCE OF LEARNING	
ROAD, SUITE 200, PALO ALTO, CA 94304	AND DEVELOPMENT PROJ	225,210.
MASSEY CONSULTING		
2036 SE LARCH AVE, PORTLAND, OR 97214	CONSULTING	182,361.
 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 	d above) who received more than	

Form 990 (2017)

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Unrelated (B) (A) Related or Total revenue exempt function business sections 512 - 514 revenue revenue 30 10 , Grants mounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 11 3,902,254 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 3,902,254 h Total. Add lines 1a-1f Business Code 18,598. 18,598. 2 a CONTRACT REVENUE 900099 Program Service Revenue 4,000. 4,000. **b** HONORARIUM 900099 All other program service revenue 22,598. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 3,689. 3,689. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 2,138. 6 a Gross rents 0. b Less rental expenses 2,138. c Rental income or (loss) 2,138. 2.138. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory. b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 4,145. and allowances b Less cost of goods sold 4,145. 4,145. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total, Add lines 11a-11d 5,827. 26,743. 0. 3,934,824 Total revenue. See instructions.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nolete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схреносо	general expenses	CAPERISES
	and domestic governments. See Part IV, line 21	2,466,506.	2,466,506.	·	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	i			Į.
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	406,277.	307,555.	75,913.	22,809.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ			
	persons described in section 4958(c)(3)(B)		4 005 050	200 464	
7	Other salaries and wages	1,618,609.	1,225,373.	302,461.	90,775.
8	Pension plan accruals and contributions (include	40 505	24 44 6	12 224	1 005
_	section 401(k) and 403(b) employer contributions)	48,527.	34,416.	12,204. 36,785.	1,907.
9	Other employee benefits	137,329.	100,544.	36,785.	7 117
10	Payroll taxes	148,959.	103,937.	37,903.	7,117.
11	Fees for services (non-employees)				
a	Management				
b	Legal	31,723.		31,723.	
	ĭ i	31,123.		JI, 123.	·
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	2,714,883.	2,687,465.		27,418.
12	Advertising and promotion	268,673.	268,673.		
13	Office expenses	124,831.	109,645.		15,186.
14	Information technology	24,756.	4,200.	20,556.	
15	Royalties				
16	Occupancy	223,697.	185,230.	18,750.	19,717.
17	Travel	303,041.	276,461.	17,325.	9,255.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	112,294.	110,220.	594.	1,480.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,874.		14,874.	
23	Insurance	7,986.		7,986.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TOOLKIT MATERIALS	91,128.	91,128.		·
b	EVALUATION	76,250.	76,250.	0.	0.
c	PARTNERSHIPS	48,278.	48,278.	0.	0.
d	PRINTING & PRODUCTION	39,073.	27,498.	8,212.	3,363.
е	All other expenses	39,673.	159,431.	-120,494.	736.
25	Total functional expenses. Add lines 1 through 24e	8,947,367.	8,282,810.	464,794.	199,763.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ)]	
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and					
ý		complete lines 27 through 29, and lines 33 and 34.					
ည	27	Unrestricted net assets	174	,523.	27		8,689.
ala	28	Temporarily restricted net assets	9,840	,287.	28	3,16	6,139.
Ö	29	Permanently restricted net assets			29		
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		v. ()	,		
Į.		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds	L		30		
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund			31		
et A	32	Retained earnings, endowment, accumulated income, or other funds			32		
ž	33	Total net assets or fund balances	10,014	,810.	33	3,72	4,828.

664,853.

679,663.

26

4,469,975. Form 990 (2017)

745,147.

Total liabilities. Add lines 17 through 25

Total liabilities and net assets/fund balances

Form	1 990 (2017) THE OPPORTUNITY INSTITUTE	47-	3888926	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets	_	-		
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,94		
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,014	<u>1,8</u>	<u> 10.</u>
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 in Schedule O)	9		<u> 7,4</u>	<u>39.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	_column (B))	10	3,724	<u>1,8</u>	<u> 28.</u>
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	0	[[
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1
	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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	[• [
	consolidated basis, or both		-		
	X Separate basis 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	e audit,			لـــــــــــــــــــــــــــــــــــــ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O] -]]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audr	t		لـــــــــــــــــــــــــــــــــــــ
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t		
	or guidite, explain why in Schedule O and describe any steps taken to undergo such guidits		36		1

Form **990** (2017)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2017

Open to Public Inspection

Name of the organization **Employer identification number** THE OPPORTUNITY INSTITUTE 47-3888926 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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) 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (III) Type of organization (vi) Amount of other (ı) Name of supported in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 THE OPPORTUNITY INSTITUTE 47-3888

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	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received (Do not											
	include any "unusual grants ")			13195032.	9964045.	3902254.	27061331.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf		<u> </u>			··· ·· - · - · · · · · · · · · · · · ·						
3	The value of services or facilities											
	furnished by a governmental unit to			•								
	the organization without charge											
4	Total. Add lines 1 through 3			13195032.	9964045.	3902254.	27061331.					
5	The portion of total contributions			ĺ								
	by each person (other than a											
	governmental unit or publicly			ļ								
	supported organization) included		[[}					
	on line 1 that exceeds 2% of the			1								
	amount shown on line 11,						0554050					
	column (f)						9574358.					
6	Public support. Subtract line 5 from line 4		l	,			17486973.					
	ction B. Total Support	I			·		1					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 27061331.					
	Amounts from line 4			13195032.	9964045.	3902254.	27061331.					
8	Gross income from interest,	İ										
	dividends, payments received on											
	securities loans, rents, royalties,			2 507	2 441	F 007	11 775					
	and income from similar sources			2,507.	3,441.	5,827.	11,775.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on						 					
10	Other income Do not include gain				ļ							
	or loss from the sale of capital		ĺ	}								
	assets (Explain in Part VI)			 			27073106.					
	Total support. Add lines 7 through 10	L				40.	451,857.					
	Gross receipts from related activities,	•	•			501(0)(3)	431,037.					
13	First five years. If the Form 990 is for		s first, second, th	ira, tourth, or tiπth ta	ix year as a section	1 50 1 (0)(3)	▶ X					
Sec	organization, check this box and storetion C. Computation of Publi	o nere ic Support Per	centage	·		•						
	****			column (f)		14	%					
	Public support percentage for 2017 (I			Column (i))		15						
	Public support percentage from 2016 33 1/3% support test - 2017. If the control o			on line 13, and line :								
168					14 15 33 1/3/001 111	ore, crieck this bo	▶ □					
	stop here. The organization qualifies				line 15 is 33 1/3%	or more, check th	us hox					
t	33 1/3% support test - 2016. If the cand stop here. The organization qual				IIIG 13 13 33 1/370	or more, check th	▶ □					
47	•				13 16a or 16h a	and line 14 is 10%	or more					
17a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization											
						it villow the orga	► □					
	meets the "facts-and-circumstances"					7a and line 15 in	10% or					
b	10% -facts-and-circumstances test											
	more, and if the organization meets the											
40	organization meets the "facts-and-circ											
18	Private foundation. If the organization	on did not check a	DOX OF TIME 13, 1	ua, 100, 178, 01 170			or 990-EZ) 2017					
					50116		<u></u> ;					

Schedule A (Form 990 or 990-EZ) 2017 THE OPPORTUNITY INSTITUTE 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					/	ľ
	include any "unusual grants ")	ļ					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	•		J			
	are not an unrelated trade or bus-						
_	iness under section 513			 	 	./	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf	,	ľ	ľ		ľ	ı
_					 		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		}]]	
					 		
	Total. Add lines 1 through 5				 /		
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons			1			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			 	 		
	Public support. (Subtract line 7c from line 6)	<u> </u>	-	<i>'</i>	<u> </u>		
	etion B. Total Support		<u> </u>	<u> </u>	<u></u> .	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		.,				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/				
ĺ	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses acquired after June 30, 1975	•					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here	/					>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	117 (l̃ine 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	r is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly	supported organiza	ation	▶ 🗀
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u>▶</u>
73202	3 10-06-17				Sch	edule A (Form 990	or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A	A. Ali	Supporting	Organizations
-----------	--------	------------	----------------------

	tion A. All Supporting Organizations			г
	And all of the constant of the		Yes	No
7	Are all of the organization's supported organizations listed by name in the organization's governing	١,	1	İ
	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	1	_	
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			<u> </u>
	(b) and (c) below	<u>3a</u>		├
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			l
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b_		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ĺ
	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	4b		L
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		i	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		۱ ,	
	(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)	5a		
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?	<u>5b</u>		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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.	9b		
С	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.	9c		
0a	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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

10a

10b

Sche		17-38889 2	<u>ь Р</u>	age 5
Ра	rt IV ['] Supporting Organizations _(continued)		T.,	Т
	the the assessment of the second of the second budget from the second of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		}	
а	below, the governing body of a supported organization?	11a	 	
h	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	 	\vdash
	tion B. Type I Supporting Organizations		Щ.	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	4	i - 1	-
	describe how the powers to appoint and/or remove 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		<u> </u>
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,]	<u> </u>
	supervised, or controlled the supporting organization.		L	<u> </u>
Sec	tion C. Type II Supporting Organizations		<u> </u>	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	İ		
	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	1		
Sec	tion D. All Type III Supporting Organizations		——	
	ton 577th Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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	l		ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
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 instr	uctions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)		N ₂
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	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			
b	Did the activities described in (a) 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 (a) and (b) 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? 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		<u> </u>

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			1/-3888926 Page 6
	Type in their full otterion, integrated cooks, (c) cupperts			Port VIII Con implementations A
1.	Check here if the organization satisfied the Integral Part Test as a qualifyity other Type III non-functionally integrated supporting organizations must be	•		Part VI) See Instructions. A
Sec	ion A - Adjusted Net Income	Joinpiete Set	(A) Prior Year	(B) Current Year (optional)
_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 Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 1-1/2% 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 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 Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
2	Enter 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		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			1
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	inization (see
	instructions)			·

Schedule A (Form 990 or 990-EZ) 2017

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PERSON LIFE

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015

d Excess from 2016 e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 THE	OPPORTUNI	TTY INSTIT	OTE		8892 <u>6 Page 8</u>
Part VI	line 1, Part IV, Section A. Section D, lines 5,	, lines 1, 2, 3b, 3d stion D, lines 2 ar 6, and 8, and Pa	c, 4b, 4c, 5a, 6, 9a nd 3, Part IV, Sect	a, 9b, 9c, 11a, 11b, ∷on E, lines 1c, 2a,	and 11c, Part IV, Sect 2b, 3a, and 3b, Part V,	I, line 17a or 17b, Part I on B, lines 1 and 2, Par line 1, Part V, Section B any additional informat	t IV, Section C, , line 1e, Part V,
	(See instructions)	_					
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organization 	ations Complete Part III					
Name of organization			Emp	loyer identification number		
THE OP	PORTUNITY INSTITU	TE		47-3888926		
Part I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 or	ganization.		
Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	litures	cal campaign activities i	,	.		
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(3).			
1 Enter the amount of any excise ta:	x incurred by the organization und	der section 4955	▶ 9	ß		
2 Enter the amount of any excise tax	x incurred by organization manag	ers under section 4955	▶ \$	·		
3 If the organization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No		
4a Was a correction made?	4a Was a correction made?					
b If "Yes," describe in Part IV				Vo.		
Part I-C Complete if the or	ganization is exempt und	er section 501(c),	except section 501(c	<u> </u>		
 Enter the amount directly expended 	ed by the filing organization for se	ction 527 exempt funct	tion activities	<u> </u>		
2 Enter the amount of the filing orga	inization's funds contributed to ot	her organizations for se	ection 527			
exempt function activities			▶ \$	š		
3 Total exempt function expenditure	es Add lines 1 and 2 Enter here a	and on Form 1120-POL	i			
line 17b			▶ 9	·		
4 Did the filing organization file Form	·			Yes No		
5 Enter the names, addresses and e	• •	•	•			
made payments For each organiz	·			*		
contributions received that were p	· ·			te segregated fund or a		
political action committee (PAC)				<u> </u>		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and		
			filing organization's funds. If none, enter -0-	promptly and directly		
				delivered to a separate		
				political organization If none, enter -0		
	 			il none, enter-o		
-						
						
						
	ļ <u>-</u>	 				

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org	THE OPPORTS anization is exe	JNITY INSTIT	UTE n 501(c)(3) and file	47-3 d Form 5768 (el	3888926 Page 2 ection under
section 501(h)).					
A Check 🕨 🔝 if the filing organizat	ion belongs to an af	filiated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share		•			
	s on Lobbying Exp	and "limited control" pro	ovisions apply	(a) Filing	(b) Affiliated group
		unts paid or incurred.		organization's totals	totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)		<u>.</u>	
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				<u> </u>
e Total exempt purpose expenditures	(add lines 1c and 1	d)			
f Lobbying nontaxable amount Ente	r the amount from th	ne following table in bot	h columns		
If the amount on line 1e, column (a) or		bbying nontaxable am	11		
Not over \$500,000	20% o	f the amount on line 1e			'
Over \$500,000 but not over \$1,000	,000 \$100,0	000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000	•	,
Over \$1,500,000 but not over \$17,0	ver \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000	- \$1,000	0,000			
g Grassroots nontaxable amount (en	er 25% of line 1f)				
h Subtract line 1g from line 1a If zero					
i Subtract line 1f from line 1c If zero		<u> </u>			
j If there is an amount other than zer	o on either line 1h o	r line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	/ear ^၇	··			Yes No
(Some organizations th	at made a section See the sepa	rate instructions for li	have to complete all o nes 2a through 2f.)	f the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount				_	
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		<u> </u>			
d Grassroots nontaxable amount					<u>.</u>
e Grassroots ceiling amount				<u> </u>	
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 THE OPPORTUNITY INSTITUTE 47-3/888926 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or	1		,	-
local legislation, including any attempt to influence public opinion on a legislative matter		,		
or referendum, through the use of	A		,	1
a Volunteers?		X	,	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		<u> </u>		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?	X			
j Total Add lines 1c through 1i				0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			••	
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ection 501(c)(o), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fr	om the prior year?	, 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	red "No," OR	(b) Part	III-A, line	: 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 	nolitical	–		
**	political			
expenses for which the section 527(f) tax was paid).		2a		
a Current year b Carryover from last year		2b		
<u> </u>		2c		
 Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 	18	3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
expenditure next year?	and pointed	4	i.	
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	group list). Part II-	A, lines 1 ai	nd 2 (see	
Instructions), and Part II-B, line 1 Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:		·		
AN EMPLOYEE HAD MINIMAL CONTACT WITH STATE GOVERNME	NT OFFICI	ALS		· · · · · ·
REGARDING LEGISLATION RELEVANT TO POST-SECONDARY ED	UCATIONAL	1		
OPPORTUNITIES. THE VALUE OF THIS TIME IS ESTIMATED	TO BE \$1	,267.		
	•			

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

Name of the organization

THE OPPORTUNITY INSTITUTE

Employer identification number 47-3888926

iP a	rt 🖫 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6	·			
		(a) Donor advised funds	(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	funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring			
	impermissible private benefit?		Yes No			
IP <u>,</u> a⊩	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pai	rt IV, line 7			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)				
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histori	cally important land area			
	Protection of natural habitat	Preservation of a certific	ed historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of				
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure				
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax			
	year					
4	Number of states where property subject to conservation eas					
5						
	violations, and enforcement of the conservation easements it		└─ Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year			
~		t f lab				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year			
	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
8	•	e satisfy the requirements of section 170(n)(-	Yes No			
9						
ð	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for					
	conservation easements					
Rai	t III: Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	at and balance sheet works of art.			
	historical treasures, or other similar assets held for public exh	•				
	the text of the footnote to its financial statements that describ					
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed					
	relating to these items	·	•			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga				
	the following amounts required to be reported under SFAS 1	6 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		> \$			

		ORTUNITY I			_				<u>88926</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, o	r Othe	r Simila	<u>r Assets</u>	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a si	gnificant	use of its c	collection it	ems
	(check all that apply)									
а	Public exhibition	(d 🔲	Loan or exc	hange progr	ams				
b	Scholarly research		e 🔲	Other						
С	Preservation for future generations			<u> </u>						
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comp	lete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution:	s or other as	sets not	ınçluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
								<u></u>	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	<u></u>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabil	ity?		Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	10			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four yo	ears back_
1a	Beginning of year balance									
b	Contributions		ļ							
С	Net investment earnings, gains, and losses		ļ						<u> </u>	
d	Grants or scholarships		ļ							
е	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses		ļ		<u> </u>					
g	End of year balance	<u> </u>	l			1			<u> </u>	
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1g	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	· ·								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for th	ie organiz	ation	_	
	by								-	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unds						
<u> Fai</u>			0 D-4 N	(lua - 44 - 10		. D4 V	line 10			
	Complete if the organization answere								(-N-D1	
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book v	alue
		basis (investi	nent)	Dasis	(other)	ue	preciation			
_	Land					<u> </u>		+		
b	Buildings			1	5,000.		14,5	03		417.
	Leasehold improvements				٥,000.		_14,3	03.		4T / •
d	Equipment				9,875.		9,8	75		0.
	Other						9,0	73.		417.
<u>rotal</u>	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X. colur	nn (B), line 11	Oc.)					41/0

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 THE OPPORTUNITY INSTITUTE	47-	3888926 Page	e 4
Part XI Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
Total revenue, gains, and other support per audited financial statements	1	3,758,086	5 .
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u> </u>	
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants 2c			
d Other (Describe in Part XIII)			
e Add lines 2a through 2d	2e	(ο.
3 Subtract line 2e from line 1	3	3,758,086	5 .
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		<u> </u>	
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.) 4b	176,738.		
c Add lines 4a and 4b	4c	176,738	8.
	5	3,934,824	<u> </u>
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With			<u>.</u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	— протосо раз 11000.	••	
Total expenses and losses per audited financial statements	1	7,960,423	. .
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>'</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'
a Donated services and use of facilities 2a /			
b Prior year adjustments 2b			
c Other losses 2c			
d Other (Describe in Part XIII)		,	^
e Add lines 2a through 2d	<u> 2e</u>		<u>) .</u>
3 Subtract line 2e from line 1	3	7,960,423	<u>s .</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII)	986,944.		
c Add lines 4a and 4b	4c	986,944	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,947,367	<u>/ </u>
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		(, line 2, Part XI,	
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	mation		
<u> </u>			
			—
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
TAKT KI, DIME 4D OTHER ADOUGHENTS:			—
REVENUE FROM DISCONTINUED OPERATIONS		176,738.	_
THE VALUE TIME DEPOSITE TOTAL PROPERTY.			_
			_
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
EXPENSES FROM DISCONTINUED OPERATIONS		986,944.	
			—
	<u>. </u>		_
			_

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE 1

(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.

2017	Open to Public

OMB No 1545-0047

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

Schedule I (Form 990) (2017) ŝ Employer identification number 47-3888926 (h) Purpose of grant or assistance ROGRAM FOR FORMERLY ROGRAM FOR FORMERLY ROGRAM FOR FORMERLY PROGRAM FOR FORMERLY ROGRAM FOR FORMERLY ROGRAM FOR FORMERLY INCARCERATED YOUTH INCARCERATED YOUTH NCARCERATED YOUTH INCARCERATED YOUTH INCARCERATED YOUTH NCARCERATED YOUTH X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ٥. ٠. 6 ٥. ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 578. 189,000. 337,500. 346,928. 115,000, 776,250 (d) Amount of cash grant 265 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. THE OPPORTUNITY INSTITUTE Enter total number of other organizations listed in the line 1 table 95-6000558 GOV 윦 80 93-1137247 GOV 8 82-0583434 GOV 81-0622701 95-4016653 68-0175047 Part I General Information on Grants and Assistance (b) EiN criteria used to award the grants or assistance? SAN FRANCISCO SHERIFF'S DEPARTMENT 1 (a) Name and address of organization OAK GROVE STREET - SAN FRANCISCO CALIFORNIA STATE UNIVERSITY, LOS ANGELES - 5151 STATE UNIVERSITY FIVE KEYS CHARTER SCHOOLS - 70 DRIVE, GOLDEN EAGLE BLDG, 314 -SAN FRANCISCO STATE UNIVERSITY ROOM P112 RANCHO CUCAMONGA, CA 91737 CHAFFEY COMMUNITY COLLEGE or government SAN FRANCISCO, CA 94132 LOS ANGELES, CA 90032 1600 HOLLOWAY AVENUE 12500 CAMPUS DRIVE, Name of the organization OAKLAND, CA 94619 **5885 HAVEN AVENUE** REDDING, CA 96049 MERRITT COLLEGE SHASTA COLLEGE PO BOX 496006 CA 94107 Part N

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47-3888926 Page 1	(h) Purpose of grant or assistance	PROGRAM FOR FORMERLY INCARCERATED YOUTH	TOO SHALL TO FAIL PROGRAM						Schedule I (Form 990)
	(g) Description of non-cash assistance								
(((((((((((((((((((t of (f) Method of (g) valuation noi (book, FMV, appraisal, other)						•		
	(e) Amount of non-cash assistance	°°	0						
ISTITUTE vernments and Organizations in the United States	(d) Amount of cash grant	375,000.	48,750.			-			
	(c) IRC section if applicable	лов	PC						
OPPORTUNITY INSTITUTE	(b) EIN	95-6006644	31-1580204		-			!	
I (Form 990) THE	(a) Name and address of (b) EIN (c) IRC organization or government	BAKERSFIELD COLLEGE 1450 TIMMONS AVE DELANO, CA 93215	THE BILL, HILLARY, AND CHELSEA CLINTON FOUNDATION - 1200 PRESIDENT CLINTON AVENUE - LITTLE ROCK, AR 72201						

Page 2

Schedule I (Form 990) (2017) THE OPPORTUNITY INSTITUTE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Gan be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					•
				•	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information	
SCHEDULE I, PART I, LINE 2:					
WE ARE IN REGULAR CONTACT WITH OUR GRANTEES TO MONITOR PROJECT	GRANTEES	TO MONITC	R PROJECT		
EXECUTIONVIA EMAIL, PHONE, AND IN	IN-PERSON VISITS.		THE GRANTEES	ARE	
ALSO REQUIRED TO SUBMIT FORMAL PERIODIC REPORTS ON THEIR	IODIC REP	ORTS ON TE	IEIR PROGRESS	SS	
TOWARDS PROJECT GOALS AT REGULAR INTERVALS,	NTERVALS,	WHICH WHEN	IN APPROVED	ALLOW	1
THE DISBURSEMENT OF ADDITIONAL PROJECT	JECT FUNDS	S PER	THE AWARD AGREEMENTS	EMENTS.	
			dec		

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE OPPORTUNITY INSTITUTE

Employer identification number 47-3888926

As 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	Pa	art I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	_			Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		-	
Travel for companions					
Tax indemnification and gross up payments		X First-class or charter travel			i I
Discretionary spending account		Travel for companions Payments for business use of personal residence			
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 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? 3 Indicate which, if any, of the following the filing 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 \[\text{		Tax indemnification and gross-up payments Health or social club dues or initiation fees		-	
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 X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing 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 OEO/Executive Director, but explain in Part III 2 Compensation committee 3 Compensation committee 3 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 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 8 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 9 Any related organization? 1 If "Yes" on line 6a or 6b, describe in Part III. 9 Any related organization? 1 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 a The organization? 1 The organization? 1 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 a The organization? 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Fine 1 Fine 1 Fine 1 Fine 1 Fine 1 Fine 1 Fine 1 Fine 1 Fine 1 Fine 1 Fine					
trusteement or provision of all of the expenses described above? If "No," complete Part III to explain 1b. X 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? 3 Indicate which, if any, of the following the filing 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 2 Compensation committee					
trusteement or provision of all of the expenses described above? If "No," complete Part III to explain 1b. X 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? 3 Indicate which, if any, of the following the filing 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 2 Compensation committee	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
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? 3 Indicate which, if any, of the following the filing 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.	_	•	1b	X	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing 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.	2	•			
3 Indicate which, if any, of the following the filing 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			2	X	
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 X Compensation committee		,			
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 X Compensation committee	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee	_				1
X Compensation committee					1
Independent compensation consultant 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 a The organization? If "Yes" on line 5a or 5b, describe in Part III. 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 a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 49584(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					1 1
Form 990 of other organizations X 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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 a The organization? 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 a The organization? 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 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					1 1
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 Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 a The organization? if "Yes" on line 5a or 5b, describe in Part III. 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 a The organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, pad or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, pad or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
organization or a related organization Receive a severance payment or change-of-control payment? AB Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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? If "Yes" on line 5a or 5b, describe in Part III. 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 The organization? Any related organization? Any related organization? 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 The organization? Any related organization? 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 The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Ine 5a or 6b, describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
organization or a related organization Receive a severance payment or change-of-control payment? Aa X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 a The organization? If "Yes" on line 5a or 5b, describe in Part III. 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 a The organization? Any related organization? 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 a The organization? Any related organization? 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 a The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	4	During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filling			1
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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 a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	•			l	l J
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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 The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		8		X
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	3	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2017 THE

partil* 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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (N(c)	reported as deferred on prior Form 990
(1) REBECCA SILBERT	2	165,348.	0	0	4,960.	681.	170,989.	0.
DIRECTOR, RENEWING COMMUNITIES	: ≘	0	0	0	0	0.	0	0.
(2) SEAN SIMPLICIO	ε	167,038.	0	0	2,066.	11,170.	183,274.	0.
CFO & COO	: ≘		0	0	0	0.	0.	0.
(3) KARA DUKAKIS	ε	146,24	0	0	4,597.	24,290.	175,131.	0.
DIRECTOR, TOO SMALL TO FAIL	: E		0	0.	! I	0.	0.	0.
(4) MOLLY MAUER	Ξ	171,6	10,000.	0	5,481.	9,176.	196,323.	0
EXECUTIVE VICE PRESIDENT	Ξ		0	0	• 0	0.		0
(5) GUY JOHNSON	Ξ	135,53	0	0	4,152.	14,944.	154,609.	0.
SENIOR PROGRAM DIRECTOR	Ξ		0	0	0	0.	0.	0.
(6) KIMAN CHHENG	Ξ	136,57	0	• 0	4,274.	24,260.	165,109.	0
CONTROLLER	Ξ		0	• 0	0	0.	0.	0.
(7) KEDDA WILLIAMS	Ξ	139,01	8,000.	• 0	4,438.	6,776.	158,228.	0.
DEPUTY DIRECTOR	(ii)		0.	• 0	0	0.	0	0.
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Schedule J (Form 990) 2017

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

								1	•			Schedule J (Form 990) 2017
PART I, LINE 7:	TWO BONUSES WERE GIVEN VIA MANAGERIAL DISCRETION, BASED ON EMPLOYEE	PERFORMANCE AND DEPARTMENTAL NEEDS.		•								

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE OPPORTUNITY INSTITUTE

Employer identification number 47-3888926

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPROVING OUTCOMES FROM EARLY CHILDHOOD THROUGH EARLY CAREER. WE FOCUS
ON EDUCATION, WHICH PLAYS A CRITICAL ROLE IN OPENING OPPORTUNITIES, AND
THE RELATED SOCIAL POLICIES THAT MAKE TRUE OPPORTUNITY POSSIBLE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAKE TRUE OPPORTUNITY POSSIBLE.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
IN DECEMBER 2017, TOO SMALL TO FAIL, THE CORE PROJECT OF THE STRONG
FAMILIES AND EARLY LEARNING PROGRAM, WAS SEPARATED FROM THE OPPORTUNITY
INSTITUTE AND TRANSFERRED TO ANOTHER NONPROFIT ORGANIZATION. NET
ASSETS OF \$1,277,439 WERE TRANSFERRED TO THIS NONPROFIT ORGANIZATION AS
PART OF A SEPARATION AGREEMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES
EXPENSES \$ 251,656. INCLUDING GRANTS OF \$ 61,250. REVENUE \$ 4,000.
FORM 990, PART VI, SECTION A, LINE 4:
THE ORGANIZATION CHANGED ITS BY-LAWS TO ESTABLISH AN EXECUTIVE COMMITTEE
AND A COMPENSATION COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
REVIEWED BY THE APPROPRIATE OFFICERS. THEREAFTER, THE DRAFT FORM 990 IS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

MADE AVAILABLE TO ALL BOARD MEMBERS IN ADVANCE OF FILING, AND EACH DIRECTOR
ON THE BOARD HAS AN OPPORTUNITY TO REVIEW AND CONSIDER THE DRAFT. WITHIN
ONE WEEK OF RECEIPT OF THE DRAFT FORM 990, DIRECTORS SHALL SUBMIT THEIR
COMMENTS AND CONCERNS, IF ANY, TO THE APPROPRIATE OFFICER, WHO MAY ADDRESS
THE COMMENTS AND CONCERNS. CRITICAL CONCERNS SHALL BE RESOLVED, AND
RESOLUTION OF SUCH CONCERNS SHALL BE COMMUNICATED WITH THE DIRECTOR RAISING
THE CONCERN AND THE BOARD. A COPY OF THE FILED FORM 990 SHALL BE
DISTRIBUTED TO THE ENTIRE BOARD APPROXIMATELY ONE WEEK AFTER FILING,
TOGETHER WITH A NOTE IDENTIFYING ANY MATERIAL AND SUBSTANTIAL CHANGES FROM
THE DRAFT VERSIONS DISTRIBUTED EARLIER.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OFFICER AND DIRECTOR ANNUALLY COMPLETES THE CONFLICT OF INTEREST

DISCLOSURE FORM, AND TIMELY UPDATES THE PRESIDENT AND CHAIR OF ANY CHANGES

DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE, WITHOUT THE PRESIDENT, SERVES AS THE COMPENSATION

COMMITTEE UNTIL THE BOARD DECIDES OTHERWISE BY RESOLUTION. THE PRESIDENT

INFORMS THE COMPENSATION COMMITTEE OF ALL SENIOR STAFF COMPENSATION ONCE

PER YEAR (JUST PRIOR TO THE BEGINNING OF EACH FISCAL YEAR); THE COMMITTEE

MAY SEEK TO ADJUST THE AMOUNTS BY RESOLUTION OF THE BOARD, OR BY

RECOMMENDATION TO THE PRESIDENT. THE COMMITTEE FORMALLY SETS THE

COMPENSATION OF THE PRESIDENT AT LEAST ONCE PER YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS

AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number
THE OPPORTUNITY INSTITUTE	47-3888926
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ACCOUNTING, FINANCE, HR FEES:	
PROGRAM SERVICE EXPENSES	8,480.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,500.
TOTAL EXPENSES	11,980.
CONSULTING:	
PROGRAM SERVICE EXPENSES	4,470.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	12,660.
TOTAL EXPENSES	17,130.
OPPORTUNITY & JUSTICE:	
PROGRAM SERVICE EXPENSES	125,896.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	125,896.
·	
PRE-K - EQUITY & EXCELLENCE:	
PROGRAM SERVICE EXPENSES	2,301,770.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,301,770.
PROFESSIONAL FEE ALLOCATION:	
PROGRAM SERVICE EXPENSES	100,219.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization THE OPPORTUNITY INSTITUTE	Employer identification number 47-3888926
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	11,258.
TOTAL EXPENSES	111,477.
STRONG FAMILIES & EARLY LEARNING:	
PROGRAM SERVICE EXPENSES	146,630.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,630.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,714,883.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DISCONTINUED OPERATIONS	-1,277,439.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS, NO	R THE
SELECTION PROCESS, DURING THE TAX YEAR.	
	
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732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)