Form **990**

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. JAN 1. 2020 and ending SEP 30, 2020 A For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization Check if OPPORTUNITY INTERNATIONAL, INC. Address change D/B/A OPPORTUNITY INTERNATIONAL-US Name change 54-0907624 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ (312) 487-5000 550 W. VAN BUREN STREET, SUITE 200 G Gross receipts \$ 52,933,331. City or town, state or province, country, and ZIP or foreign postal code Amended CHICAGO, IL 60607 H(a) Is this a group return Applica-F Name and address of principal officer ATUL TANDON for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) If "No," attach a list. See instructions J Website: ► WWW.OPPORTUNITY.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1971 M State of legal domicile IL Part I Summary OPPORTUNITY INTERNATIONAL, Briefly describe the organization's mission or most significant activities STEP CENT FAITH BASED Governance (OPPORTUNITY), IS A TAX EXEMPT, PUBLICLY Check this box if the organization discontinued its operations or sed of more than 25% of its 62 assets disp Number of voting members of the governing body (Part VI, line 1a) AUG 2 0 2021 12 Number of independent voting members of the governing body (Part VI, line 4 œ 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Activities 17 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 21,108,224.20,218,504. Contributions and grants (Part VIII, line 1h) 53,634,488. 30,884,655. Program service revenue (Part VIII, line 2a) 9 -34,678. 334,827. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ٥. Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,708,034. 51,437,986. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,159,945. 3,916,954. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. Benefits paid to or for members (Part IX, column (A), line 4) 8,826,877. 6,804,233. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ٥. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,610,833. b Total fundraising expenses (Part IX, column (D), line 25) 56,969,302. 34,215,791. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,956,124. 44,936,978. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,751,910. 6,501,008. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 242,758,944. 288,031,955. 20 Total assets (Part X, line 16) 200,728,283. 236,884,804. 21 Total liabilities (Part X, line 26) 42,030,661. 51,147,151. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign MARGARET TOMASIK SVP FINANCE & TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 08/10/21 MARK HEROUX MARK HEROUX P00959793 Paid Firm's name BAKER TILLY US, Firm's EIN ▶ 39-0859910 Preparer Firm's address > 205 N. MICHIGAN AVE. #2800 Use Only Phone no 312.729.8000 CHICAGO, IL 60601-5927 May the IRS discuss this return with the preparer shown above? See instructions X Yes

4d	Other program services (Describe on Schedule O)	
	(Expenses \$ 4,372,759 including grents of \$) (Revenue \$ 702,530 •)
4e	Total program service expenses ▶ 41,013,176.	

Form 990 (2020)

8,815 SCHOOLS.

OPPORTUNITY INTERNATIONAL, INC. Form 990 (2020) D/B/A OPPORTUNITY INTERNATIONAL-US Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u>X</u>
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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		٠,	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in 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, VIII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	
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		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</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		_	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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		<u>, </u>	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	<u> </u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			**
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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		х	
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21 Form		2020)
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OPPORTUNITY INTERNATIONAL, INC.

Form 990 (2020) D/B/A OPPORTUNITY INTERNATIONAL-US

Part IV | Checklist of Required Schedules (continued)

	1 (continued)	-	1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K If "No," go to line 25a	24a	L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			 ₩
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions)	,		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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		Х	
0.5	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	11	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			لــــا
	(gambling) winnings to prize winners?	1c	000	
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- 4	Continued)			
	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		<u></u>	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	 	├─
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ئـــــــــــــــــــــــــــــــــــــ	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		- ^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
h	If "Yes," enter the name of the foreign country ► MALAWI, UGANDA			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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			İ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	<u> </u>	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	├
С		_	ĺ	•
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			<u></u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
τ -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file form 9999 as required?	7f 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Ť
Ŭ	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	Section 501(c)(12) organizations. Enter		1	
	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	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2020)

D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 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 on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 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 Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 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? Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B: Policies This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х 15b

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 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	Ç.	Disc	losure
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17	List the states with which a copy of this Form 990 is required to be filed	► <u>AL</u>	, AR	, CA	, CO ,	CT,	FL,	GA,	IL,	KS,	ME,	MD,	MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 10)24-A.	ıf app	licable	1. 990.	and 9	990-T (Sectio	n 501	(c)(3)s	only) a	availai	ble

for public inspection. Indicate how you made these available. Check all that apply

X Upon request Other (explain on Schedule O) X Own website X Another's website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records MARGARET TOMASIK, SVP FINANCE & TREASURER - 800-793-9455

550 W VAN BUREN STREET, SUITE 200, CHICAGO, IL SEE SCHEDULE O FOR FULL LIST OF STATES X

16a

Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

X

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

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

(A)	(B)	l Doortion						(D)	(E)	(F)
Name and title	Average	(dc	not c	heck :	more	than o	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					an	compensation	compensation	amount of
	week	\vdash	T		1 0010	T	T	from	from related	other
	(list any hours for	Frect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0 00	stee			Sated		(W-2/1099-MISC)	(***271033*****130)	organization
	organizations	Individual trustee or director	Institutional trustee		g Je	Highest compensated employee	İ	(** 2. *********************************		and related
	below	dual	E E	<u>ـ</u> ة	Кеу етрюуее	est co oyee	ē			organizations
	line)	휼	ast I	Officer	Key	High	Former			
(1) ALANA ACKERSON	3.00]								
DIRECTOR	0.00	X				L		0.	0.	0.
(2) KATEY ASSEM	3.00									
DIRECTOR	3.00	Х		ļ	ļ			0.	0.	0.
(3) JOHN HART	3.00									
DIRECTOR	3.00	Х	_			L		0.	0.	. 0.
(4) DALE PATTERSON	3.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(5) MUFFY MACMILLAN	3.00								_	_
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.
(6) LEANN POPE	5.00				l			_		
CHAIR	0.00	X	ļ			<u> </u>		0.	0.	0.
(7) JOEL JOHNSON	3.00	l								
DIRECTOR	0.00	X						0.	0.	0.
(8) VIV BENJAMIN	3.00	 							•	•
DIRECTOR	0.00	X				H		0.	0.	0.
(9) SUSAN HAIGH	3.00									^
DIRECTOR	0.00	X			-			0.	0.	0.
(10) FRED SASSER	3.00	,,							0	0
DIRECTOR	3.00	Х				-		0.	0.	0.
(11) KEN WATHOME	0.00	x						0.	0.	0.
DIRECTOR (12) ATUL TANDON	60.00	_	\vdash					0.	0.	0.
CEO	3.00	х		х				0.	0.	0.
(13) KURTZ RANDY	25.00	^		Α.				0.	0.	0.
CHIEF ADMINISTRATIVE OFFIC	25.00	1		х				0.	0.	0.
(14) TOMASIK, MARGARET	55.00	\vdash	\vdash	<u> </u>		\vdash		-		
SVP FINANCE	0.00	1		х				0.	0.	0.
(15) WIEGMAN, DAVID	25.00	\vdash	\vdash	47	\vdash	-	_	-		
VP PROGRAM OPERATIONS	25.00	1		х				0.	0.	0.
(16) CAROL PELINO	3.00	\vdash		41		\vdash				
DIRECTOR	0.00	X						0.	0.	0.

Form 990 (2020)

D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 8

Section A. Officers, Directors, Trus	tees, Key Em	<u>pioy</u>	<u>ees,</u>	anc	ı Hi	gnes	it C	ompensated Employee	s (continued)			
(A)	(B) (C)							(D)	(E)		(F)
Name and title	Average	(do				than d	one	Reportable	Reportable			
	hours per week					s both or/trus		compensation from	compensation from related	i i		unt of her
	(list any	io						the	organization			nsation
	hours for	drec				ted		organization	(W-2/1099-MIS		fron	n the
	related	stee o	rustee			pensal		(W-2/1099-MISC)			_	ızatıon
	organizations below	ual tru	onal	,	ploye	t com	١.					elated zations
	line)	Individual trustee or director	Institutional trustee	Officer	кеу етрюуее	Highest compensated employee	Former	i			o.gam	Lationio
		-	_	Ť	-							-
		1										
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	<u> </u>	L	L	<u> </u>		Ш	_	0.		0.		0.
1b Subtotal c Total from continuation sheets to Part VI	I Saction A					1		0.		0.		0.
d Total (add lines 1b and 1c)	i, Section A							0.		0.		0.
Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re		000 of reportable			
compensation from the organization						,		,				0
											Y	es No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	oye	e, or	hıg	hest compensated empl	oyee on	.	_	
line 1a? If "Yes," complete Schedule J for s										-	3	X
4 For any individual listed on line 1a, is the su									ne organization	١,		
and related organizations greater than \$150	•		•							-	4	. Х
5 Did any person listed on line 1a receive or a					-		elate	ed organization or individ	lual for services	ŀ		_ X
rendered to the organization? If "Yes." com Section B. Independent Contractors	piete Scheaui	e J I	or su	icn r	oers:	on					5	1 22
Complete this table for your five highest contains the second secon	mpensated inc	depe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comp	ensatr	on from	
the organization Report compensation for												
(A)	-							(B)			(C)	
Name and business							_	Description of s	ervices	C	ompensa	ation
INTERNATIONAL DEVELOPMENT						31	į				005	000
33RD STREET, SUITE 270, D		CO	8	02	05		4	PROGRAM CONST	JLTING		205,	000.
ARCA ASSOCIATION/PETER CL		rc	Er.	т .	2 2	071		רו דפאוח מפפיאו	o Cu		105	172
927 IVORY COAST CREEK ST, IMPACT ATLAS	PEDKIN	,	Г.	<u> </u>	33	0 / .		<u>CLIENT RESEAU</u> TECHNOLOGY FO			100,	172.
20 CRECIENTA DR., SAUSALI	TO CA	94	96	5				CLIENT SURVE			174	076.
INNOVATIONS FOR POVERTY A				<u> </u>			Ť	<u> </u>				
WHITNEY AVE, 2ND FL, NEW HAVEN,				65	10		_	CLIENT RESEAR	RCH		168,	213.
												•
2 Total number of independent contractors (ii	-	ot lin	nited	to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				4	<u> </u>					- 00	0 (2020)
										F	-orm ษษ	·• (2020)

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OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

Form 990 (2020)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1a 1 a Federated campaigns Grants 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 195,536. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 20,022,968. similar amounts not included above 1,833,126, g Noncash contributions included in lines 1a-1f 20,218,504. Total. Add lines 1a-1f **Business Code** 2 a MICRO FINANCE REVENUE 522100 30,182,125. 30,182,125. Program Service Revenue SUPPORT SERVICE REVENUE 522100 702,530. 702,530. f All other program service revenue 30,884,655. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 23,589. 23,589. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6 a Gross rents b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 1,806,583. assets other than inventory **b** Less cost or other basis 1,495,345. and sales expenses 311,238. c Gain or (loss) 311,238, 311,238. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 **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 and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous d All other revenue e Total. Add lines 11a-11d ٥. 51,437,986. 30,884,655. 334,827. Total revenue See instructions Form 990 (2020) 032009 12-23-20

Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns All oth	er organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon				
	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				
	and domestic governments. See Part IV, line 21	1,569,766.	1,569,766.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				······
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 045 400	0 245 400		
	individuals See Part IV, lines 15 and 16	2,347,188.	2,347,188.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 006	161 006	217 226	100 164
	trustees, and key employees	808,386.	461,986.	217,236.	129,164.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 026 056	2 720 412	200 000	1 710 464
7	Other salaries and wages	4,836,956.	2,738,412.	388,080.	1,710,464.
8	Pension plan accruals and contributions (include	329,750.	178,305.	42,378.	100 067
_	section 401(k) and 403(b) employer contributions)	440,049.	280,204.	58,592.	109,067. 101,253.
9	Other employee benefits	389,092.	211,683.	48,285.	129,124.
10	Payroll taxes	309,092.	211,003.	40,203.	149,144.
11	Fees for services (nonemployees)				
a	Management	75,437.	25,537.	6,134.	43,766.
b	Legal	100,492.	15,500.	84,992.	43,700.
	Accounting Lobbying	100,452.	13,300.	04,3324	
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	,			
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	173,596.	171,918.	245.	1,433.
13	Office expenses	564,988.	371,584.	143,252.	1,433. 50,152.
14	Information technology				
15	Royalties				
16	Occupancy	269,136.	129,816.	16,483.	122,837.
17	Travel	225,684.	128,829.	24,711.	72,144.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,058.	1,130.	3,750.	1,178.
20	Interest	6,310,113.	6,283,107.	27,006.	
21	Payments to affiliates	4 4 4 4 4			
22	Depreciation, depletion, and amortization	13,684.		13,406.	
23	Insurance	44,882.	13,576.	31,306.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OTI BANKING EXPENSES	19,373,280.	19,373,280.		
b	SUPPORT FOR OPPORTUNITY	2,621,928.	2,621,928.		
c	LOAN LOSS PROVISION	2,462,618.	2,462,618.		
ď	CONSULTANTS & TEMPORARY	1,649,907.	1,461,605.	87,512.	100,790.
	All other expenses	323,988.	164,926.	119,601.	39,461.
25	Total functional expenses. Add lines 1 through 24e	44,936,978.	41,013,176.	1,312,969.	2,610,833.
26	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-23-20

Form 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
		Oak assumethers	Dogg or you		Zila or your
	1	Cash - non-interest-bearing	55,089,813.	1	91,153,163
	2	Savings and temporary cash investments	6,254,668.	2	4,815,951
	3	Pledges and grants receivable, net	0,234,000.	3	4,013,931
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	,		
		trustee, key employee, creator or founder, substantial contributor, or 35%	. 		!
		controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined	-	5	
-	6	• • • •	<u></u>	6	
- [_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	159,841,431.	7	165,776,494
225	7	Notes and loans receivable, net Inventories for sale or use	133,041,431.	8	103,770,43
3	8		8,964,595.	9	13,510,752
`	9	Prepaid expenses and deferred charges	0,004,000	9	13,310,732
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 23, 434, 473.			'
1		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 23,434,473. 10b 11,706,913.	11,599,068.	10c	11,727,560
-	-	•	11,399,000.	111	11,727,300
-	11	Investments - publicly traded securities	701,501.	12	680,16
-	12	Investments - other securities See Part IV, line 11	701,301.	13	100,000
-	13	Investments - program-related See Part IV, line 11		14	100,000
-	14	Intangible assets	307,868.	15	267,86
-	15	Other assets See Part IV, line 11	242,758,944.		288,031,95
┪	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,545,814.	16 17	16,564,10
-	17	Accounts payable and accrued expenses	14,545,014.	18	10,304,10
-	18 19	Grants payable Deferred revenue	4,924,783.	19	6,267,02
-	20	Tax-exempt bond liabilities	4,524,703.	20	0,201,02
-	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
-	22	Loans and other payables to any current or former officer, director,			· · · · · · · · · · · · · · · · · · ·
	22	trustee, key employee, creator or founder, substantial contributor, or 35%			,
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	38,955,778.	23	62,400,97
-	24	Unsecured notes and loans payable to unrelated third parties		24	02/100/57
- [25	Other liabilities (including federal income tax, payables to related third		2, 7	
-	2.5	parties, and other liabilities not included on lines 17-24) Complete Part X			
١		of Schedule D	142,301,908.	25	151,652,70
-	26	Total liabilities. Add lines 17 through 25	200,728,283.	26	236,884,804
┪	20	Organizations that follow FASB ASC 958, check here		20	
:		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	29,281,969.	27	32,474,81
	28	Net assets with donor restrictions	12,748,692.	28	18,672,33
		Organizations that do not follow FASB ASC 958, check here	,	-	,_,_,
:		and complete lines 29 through 33.			
;	29	Capital stock or trust principal, or current funds		29	
}	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
;	32	Total net assets or fund balances	42,030,661.	32	51,147,151
		. 5.4 5. 400010 01 14114 241411000	,,		

Form **990** (2020)

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

Form	990 (2020) D/B/A OPPORTUNITY INTERNATIONAL-US	54-	09076	24	Pa	ge 12
	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		<u>, 43'</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,936		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>, 502</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	<u>, 03(</u>		
5	Net unrealized gains (losses) on investments	5		34	<u>1,7</u>	<u> 11.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	_			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2	<u>, 580</u>	7,7	<u>71.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	51,	14	7,1	<u>51.</u>
Pai	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	2	.			لييا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		F	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				'
	separate basis, consolidated basis, or both					{
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,				
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis		-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			.,	
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche		-			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit	.			3.7
	Act and OMB Circular A-133?		-	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b 📗		

Form 990 (2020)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

QUE No 1545-0047

2020

Open to Rublic Inspection

Name of the organization

OPPORTUNITY INTERNATIONAL, INC.

D/B/A OPPORTUNITY INTERNATIONAL-US

Employer identification number 54-0907624

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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 6 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. J 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, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your gove ina document (described on lines 1.10 support (see instructions) support (see instructions) organization Yes <u>above (see instructions))</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Total

Schedule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	21246759.	<u> 21636368.</u>	<u> 25788125.</u>	21108224.	20218504.	109997980
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21246759.	<u> 21636368.</u>	<u> 25788125.</u>	21108224.	20218504.	109997980
5	The portion of total contributions	-				,	
	by each person (other than a						
	governmental unit or publicly	i i					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						15880879.
	Public support. Subtract line 5 from line 4	_					94117101.
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		1	T	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	21246759.	21636368.	25788125.	21108224.	20218504.	10999/980
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	HO 206	20 426	7 020	0 265	22 500	150 715
	and income from similar sources	72,286.	39,436.	7,039.	8,365.	23,589.	150,715.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u> </u>					
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	ļ		-		-	110148695
	Total support. Add lines 7 through 10				-		,388,007.
	Gross receipts from related activities,					—	,300,007.
13	First 5 years. If the Form 990 is for the	=	rst, secona, tnira, i	ourth, or firth tax y	ear as a section 5	U1(C)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	o nere ic Support Per	centage				
	Public support percentage for 2020 (I			rolumn (fl)		14	85.45 %
	Public support percentage from 2019			oldinii (i))		15	85.15 %
	33 1/3% support test - 2020. If the			line 13, and line 1	14 is 33 1/3% or m		
100	stop here. The organization qualifies	•				,	▶ X
h	33 1/3% support test - 2019. If the			ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th	
~	and stop here. The organization qual	-					▶□
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more.
. , a	and if the organization meets the fact	•					
	meets the facts-and-circumstances te					3	~ ▶ □
h	10% -facts-and-circumstances test					7a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the facts-and-circle						ightharpoons
18	Private foundation. If the organization						 ▶
						edule A (Form 990	

54-0907624 Page/3

Pa	ert III Support Schedule for C	_					
	(Complete only if you checked			organization failed	to qualify under P	art II If the organiz	ation fails to
~	qualify under the tests listed b	elow, please comp	olete Part II)				
	ction A. Public Support	T	T			T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		Í				ĺ
_	include any "unusual grants ")			 		 	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose	-		 		 /	
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				/	1	
				· · · · · · · · · · · · · · · · · · ·	 		
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities			-	 		
3	furnished by a governmental unit to		i		/		
	the organization without charge						
6	Total. Add lines 1 through 5			<u> </u>	1		
	Amounts included on lines 1, 2, and						•
' a	3 received from disqualified persons						
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						
c	Add lines 7a and 7b		<u> </u>		<u> </u>	1	
	Public support. (Subtract line 7c from line 6)			/			
	ction B. Total Support	.1		-L	•	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 201/7	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,			İ			
	and income from similar sources						
b	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		}				
	acquired after June 30, 1975						
С	: Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on`			<u> </u>			
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)	<u>/</u>					
13	Total support. (Add lines 9, 10c, 11, and 12)	, <u> </u>					
14	First 5 years. If the Form 990 is for the	ne organization's fji	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	check this box and stop here			<u></u> ,			
Sec	ction C. Computation of Publi	ic Support Per	centage			, .,	
15	Public support percentage for 2020 (I	lıne 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019			 .		16	<u> %</u>
Sec	ction D. Computațion of Inves	stment Income	e Percentage	 .		 	.
17	Investment income percentage for 20	320 (line 10c, colur	mn (f), divided by I	line 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	i 33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar						▶Ш
b	33 1/3% support tests - 2019. If the						nd
	line 18 is not more than 33 1/3%, che						▶∟
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th		·	
03202	23 01-25-21				Sch	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	L	
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	L	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	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 box 12a or 12b in Part I, answer lines 4b and 4c below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	.		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	<u> </u>		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? // "Yes,"	ł	1	
	answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		-	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	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?	5b		
C	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	ł		
	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			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	<u> </u>		
	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?	ļ		
	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	<u>.</u>		
	in 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	igsquare	
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.	9с		
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			
	supporting organizations)? If "Yes," answer line 10b below	10a	l	

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10b

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

determine whether the organization had excess business holdings.)

Sche	dule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54	1-090	762	4 P.	age 5
	rt IV Supporting Organizations (continued)				
		_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	- 1.		'	ľ 1
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	. ا			لــــا
	11c below, the governing body of a supported organization?	Ļ	11a		
	A family member of a person described in line 11a above?		11b	<u> </u>	<u> </u>
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				لــــا
	detail in Part VI.		11c	<u> </u>	<u> </u>
Sec	tion B. Type I Supporting Organizations			. —	
		г		Yes	No i
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office				
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	· .			
	effectively operated, supervised, or controlled the organization's activities if the organization had more than one support				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e -	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported		· •		- 1
_	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,				1
	supervised, or controlled the supporting organization.	-	2		
Sec	tion C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ľ			
	or management of the supporting organization was vested in the same persons that controlled or managed	1.			
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations				
		_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			'	·
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	İ			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	⊢	1	, -	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			,	ł
	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)	F	2		<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			1	
	significant voice in the organization's investment policies and in directing the use of the organization's				- 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		3		
		4:1			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	tions).			
a	The organization is the parent of each of its supported organizations Complete line 3 below				
b c	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity (/ ·d		-1	
2	Activities Test Answer lines 2a and 2b below.	see mst	ruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Г		-	1
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		,	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities	-	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	卜			<u>-</u>
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in				_
	these activities but for the organization's involvement	-	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below.	Γ.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	^	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	<u> </u>	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		3b		

	edule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERN rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ATIO Orga	NAL-US 5	4-0907624 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must c		· · · · · · · · · · · · · · · · · · ·	art ti, ooo moduudiono.
Sect	ion A - Adjusted Net Income	-(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		
<u>~4</u>	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		
	ıon B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		1	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI)			
2		2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	ıntegrat	ted Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (11) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from line 3f Distributions for 2020 from Section D, a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder Subtract lines 4a and 4b from line 4 Remaining underdistributions for years prior to 2020, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2021. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 D/B/A	OPPORTUNITY	TNTERNATIONAL-C	JS 54-0907624	Page 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4t line 1, Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8, and Part V	ovide the explanations o, 4c, 5a, 6, 9a, 9b, 9c, . Part IV. Section E. line	required by Part II, line 10, Par 11a, 11b, and 11c, Part IV, Sec s 1c, 2a, 2b, 3a, and 3b, Part \	t II, line 17a or 17b, Part III, line 12, ction B, lines 1 and 2, Part IV, Sectioi /, line 1, Part V, Section B, line 1e, Pa	n C, art V,
	(See instructions)	, 000.00 2,00 2, 0, 0			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

OPPORTUNITY INTERNATIONAL, INC.

D/B/A OPPORTUNITY INTERNATIONAL-US

Employer identification number 54-0907624

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6								
		(a) Donor advised funds	(b) Funds and other accounts						
• 1	Total number at end of year	4							
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)	50,000.							
4	Aggregate value at end of year	257,868.							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis							
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
	impermissible private benefit?		X Yes No						
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,1	Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)							
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area						
	Protection of natural habitat	Preservation of	a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last						
	day of the tax year		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	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	after 7/25/06, and not on a historic structu	l l						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax						
	year ▶								
4	Number of states where property subject to conservation eas	·	<u>.</u>						
5	Does the organization have a written policy regarding the per								
•	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing cons	ervation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	Illing of violations, and enforcing conseque	tion assuments during the year						
′	S .	ming of violations, and emoroting conserva-	non easements during the year						
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170/	h)/4)/B)(i)						
Ü	and section 170(h)(4)(B)(ii)?	o dationy the requirements of coording the	Yes No						
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	:						
•	balance sheet, and include, if applicable, the text of the footn								
	organization's accounting for conservation easements	ğ							
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8							
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works						
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public						
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	s						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,						
	provide the following amounts 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 treating	asures, or other similar assets for financial	gaın, provide						
	the following amounts required to be reported under FASB A	SC 958 relating to these items							
а	Revenue included on Form 990, Part VIII, line 1		> \$						
b	Assets included in Form 990, Part X	<u> </u>	<u>▶</u> \$						
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020						

		PPORTUNITY					r 6:			90/624		age 2
<u> </u>	t III Organizations Maintaining C										ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checi	k any of the	following tha	it make s	signiti	cant ı	use of its	S		
	collection items (check all that apply)											
а	Public exhibition	C	!		hange progr	am						
b	Scholarly research	•	• 🗀	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exe	mpt p	ourpo	se ın Pa	rt XIII		
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımıla	r asse	ets	-			_
	to be sold to raise funds rather than to be ma									Yes		No
Pai	Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" or	r For	n 990), Part I\	/, line 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custode	ian or other intermed	liary for	contribution	s or other as	sets not	ınclu	ded	-		_	_ /
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table			_					
							L			Amount		
c	Beginning balance						L	1c				
d	Additions during the year						Ĺ	1d				
е	Distributions during the year						L	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ounț liabi	lity?			Yes		No
	If "Yes," explain the arrangement in Part XIII											<u> </u>
Pai	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Parl	t IV, line	10					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) T	hree y	ears bac	k (e) Four	years	<u>back</u>
1a	Beginning of year balance									6,	038,	311.
b	Contributions		ļ				<u> </u>					
С	Net investment earnings, gains, and losses		 _				L					
d	Grants or scholarships		ļ <u>.</u>				ļ					
e	Other expenditures for facilities											
	and programs				ļ		ļ			6,	038,	311.
f	Administrative expenses			•			<u> </u>					
g	End of year balance		_				<u> </u>					
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a))) held as							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Term endowment - ▶	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administe	red for th	ne orç	ganiza	ation	_		
	by .										Yes	No
	(i) Unrelated organizations									3a(ı)		
	(ii) Related organizations									3a(II)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	ichedule R?						3b		
4	Describe in Part XIII the intended uses of the		wment 1	funds								
Pai	t Ⅵ │ Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a S	See Form 990), Part X,	line	10				
	Description of property	(a) Cost or o basis (investr		1 ''	or other (other)			nulate ation	ed	(d) Book	value	<u> </u>
1a	Land											
b	Buildings			23,43	4,473.	11,	706	, 9:	13.	11,727	, 56	<u> 50.</u>
С	Leasehold improvements											
d	Equipment											······································
e	Other					<u> </u>						
Tota	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B). line 1	0c.)					11,727	, 56	<u>. 0 .</u>

n	/B	/ 7A		INTERNATIONAL-U
υ,	/ D /	/ A.	OPPORTUNITI	TIVI DEVINAT TOWAR-O

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financial derivatives			······································
(2) Closely held equity interests			
(3) Other	-		
			
(A)		-	
(B)	-		
(C)			<u> </u>
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	id-of-year market value
(1)			
	- ·		
(2)			
(3)	 		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)			
Complete if the organization answered "Yes" o (a) [Description	11d See Form 990, Part X, line 15	(b) Book value
•			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			<u> </u>
(9)			
			
Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.		110 ou 116 Coo Four 2000 Bod V Ive 20	-
Part X Other Liabilities. Complete if the organization answered "Yes" of the bulleting of		11e or 11f See Form 990, Part X, line 25	
Part X Other Liabilities. Complete if the organization answered "Yes" of the image		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the image		11e or 11f See Form 990, Part X, line 29	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the image		11e or 11f See Form 990, Part X, line 29	
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (a) Description of liability (b) Federal income taxes		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the image		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEPOSITS FROM CUSTOMERS (3) (4)		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization and "Yes" organization answered "Yes" organization answered "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization answered "Yes" organization and "Yes" organization and "Yes" organization and "Yes" o		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization answered "Yes" organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organiza		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization answered "Yes" organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organiza		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEPOSITS FROM CUSTOMERS (3) (4) (5) (6) (7) (8)		11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability. (1) Federal income taxes (2) DEPOSITS FROM CUSTOMERS (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEPOSITS FROM CUSTOMERS (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value 151,652,701

032053 12-01-20

Schedule D (Form 990) 2020

		•	
D/B/A	OPPORTUNITY	INTERNATIONAL-U	JS

Pai	Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Rei	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		<u> </u>	21 615 700
1	Total revenue, gains, and other support per audited financial statements		1	21,615,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2t			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII)	d 694,746.		COA 74C
е	Add lines 2a through 2d		2e	694,746.
3	Subtract line 2e from line 1	,	3	20,921,034.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII)	b 30,516,953.		20 516 052
С	Add lines 4a and 4b	}	4c	30,516,953.
Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statements	With Expenses per R	5 eturi	<u>51,437,987.</u>
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	With Expended per 11	ota	· • •
1	Total expenses and losses per audited financial statements		1	18,799,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	Ì	-	20/133/2301
	Donated services and use of facilities 22	, I		
a		- - - - - - - - - - 		
0	Prior year adjustments Other losses 2t	i		
c d	Other (Describe in Part XIII)	4 004 400		
e	Add lines 2a through 2d	2/302/2001	2e	1,981,183.
3	Subtract line 2e from line 1		3	16,817,973.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
-	Investment expenses not included on Form 990, Part VIII, line 7b	, l	ł	
b	Other (Describe in Part XIII)	00 440 005	İ	
	Add lines 4a and 4b	0 20 / 22 / 000 /	4c	28,119,005.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	44,936,978.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 2d and 4b Also complete this part to provide any additional		Part >	K, line 2, Part XI,
PAF	RT X, LINE 2:			
OPI	PORTUNITY HAS RECEIVED A DETERMINATION LETTER	FROM THE IRS	IND:	ICATING
THA	AT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDE	R SECTION 501	(C)	(3) OF THE
INT	PERNAL REVENUE CODE, AND ACCORDINGLY, NO TAX P	PROVISION HAS I	BEE	N MADE IN
THE	ACCOMMPANYING CONSOLIDATED FINANCIAL STATEME	NTS FOR CHARIT	rabi	LE
AC'	rivities.			
OPI	PORTUNITY HAS ADOPTED THE REQUIREMENTS FOR ACC	COUNTING FOR U	CEI	RTAIN TAX
POS	SITIONS IN ACCORDANCE WITH ACCOUNTING STANDARD	S CODIFICATION	7 (1	ASC)
740	0-10. THE ONLY SIGNIFICANT TAX POSITION MANAGE	MENT HAS IDEN	rif:	IED IS
THA	AT OF OPPORTUNITY'S TAX-EXEMPT STATUS. NO OTHE	R TAX POSITION	vs,	CERTAIN
ΩP	UNCERTAIN, HAVE BEEN IDENTIFIED.			-
	1 12-01-20	<u></u>	Sched	iule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Employer identification numbe
OPPORTUNITY INTERNATIONAL, INC.	
D/B/A OPPORTUNITY INTERNATIONAL-US	54-0907624
Part I General Information on Activities Outside the United States. Complete if the organ	nization answered "Yes" on
Form 990, Part IV, line 14b	
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other	
the greaters' elemble, for the greate or accustoned, and the collection criteria used to award the greate or accust	ctanco? X Vac Ni

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States**

3 Activities per Region (T	he following Part	I. line 3 table ca	n be duplicated if additional space is n	eeded)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA			GRANTS TO RECIPIENTS IN THE	GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	830,226.
EUROPE		-		GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	319,640.
CENTRAL AMERICA & THE CARIBBEAN				GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	741,736.
EAST ASIA & THE PACIFIC				GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	241,306.
SOUTH AMERICA				GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	191,084.
SOUTH ASIA				GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	23,197.
NORTH AMERICA				GRANTS TO RECIPIENTS IN THE REGION IN SUPPORT OF DIUS'S MISSION	1,569,766.
3 a Subtotal b Total from continuation	0	, 0	-		3,916,955.
sheets to Part I c Totals (add lines 3a and 3b)	0	0	-		3,916,955.

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

Schedule F (Form 990) 2020

54-0907624

D/B/A OPPORTUNITY INTERNATIONAL-US

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Part II

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

SUPPO) EQUIP EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA EDUCA ENSTI		12,006.WI	WIRE TRANSFER			
	<u> </u>	343.	IRE TRANSFER			
		343.	IRE TRANSFER			
A AGUA A AGUA A A A A A A A A A A A A A	<u>H </u>	343.		0.		
A AGUA A BIA A A GUA A A A A A A A A A A A A A A A	<u>ee O 14 H 14 3</u>	343.				
BI B BI A AGUA A	O B H W	343.				
BIA AGUA A	<u>в</u> н в с	343.				
	IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT	321.	WIRE TRANSFER	.0		
HORDHORIA & B. H. O. S. O. O. H. O.	EQUIPMENT AND SUPPORT	321.				
		321.				
	DPERATIONS TO EXTEND	321.				,
<u> </u>	UGANDA FINANCIAL SERVICES		WIRE TRANSFER	0.		
H 0 H B & B H 0 2 0 0 H 0	SUPPORT MICROFINANCE					
	HINSTITUTIONS WITH					
	OPERATING AND LOAN				,	
	COLOMBIA FUNDS.	167,999.WJ	WIRE TRANSFER	0.		
A. S. P	FINANCIAL AND					
<u> </u>	AGRICULTURAL SERVICES					
<u> </u>	AND TRAINING,					
0 2 0 U H U	NICARAGUA EDUCATION AND	741,736.WI	WIRE TRANSFER	0.		
		•				
2 U W H. U.	GRANTS FOR					
0 W H O	MICROBUSINESS LOANS &					
SUPPO INSTI	RWANDA DPERATING EXPENSES	15,495.W	495. WIRE TRANSFER	0.		
INSTI	SUPPORT MICROFINANCE					
DPERA	INSTITUTIONS WITH					
	OPERATING AND LOAN					
UNITED KINGDOM FUNDS	UNITED KINGDOM FUNDS	239,640.W	239,640. WIRE TRANSFER	0.		
GRANT	GRANT TO TRAIN &		•			
Oddns	SUPPORT DIGITAL					
FINAN	FINANCE EXPANSION IN				•	
INDIA	INDIA	22,697.W	22,697. WIRE TRANSFER	•		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2020

D/B/A OPPORTUNITY INTERNATIONAL-US

Schedule F (Form 990)

54-0907624

Page 2 (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) ٥. ö 。 (g) Amount of Ö Ö ö ö ٥. non-cash assistance cash disbursement 197,400. WIRE TRANSFER 21,500. WIRE TRANSFER WIRE TRANSFER 23,085. WIRE TRANSFER 31,900. WIRE TRANSFER 80,000 WIRE TRANSFER WIRE TRANSFER 2,000. WIRE TRANSFER (f) Manner of 500. 333,567. of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount ٤ SQUIPMENT AND SUPPORT OR MISSION SUPPORTED EQUIPMENT AND SUPPORT SQUIPMENT AND SUPPORT OPERATIONS TO EXTEND DEERATIONS TO EXTEND MICROFINANCE WORK IN DEERATING LOAN FUNDS FRAINING, ESPECIALLY DERATIONS TO EXTEND IMPROVED TECHNOLOGY, INSTITUTIONS IN ASIA IMPROVED TECHNOLOGY IMPROVED TECHNOLOGY INANCIAL SERVICES 'INANCIAL SERVICES 'INANCIAL SERVICES PERATING AND LOAN SUPPORT OPERATIONS GRANT TO TRAIN AND OPERATING AND LOAN (d) Purpose of SUPPORT WOMEN IN COMMUNITY HEALTH EXTEND FINANCIAL INDIA TO ACT AS **IICROFINANCE** SERVICES AND UNDS FOR UNDS FOR HAITI MORK REPUBLIC OF THE (c) Region BANGLADESH DEMOCRATIC MOZAMBIQUE AUSTRALIA PARAGUAY MYANMAR **SERMANY** MALAWI CONGO (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

032182 04-01-20

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed 54-0907624 Schedule F (Form 990) 2020

	ı	ı	1	ı	1	1	1	1	
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of noncash assistance					,				
(f) Amount of noncash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
(c) Number of recipients						,		, -	
(b) Region		·						,	-
(a) Type of grant or assistance (b) Region					•				

Schedule F (Form 990) 2020

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

54-0907624 Schedule F (Form 990) 2020 Page 4 Part IV Foreign Forms Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926. Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? /f "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to X Yes No Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Yes X No Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2020

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

PART I, LINE 2:

UPON RECEIPT OF A FUNDING AWARD THAT INCLUDES IMPLEMENTING PARTNERS, THE

PROJECT IS HANDED OFF TO OPPORTUNITY'S PROGRAM MANAGEMENT TEAM FOR SET-UP

AND EVALUATION OF PROSEPCTIVE GRANTEES TO IMPLEMENT THE PROJECT. NEW

GRANTEES ARE APPROVED BY THE MANAGEMENT TEAM. PROGRAM MANAGEMENT DRAFTS

COMPREHENSIVE DONOR PROGRAM MEMORANDUM OF UNDERSTANDING (MOU) AGREEMENTS

WITH ALL PARTNERS WITHIN A PROJECT. IN ORDER TO DISBURSE FUNDS TO THE

GRANTEE(S) IN ACCORDANCE WITH THE APPROVED PROJECT BUDGET, A SEPARATE

FUNDING AGREEMENT IS PREPARED THAT REFERENCES THE TERMS OF THE EXECUTED

DONOR PROGRAM AGREEMENT. THE EXECUTED FUNDING AGREEMENT IS THEN PROVIDED

TO FINANCE ALONG WITH THE REQUEST FOR FUNDING FORM IN ORDER TO INITIATE

THE FUND DISBURSEMENT TO THE GRANTEE(S). DISBURSEMENTS ARE ONLY MADE WHEN

ALL SIGNED AGREEMENTS ARE PROVIDED AND DISBURSEMENTS ARE TRACKED IN THE

OPPORTUNITY'S PROGRAM MANAGEMENT TEAM IS ALSO RESPONSIBLE FOR THE
MONITORING OF BUDGET TO ACTUAL SPENDING, PROJECT ACTIVITIES, PROGRESS

AGAINST TARGETS AND DONOR REPORTING. MONITORING IS CONDUCTED BY MULTIPLE
METHODS THROUGHOUT THE LIFE CYCLE OF THE PROJECT, WHICH VARY ACCORDING TO
THE PROJECT SIZE AND RESOURCES ALLOCATED TO SUPPORT MONITORING COSTS. IN
GENERAL, MONITORING INCLUDES REGULAR UPDATE CALLS WITH THE LOCAL PROJECT
TEAM, EMAIL UPDATES BETWEEN SCHEDULED PROJECT CALLS, AND SUBMISSION OF
REGULAR INTERNAL REPORTS TO PROGRAM MANAGEMENT ON THE STATUS OF PROGRAM
ACTIVITIES, PROGRESS AGAINST TARGETS, AND BUDGET TO ACTUAL SPENDING. IN
ADDITION, BACKUP DOCUMENTATION FOR FINANCIAL REPORTING IS COLLECTED AS
NECESSARY, SUCH AS INVOICES FOR PROCUREMENT, CONSULTANT AGREEMENTS, ETC.
THE SCHEDULE OF REPORTING IS OUTLINED WITHIN THE DONOR PROGRAM MOU

Schedule F (Form 990) 2020

032075 12-03-20

Schedule F (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions

MANAGEMENT WILL TRAVEL TO THE PROJECT LOCATION TO CONDUCT PERIODIC MONTIORING ACTVITIES AND AUDIT PROGRAM FILES AND FINANCIAL RECORDS, AS NEEDED. PART II, COLUMN (D): REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	AGREEMENT
MANAGEMENT WILL TRAVEL TO THE PROJECT LOCATION TO CONDUCT PERIODIC MONTIORING ACTVITIES AND AUDIT PROGRAM FILES AND FINANCIAL RECORDS, AS NEEDED. PART II, COLUMN (D): REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	1
MONTIORING ACTVITIES AND AUDIT PROGRAM FILES AND FINANCIAL RECORDS, AS NEEDED. PART II, COLUMN (D): REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	IF RESOURCES ARE ALLOCATED FOR ON-SITE MONITORING VISITS, PROGRAM
PART II, COLUMN (D): REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	MANAGEMENT WILL TRAVEL TO THE PROJECT LOCATION TO CONDUCT PERIODIC
PART II, COLUMN (D): REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	MONTIORING ACTVITIES AND AUDIT PROGRAM FILES AND FINANCIAL RECORDS, AS
REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	NEEDED.
REGION: GHANA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	PART II, COLUMN (D):
OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	REGION: GHANA
TO AGRICULTURE AND EDUCATION REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	(D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT
REGION: UGANDA (D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED
(D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	TO AGRICULTURE AND EDUCATION
OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	REGION: UGANDA
TO AGRICULTURE AND EDUCATION REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	(D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT
REGION: NICARAGUA (D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL ŚERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING, ESPECIALLY RELATED
(D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	TO AGRICULTURE AND EDUCATION
(D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING, EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	
EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT	REGION: NICARAGUA
	(D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRAINING,
REGION: AUSTRALIA	EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT
REGION: AUSTRALIA	
	REGION: AUSTRALIA
(D) PURPOSE OF GRANT: GRANT TO TRAIN AND SUPPORT WOMEN IN INDIA TO ACT	(D) PURPOSE OF GRANT: GRANT TO TRAIN AND SUPPORT WOMEN IN INDIA TO ACT
AS COMMUNITY HEALTH FACILITATORS, INCLUDING TRAINING MATERIALS AND MARKET	AS COMMUNITY HEALTH FACILITATORS, INCLUDING TRAINING MATERIALS AND MARKET
STUDY	STUDY

OPPORTUNITY INTERNATIONAL, INC. Schedule F (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 F	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions	
REGION: MOZAMBIQUE	
(D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT	
OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING ESPECIALLY RELATED	
TO AGRICULTURE AND EDUCATION	
REGION: MALAWI	
(D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT	
OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING ESPECIALLY RELATED	
TO AGRICULTURE AND EDUCATION	
REGION: PARAGUAY	
(D) PURPOSE OF GRANT: IMPROVED TECHNOLOGY, EQUIPMENT AND SUPPORT	
OPERATIONS TO EXTEND FINANCIAL SERVICES AND TRAINING ESPECIALLY RELATED	
TO AGRICULTURE AND EDUCATION	
REGION: DEMOCRATIC REPUBLIC OF THE CONGO	
(D) PURPOSE OF GRANT: SUPPORT OPERATIONS TO EXTEND FINANCIAL SERVICES	
AND TRAINING, ESPECIALLY AS RELATED TO AGRICULTURE AND EDUCATION LOAN	
CLIENTS	

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

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

OPPORTUNITY INTERNATIONAL, INC.

Employer identification number 54-0907624 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 D/B/A OPPORTUNITY INTERNATIONAL-US Part I General Information on Grants and Assistance Name of the organization

X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance?

2

Part II 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organi: \$5,000 Part II can	zations and Domestic be duplicated if additic	Governments. Con space is neede	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OPPORTUNITY, INC		•					,
550 W VAN BUREN STREET, SUITE 200 CHICAGO, IL 60607	61-1748401	501(c)(3)	147,328.	0	N/A		FUNDS TO AFFILIATE FOR OPERATING EXPENSES
INTERNATIONAL DEVELOPMENT							
ENTERFRISE (1DE) - 1031 33KD STREET, SUITE 270 - DENVER, CO							COVID-19 REMOTE CAPACITY
80205	23-2220051 501(c)(501(c)(3)	51,000.	0.	N/A		BUILDING IN MOZAMBIQUE
ACCESS BUSINESS GROUP INTERNATIONAL - 7575 FULTON ST -							NITTRITATIONAL SIIPPLEMENTS
ADA, MI 49355	38-3568820 501(C)(501(C)(3)	1,360,827.	0.	N/A		FOR POWER OF FIVE PROGRAM
BOYS & GIRLS CLUBS OF BUENA PARK, CA - 7758 KNOTT AVE - BUENA PARK,	0 K - 1808 K O K K O 1 / C) /	801(7)(3)	, V	c	٠ ا		Outrie Stringgood
		(0) (0) (0)	1		4/2		OF EASTING FONDS
CHRIST CHURCH OF SANTA FE 28 CALLE CRISTIANO							
SANTA FE, NM 87508	71-0876280 501(C)(501(C)(3)	10,000.	0.	N/A		OPERATING FUNDS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL, INC.

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

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

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

(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 ad	ditional information	
PART I, LINE 2:					
UPON RECEIPT OF A FUNDING AWARD THAT	AT INCLUDES	ES IMPLEMENTING		PARTNERS, THE	
PROJECT IS HANDED OFF TO OPPORTUNITY'S PROGRAM MANAGEMENT TEAM FOR	TY'S PROG	RAM MANAGE	MENT TEAM	FOR SET-UP	
AND EVALUATION OF PROSPECTIVE GRANTEES	인	IMPLEMENT T	THE PROJECT.	. NEW	
GRANTEES ARE APPROVED BY THE MANAGEMENT	EMENT TEAM.		PROGRAM MANAGEMENT	T DRAFTS	
COMPREHENSIVE DONOR PROGRAM MEMORANDUM OF		UNDERSTANDING (MOU)	NG (MOU) A	AGREEMENTS	
WITH ALL PARTNERS WITHIN A PROJECT.	. IN ORDER	R TO DISBURSE	FUNDS	то тнв	
GRANTEE(S) IN ACCORDANCE WITH THE ?	APPROVED	PROJECT BUDGET,	Æ	SEPARATE	
FUNDING AGREEMENT IS PREPARED THAT	REFERENCES	THE	TERMS OF THE	EXECUTED	
032 102 11-02-20					Schedule I (Form 990) 2020

Part IV Supplemental Information

DONOR PROGRAM AGREEMENT. THE EXECUTED FUNDING AGREEMENT IS THEN PROVIDED TO

FINANCE ALONG WITH THE REQUEST FOR FUNDING FORM IN ORDER TO INITIATE THE

FUND DISBURSEMENT TO THE GRANTEE(S). DISBURSEMENTS ARE ONLY MADE WHEN ALL

SIGNED AGREEMENTS ARE PROVIDED AND DISBURSEMENTS ARE TRACKED IN THE

FINANCIAL SYSTEM.

OPPORTUNITY'S PROGRAM MANAGEMENT TEAM IS ALSO RESPONSIBLE FOR THE

MONITORING OF BUDGET TO ACTUAL SPENDING, PROJECT ACTIVITIES, PROGRESS

AGAINST TARGETS AND DONOR REPORTING. MONITORING IS CONDUCTED BY MULTIPLE

METHODS THROUGHOUT THE LIFE CYCLE OF THE PROJECT, WHICH VARY ACCORDING TO

THE PROJECT SIZE AND RESOURCES ALLOCATED TO SUPPORT MONITORING COSTS. IN

GENERAL, MONITORING INCLUDES REGULAR UPDATE CALLS WITH THE LOCAL PROJECT

TEAM, EMAIL UPDATES BETWEEN SCHEDULED PROJECT CALLS, AND SUBMISSION OF

REGULAR INTERNAL REPORTS TO PROGRAM MANAGEMENT ON THE STATUS OF PROGRAM

ACTIVITIES, PROGRESS AGAINST TARGETS, AND BUDGET TO ACTUAL SPENDING. IN

ADDITION, BACKUP DOCUMENTATION FOR FINANCIAL REPORTING IS COLLECTED AS

NECESSARY, SUCH AS INVOICES FOR PROCUREMENT, CONSULTANT AGREEMENTS, ETC.

THE SCHEDULE OF REPORTING IS OUTLINED WITHIN THE DONOR PROGRAM MOU

AGREEMENT

IF RESOURCES ARE ALLOCATED FOR ON-SITE MONITORING VISITS, PROGRAM

MANAGEMENT WILL TRAVEL TO THE PROJECT LOCATION TO CONDUCT PERIODIC

MONTIORING ACTVITIES AND AUDIT PROGRAM FILES AND FINANCIAL RECORDS, AS

NEEDED.

Schedule I (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US Employer identification number

OMB No 1545-0047

Open to Public

Inspection

54-0907624

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		X	
	and the control of th			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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			
а		4a		X
b		4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			i
	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			لـــــا
а	The organization?	5a		X
b	Any related organization?	5b_		X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

032111 12-07-20

Schedule J (Form 990) 2020

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

54-0907624

Schedule J (Form 990) 2020

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

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

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

			The second secon					
		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penelits	(a)-(i)(a)	in column (5) reported as deferred on prior Form 990
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Schedule J (Form 990) 2020

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

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 Schedule J (Form 990) 2020 Part III] Supplemental Information

Page 3

54-0907624

									Schedule J (Form 990) 2020
		•							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2020 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US Employer identification number

54-0907624

L'ai	iri iybea	s of Froperty		<u> </u>				
		-	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deta noncash contribut		ts
1	Art - Works of a	art						
2	Art - Historical							
3	Art - Fractional				· · · · · · · · · · · · · · · · · · ·			
4	Books and pub			-	-			
5	•	nousehold goods				 	•	
6	Cars and other	· ·	<u> </u>	-				
7	Boats and plan					<u> </u>		
8	Intellectual pro		<u> </u>					
9	Securities - Pul	' '	Х	42	1,501,163.	EM7		
_		•			1,301,103.	THV		
10		osely held stock						
11		rtnership, LLC, or				,		
40	trust interests					+		
12	Securities - Mis	ervation contribution -	 			-		
13	Historic structu		1					
14		ervation contribution - Other			,	 		
	Real estate - Re							
15	Real estate - Co					 		
16	Real estate - Of					 		
17	Collectibles	uier				 		
18	Food inventory					 	····	
19 20	Drugs and med					 		
21	Taxidermy	near supplies						
22	Historical artifa	note						
23	Scientific speci	1				 		
23 24	Archeological a		\vdash			†		
25		(ADVERTISING)	X	10	311,751.	FM77		
26	Other (LEGAL SERVICE	X	1	18,098.			
20 27	Other ((TRAVEL)	X	5	2,115.			
28	Other (, 11011111			2,113.	1		
29		ms 8283 received by the organiz	zation during	the tax year for co	ontributions			
23		organization completed Form 828	_	· · · · · · · · · · · · · · · · · · ·				
	ioi willeri the o	Tgamzation completed Form 620	,o, 1 ait v, D	once / tolliowicage	20		Yes	No
302	During the yea	r, did the organization receive by	v contributio	n any property ren	orted in Part I lines 1 throug	nh 28 that it	163	100
OUA		at least three years from the date	="			-		.
		ses for the entire holding period?	_	rooming and	William Croquilos to bo a	i ⁻	30a	X
h		be the arrangement in Part II				-	004	1
31		nization have a gift acceptance p		cours the review o	of any nonstandard contribu	tions?	31 X	·
	-	nization hire or use third parties of					" 	\vdash
OZa	contributions?	•	or related or	Jamzadons to solic	it, process, or sell noncasir		32a	x
h	If "Yes," descri					F		1
33		tion didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	cked	1	
-	describe in Par		2.2 (0) 101	,po o. proporty				

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

Schedule M (Form 990) 2020

OPPORTUNITY INTERNATIONAL, INC.

Schedule M	(Form 990) 2020	D/B/A OP	PORTUNITY	INTERNAT	IONAL-US	!	54-0907624	Page 2
Part II	Supplemental	Information.	Provide the infor	mation required by	Part Llines 30h 3	2h and 33 an	d whether the organi tion of both Also co	zation
	this part for any ac	dditional informati	ion					
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US Open to Public Inspection

OMB No 1545-0047

Employer identification number 54-0907624

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CORPORATION. BY PROVIDING FINANCIAL SOLUTIONS, SUPPORT AND TRAINING,
WE EMPOWER PEOPLE LIVING IN POVERTY IN DEVELOPING COUNTRIES TO BUILD
SUSTAINABLE INCOMES, EDUCATE THEIR CHILDREN AND ESCAPE GENERATIONAL
POVERTY, IN THE PROCESS TRANSFORMING THEIR LIVES, THEIR CHILDREN'S
FUTURES, AND THEIR COMMUNITIES. OPPORTUNITY'S PROGRAMS ARE FINANCED
THROUGH CHARITABLE DONATIONS, EARNED INCOME FROM ITS BANKING OPERATIONS
AND FROM LEVERAGING LOCAL FUNDS PROVIDED BY PARTNER BANKS AND OTHER
FINANCIAL INSTITUTIONS. IN 2020, OPPORTUNITY AND ITS PARTNER
ORGANIZATIONS SERVED 7.1 MILLION LOAN CLIENTS AND REACHED OVER 2.8
MILLION CHILDREN IN 8,815 SCHOOLS. 95% OF LOAN CLIENTS ARE WOMEN.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN AND ESCAPE GENERATIONAL POVERTY, IN THE PROCESS TRANSFORMING
THEIR LIVES, THEIR CHILDREN'S FUTURES, AND THEIR COMMUNITIES.
OPPORTUNITY'S PROGRAMS ARE FINANCED THROUGH CHARITABLE DONATIONS,
EARNED INCOME FROM ITS BANKING OPERATIONS AND FROM LEVERAGING LOCAL
FUNDS PROVIDED BY PARTNER BANKS AND OTHER FINANCIAL INSTITUTIONS. IN
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CLIENTS, 95% OF WHICH ARE WOMEN. EDUFINANCE PROGRAMS REACHED OVER 2.8
MILLION CHILDREN IN 8,815 SCHOOLS AND AGFINANCE REACHED OVER 38,000
SMALLHOLDER FARMERS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AFFORDABLE SCHOOLS FOR THE POOR. 95% OF OPPORTUNITY'S LOAN CLIENTS ARE
WOMEN. IN ADDITION, OPPORTUNITY PROVIDES SAVINGS, INSURANCE, AND
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US	Employer identification number 54-0907624 ,
EFFICIENT MOBILE BASED PAYMENT SOLUTIONS TO MILLIONS OF IT	S POOR
CLIENTS AROUND THE WORLD.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
RELIEF RESPONSE PROGRAMS INCLUDED PARTNER SUPPORT ENABLING	THEM TO
REMAIN OPEN FOR CLIENTS, SCHOOL PROPRIETOR SUPPORT AND COM	MUNITY HEALTH
TRAINING.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OI GRANTED FUNDS TO AFFILIATES, OPPORTUNITY INC., OPPORTUN	ITY
TRANSFORMATION INVESTMENTS, INC., AND OPPORTUNITY INTERNAT	IONAL
NICARAGUA, INC.	
EXPENSES \$ 4,372,759. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 702,530.
FORM 990, PART VI, SECTION B, LINE 11B:	
STAFF PREPARES DETAILED INFORMATION FROM INTERNAL REPORTS	AND AUDITED
FINANCIAL STATEMENTS AND SENDS TO BAKER TILLY US LLP. TREA	SURER OF
OPPORTUNITY INTERNATIONAL (OI) REVIEWS THE DRAFT PREPARED	BY BAKER TILLY US
LLP AND DISCUSSES COMMENTS AND QUESTIONS WITH BAKER TILLY	US LLP. FINAL
DRAFT OF 990 IS PRESENTED TO FINANCE AND AUDIT COMMITTEE F	OR REVIEW. AFTER
REVIEW IS COMPLETE, THE 990 IS DISTRIBUTED TO THE OPPORTUN	
BOD AND THE RETURN IS SIGNED AND SUBMITTED TO THE IRS.	
DOD THE THE REPORT TO BE STORED THE BODELLET BY THE THE TANK	
DODY AND DADE UT GEORGEON D. LINE 12G.	
FORM 990, PART VI, SECTION B, LINE 12C:	•
IT IS AN ANNUAL REQUIREMENT FOR ALL EMPLOYEES AND DIRECTOR	S TO SIGN THE
CONFLICT OF INTEREST STATEMENTS. DISCLOSURES ARE TO BE MAD	E BY EMPLOYEES TO
THE HUMAN RESOURCES DEPARTMENT. IN THE CASE OF THE CEO AND	OTHER DIRECTORS,
CONFLICTS OF INTEREST ARE REPORTED TO THE FINANCE AND AUDI	T COMMITTEE.

032212 11-20-20

Page 2 Name of the organization OPPORTUNITY INTERNATIONAL, INC. Employer identification number 54-0907624 D/B/A OPPORTUNITY INTERNATIONAL-US IF A CONFLICT OF INTEREST IS DETERMINED, THE RESPONSIBLE PERSON(S) ARE RECUSED/EXCLUDED FROM ALL DISCUSSIONS IN CONNECTION WITH THE PROPOSED TRANSACTION. FINANCE DEPARTMENT MONITORS RELATED PARTY TRANSACTIONS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED USING PAYFACTORS SALARY DATABASE AND HUMENTUM SALARY SURVEY AS COMPARABILITY DATA TO HELP SET COMPENSATION. COMPENSATION DECISIONS ARE REVIEWED BY THE CEO AND APPROVALS ARE DOCUMENTED IN THE EMPLOYEE FILES. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, CO, CT, FL, GA, IL, KS, ME, MD, MA, MI, MN, MS, NC, NH, NJ, NY, OH, OK, OR, PA, RI, SC TN, VA, WA, WI FORM 990, PART VI, SECTION C, LINE 18: FORM 990 POSTED ON OUR WEBSITE; FORM 1023 AVAILABLE UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: CONFLICT OF INTEREST POLICY IS NOT PUBLISHED. FINANCIAL STATEMENTS ARE AVAILABLE ON THE OPPORTUNITY INTERNATIONAL WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. PART VII, SECTION A THE ORGANIZATION IS NOT REPORTING OFFICER COMPENSATION ON PART VII AS THE ORGANIZATION IS NOW FILING ON A SEPTEMBER 30TH FISCAL YEAR END. THE W-2 COMPENSATION FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2020 WILL BE 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US	Employer identification number 54-0907624
REPORTED ON THE FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMB	ER 30, 2021.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ELIMINATION ENTRY	1,490,638.
PRIOR PERIOD ADJUSTMENT	1,090,133.
TOTAL TO FORM 990, PART XI, LINE 9	2,580,771.
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SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection 2020

OMB No 1545-0047

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Employer identification number 54-0907624

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) Tend-of-year assets		(f) Direct controlling entity	
		·					
		•					
						:	
Part II Identification of Related Tax-Exempt Organizations.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	nswered "Yes" on Form 990	Part IV, line 34, b	ecause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13)
OPPORTUNITY TRANSFORMATION INVESTMENTS - 36-4382506, 550 W, VAN BUREN STREET, SUITE 200, CHICAGO, IL 60607	TO INVEST AND HOLD DWNERSHIP POSITIONS IN MICRO-FINANCE INSTITUTIONS	ILLINOIS	501(C)(3)	LINE 7	OPPORTUNITY INTERNATIONAL	×	
OPPORTUNITY, INC 61-1748401 550 W. VAN BUREN STREET, SUITE 200 CHICAGO, IL 60607	TO CREATE EMPLOYMENT AND IMPROVE INCOME FOR THE POOR	ILLINOIS	501(C)(3)	LINE 7	N/A		×
OPPORTUNITY INTERNATIONAL NICARAGUA INC 47-0994982, 550 W. VAN BUREN STREET, SUITE 200, CHICAGO, IL 60607	ASSIST LOCAL COMMUNITIES CREATE JOBS AND BETTER LIVING CONDITIONS	ILLINOIS	501(C)(3)	LINE 7	OPPORTUNITY TRANSFORMATION INVESTMENTS	×	

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Schedule R (Form 990) 2020

54-0907624

D/B/A OPPORTUNITY INTERNATIONAL-US

Schedule R (Form 990) 2020

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

(k)	General or Percentage managing ownership		,								
(1)	eral or naging tner?	Yes No									
	Par Par	اق							-		
(1)	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065									
	onate 15?	2									
(u)	~ = I	Yes		 		•	_				
(6)	Share of end-of-year assets										
(J)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	Sections 512-514)									
(p)	Direct controlling entity										
(c)	Legal domicile (state or foreign	country)									
(q)	Primary activity										
(e)	Name, address, and EIN of related organization										

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

(a)	(q)	(၁)	(P)	(e)	(J)	(6)	(h)	(i) °	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	00 (13) (13)
		country)		OI tidati		433613		Yes	٥
OPPORTUNITY BANK A.D. NOVI SAD			OPPORTUNITY						
BULEVAR OSLOBODJENJA 2A			TRANSFORMATION						
NOVI SAD, SERBIA	SAVINGS INSTITUTION	SERBIA	INVESTMENTS	C CORP	3,301,610.	218,353,609.	100%	×	
OPPORTUNITY INTERNATIONAL SAVINGS & LOANS			OPPORTUNITY						
LIMITED, NO. D765/3 KWAMWE NKRUMAH AVENUE,			TRANSFORMATION				-		
ACCRA, GHANA	SAVINGS INSTITUTION	GHANA	INVESTMENTS	C CORP	170,936.	30,307,427.	809.09	×	
OPPORTUNITY INTERNATIONAL GHANA	`		OPPORTUNITY						
HOUSE NUMBER D765/3 KWAME NKRUMAH AVENUE			INTERNATIONAL,						
ACCRA, GHANA	DTHER DEPOSITORY	GHANA	INC	c corp	0.	44,273.	1008	×	
OPPORTUNITY INTERNATIONAL MALAWI			OPPORTUNITY						
PLOT 114, AREA 6			INTERNATIONAL,				-		
LILONGWE, MALAWI	OTHER DEPOSITORY	MALAWI	INC	C CORP	0	103,896.	1008	×	
OPPORTUNITY INTERNATIONAL RWANDA			OPPORTUNITY						
KACYIRU, GASABO			INTERNATIONAL,						
UMUJYI WA KIGALI, RWANDA	OTHER DEPOSITORY	RWANDA	INC	c corp	0.	.0	100%	×	
•									

Schedule R (Form 990) 2020

D/B/A OPPORTUNITY INTERNATIONAL-US

Schedule R (Form 990) 2020

Page 3

Yes

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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Gift, grant, or capital contribution to related organization(s)

Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s) Exchange of assets with related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

If the answer to any of the above is. Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered r	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPPORTUNITY TRANSFORMATION INVESTMENTS	T	114,457.	114,457. CASH TRANSFERRED
(2) OPPORTUNITY, INC.	Ţ	22,500.	22,500.CASH TRANSFERRED
(3) OPPORTUNITY INTERNATIONAL NICARAGUA, INC.	Д	721,736.	721,736.CASH TRANSFERRED
OPPORTUNITY INTERNATIONAL SAVINGS & LOANS (4) LIMITED	L	87,595.	87,595. CASH TRANSFERRED
(5) OPPORTUNITY INTERNATIONAL MALAWI	В	.687,739.	263,739. CASH TRANSFERRED
(6) OPPORTUNITY INTERNATIONAL MALAWI	Ţ	.000,09	60,000.CASH TRANSFERRED

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US

54-0907624

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

IMPART V Continuation of Iransactions With Related Organizations (Schedule R (Form 990), Part V, line Z)	n 99U), Part v, line 2)		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	. (d) Method of determining amount involved
OPPORTUNITY INTERNATIONAL SAVINGS & (7) LOANS LIMITED	В	83,820.	,820. CASH TRANSFERRED
(8)			,
(6)			
. (10)			
(11)		=	
(12)	-		
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)	,		
(20)			-
(21)	,		
(22)			
(23)			
(24)			
		_	

OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US Schedule R (Form 990) 2020 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN of enttly		(၁)	(p)	(e)	Œ	(6)	£	9	6	(K
	Primary activity	Legal domicile	Predominant income pa	Are all partners sec 501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tionale	Code V-UBI General or Percentage amount in box 20 managing ownership	General or managing	Percentage
		country)	excluded from tax under sections 512-514)	Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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								,		
								,		
							<u> </u>			
		-								
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				-						
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