			EXTENDED TO AUGUST 15, 202		0140 11- 1545 0047
	0	on	Return of Organization Exempt From		OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (
Department of the Treasury			Do not enter social security numbers on this form as it ma		Open to Public Inspection
		nue Service e 2020 calend	► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning OCT 1, 2020 and ending	SEP 30, 2021	Inspection
	heck if		f organization	D Employer identific	ation number
a	oplicabl		RTUNITY INTERNATIONAL, INC.	as amproyor toortaine	
X	Addre	D/B/	A OPPORTUNITY INTERNATIONAL-US		
]Name]chang	Doing b	usiness as	54-090762	24
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final return termir	-	N. WACKER DRIVE, SUITE 1150	(312) 487	
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	53,835,766.
	_return _Applic _tion	CHIC	AGO, IL 60606	H(a) Is this a group re	Province (response)
	_tion pendi		nd address of principal officer: ATUL TANDON AS C ABOVE	for subordinates	million and a second second
IT	ay-ey	empt status: [527 If "No." attach a	iuded? [] Yes [] No ist. See instructions
			OPPORTUNITY.ORG	H(c) Group exemption	
Independent of the local division of	the billing of the bi	and a state of the second s		ear of formation: 1971 M	
Pa	rt I	Summary			
0	1		be the organization's mission or most significant activities: OPPORTUN		
Activities & Governance			UNITY), IS A TAX EXEMPT, PUBLICLY SUPP		
ern			x X if the organization discontinued its operations or disposed of m	1 1	
200	3		ting members of the governing body (Part VI, line 1a)		<u> 13</u> 12
00	4		lependent voting members of the governing body (Part VI, line 1b)		80
itie			of volunteers (estimate if necessary)		80
ctiv			d business revenue from Part VIII, column (C), line 12		0.
<			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
le	8	Contributions	and grants (Part VIII, line 1h)	20,218,504.	25,064,936.
Revenue	9	-	ce revenue (Part VIII, line 2g)	30,884,655.	27,817,048.
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	334,827.	182,035.
	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,437,986.	53,064,019.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	3,916,954.	5,365,618.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
S	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	6,804,233.	11,261,709.
enses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expen	b		ing expenses (Part IX, column (D), line 25) 3,914,213.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	34,215,791.	28,249,469.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,936,978.	44,876,796.
	19	Revenue less	expenses. Subtract line 18 from line 12	6,501,008. Beginning of Current Year	8,187,223.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	288,031,955.	End of Year 85,666,955.
Ass d Ba	21		s (Part X, line 26)	236,884,804.	53,641,796.
			fund balances. Subtract line 21 from line 20	51,147,151.	32,025,159.
Laurenter	nrt II	Signatur			
			I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (ether than officer) is pased on all information of which prepared	arer has any knowledge.	1
Sig		Signatur	e of officer	8/12/2	∠
Her			ARET TOMASIK, STP FINANCE & TREASURER	Dato	
			print name and title		
		Print/Type pre	parer's name Preparer's signature Mark Henry	Date Check	PTIN
Paid		MARK HE		08/11/22 self-employe	P00959793
Prep		Firm's name	BAKER TILLY US, LLP	Firm's EIN	39-0859910
Use	Only	Firm's address	≥ 205 N. MICHIGAN AVE. #2800		
N.4	the s	DC discuss 41	CHICAGO, IL 60601-5927	Phone no. 31	2.729.8000
	01 12-2		s return with the preparer shown above? See instructions For Paperwork Reduction Act Notice, see the separate instructions.		X Yes No Form 990 (2020)
03200			DULE O FOR ORGANIZATION MISSION STATEM	ENT CONTINUAT	

	OPPORTUNITY INTERNATIONAL, INC.		
Form	D/B/A OPPORTUNITY INTERNATIONAL-US 54-09	907624	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission:		
	OPPORTUNITY INTERNATIONAL, INC., (OPPORTUNITY), IS A TAX EXEN	1 ΡΤ,	
	PUBLICLY SUPPORTED FAITH-BASED CORPORATION. BY PROVIDING FINAL	JCIAL	
	SOLUTIONS, SUPPORT AND TRAINING, WE EMPOWER PEOPLE LIVING IN I	POVERTY	
	IN DEVELOPING COUNTRIES TO BUILD SUSTAINABLE INCOMES, EDUCATE	THEIR	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	expenses, ar	ld
	revenue, if any, for each program service reported.		
4a		27,817,0	0 48.)
	OPPORTUNITY INTERNATIONAL, INC., (OPPORTUNITY), IS A TAX EXEM	-	
	PUBLICLY SUPPORTED FAITH-BASED CORPORATION. BY PROVIDING FINAN		
	SOLUTIONS, SUPPORT AND TRAINING, WE EMPOWER PEOPLE LIVING IN I		IN
	DEVELOPING COUNTRIES TO BUILD SUSTAINABLE INCOMES, EDUCATE THE		
	CHILDREN AND ESCAPE GENERATIONAL POVERTY, IN THE PROCESS TRANS	<u> JFORMINO</u>	<u> </u>
	THEIR LIVES, THEIR CHILDREN'S FUTURES, AND THEIR COMMUNITIES.		
	OPPORTUNITY'S PROGRAMS ARE FINANCED THROUGH CHARITABLE DONATION	-	
	EARNED INCOME FROM ITS BANKING OPERATIONS IN GHANA (AND SERBIA		20)
	AND FROM LEVERAGING LOCAL FUNDS PROVIDED BY PARTNER BANKS AND		
	FINANCIAL INSTITUTIONS. IN ADDITION, OPPORTUNITY PROVIDES WRAI		
	SERVICES LIKE TRAINING AND SUPPORT TO ITS BENEFICIARY CLIENTS		
	HOUSEHOLDS, SMALLHOLDER FARMERS, AND AFFORDABLE SCHOOLS FOR TH	IE POOR	•
4b	(Code:) (Expenses \$5,365,618. including grants of \$5,365,618.) (Revenue \$)
	OPPORTUNITY IMPLEMENTS ITS PROGRAMS IN 30 COUNTRIES THROUGH A		
	NETWORK OF STAFF, BRANCHES, SUBSIDIARY BANKS AND LOCAL NONGOVI		
		CIAL ANI)
	NONPROFIT AND MICROFINANCE INSTITUTIONS. OPPORTUNITY PROVIDES	GRANTS	
	AND MAINTAINS A MINORITY EQUITY INTEREST IN A NUMBER OF KEY		
	IMPLEMENTING PARTNERS TO ENSURE A LONG-TERM ALIGNMENT OF INTER		
	SERVING THE POOR. ADDITIONALLY, SUCH INVESTMENTS ENABLE OPPORT		10
	LEVERAGE LOCAL INVESTOR FUNDS AND DEBT TO INCREASE SERVICES AN		
	MAXIMIZE THE FUNDS DEPLOYED TO SERVE THE ECONOMIC NEEDS OF THE		
	FY2021 OPPORTUNITY AND ITS PARTNER ORGANIZATIONS SERVED 18.7 M CLIENTS- 97% OF CLIENTS ARE WOMEN. OPPORTUNITY'S COVID-19 REL		
	RESPONSE PROGRAMS INCLUDED PARTNER SUPPORT ENABLING THEM TO RI		DEN
4-		SMAIN OI	, <u>, , , , , , , , , , , , , , , , , , </u>
4c	(Code:) (Expenses \$13,759,872. including grants of \$) (Revenue \$) (Revenue \$) OPPORTUNITY USES ITS CHARITABLE DONATIONS TO FUND ITS DIRECT)
	OPERATIONS, ESPECIALLY IN ITS EDUCATION FINANCE, AGRICULTURAL	FINANCI	R
	DIGITAL FINANCIAL SERVICES AND MONITORING & EVALUATION PROGRAM		
	COUNTRIES, WORKING WITH 104 PARTNERS. BY PROVIDING FINANCIAL S		
	SUPPORT AND TRAINING, WE EMPOWER PEOPLE LIVING IN POVERTY IN I		-
	COUNTRIES TO BUILD SUSTAINABLE INCOMES, EDUCATE THEIR CHILDREN		
	ESCAPE GENERATIONAL POVERTY, IN THE PROCESS TRANSFORMING THEIR		
	THEIR CHILDREN'S FUTURES, AND THEIR COMMUNITIES. IN FY2021		/
	OPPORTUNITY'S EDUFINANCE PROGRAMS REACHED OVER 2 MILLION CHILI	DREN TN	
	8,400 SCHOOLS. AGFINANCE PROGRAMS REACHED OVER 90,000 SMALLHOI		
	FARMERS.		
4d	Other program services (Describe on Schedule O.)		
14	(Expenses \$ including grants of \$) (Revenue \$)	
4e	20 207 052	/	
		Form 9	90 (2020)
032002	SEE SCHEDULE O FOR CONTINUATION(S)		. ,
	2		

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		OPPORT	TUNITY	INTERN	JATIONAL,	INC.
Form 990 (2					INTERNATI	IONAL-US
Part IV	Checklist of Re	equired S	chedules			

			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 X	
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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, 192, <i>K</i> (Ker Kernericka, Ostantuka, Osta	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
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	X	
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	X	
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	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
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>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more bespital facilities? If Was II as we late Oshadula II	20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
b		20b 21	x	

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032003 12-23-20

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

Part IV Checklist of Required Schedules (continued)

			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			
	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			
	Schedule K. If "No," go to line 25a	24a		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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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,			<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20		21		- 22
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		v	
	Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	900	(00000)
032004	¹ 12-23-20 5	⊢orm	390	(2020)

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Form 990 (2020)

OPPORT	TUNITY	INTERN	NATIONAL,	INC.
D/B/A	OPPORT	UNITY	INTERNATI	ONAL-US

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 80 bit at least one is reported on Ine 2a, dd the organization file all regular fedarel employment tax returns? 2b X Note: If the sum of lines 1 and 2a is greater time 30, you may be required to a-file explore instructions? 2a X 3a Do the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Twe, "hast filed a Form 800 Tor this year?" 3a X X 3b If Twe, "hast filed a Form 800 Tor this year?" 3a X X 3c If Twe, "near the name of the foreign country b. Not black 3b, provide an exploration on Schedule 0. 3b X 3c Max the organization tay time during the calendar year, did the organization tark the sor is a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 3c Max the organization tay and gross receipts that are normally greater than \$10,000,00 and did the organization solid may contributions that may receive doubtible contributions? 5a X 1 Twe's to line 6a or 5b, did the organization tait was or is a party to a prohibited tax sheller transaction? 5a X 1 Twe's to line 6a or 5b, did the organization tait was or is a party to a prohibited tax sheller transaction? 5a		990 (2020) D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907	624	Р	_{age} 5
ge Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. ga 80 b If all cleast one is reported on line 2a, did the organization file all required federal employment tax returns? gb X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-sis</i> (see instructions) ga X B Thes, 'has it filed a form 600-T for this year? (If 'No' to line 3b, provide an explanation or Schedule 0 ga X B Thes, 'has it filed a form 600-T for this year? (If 'No' to line 3b, provide an explanation or Schedule 0 ga X B At any time the name of the regin country 'No' to line 3b, provide an explanation or schedule 0 ga X B Wash teorganization a party to a prohibited tax sheller transaction at any time during the tax year? X X D dary taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? ga X B 10 "No's in the organization in a party to a prohibited tax sheller transaction? ga X D lot senganization shell way concol wash way shell was a contributions or gifts were not tax deductible? ga X D lot senganization needway apyment in excess of 355 raske parthy sas a contribution and party for goods and service pr	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interface B0 If a least one is reported on line 2a, did the organization fiel al regulated forder alrophyment tax nutures? B0 3a Did the organization has a md 2a is greater than 250, you may be required to a-site (see individues) 2a X 3a Did the organization have unrelated basiness gross income of \$1,000 or may be required to a-site (see individues) 2a X 3b If "Yes." thas it filed a form 990-1 for this year? If "No' to line 3b, provide an explanation on Schedule O 3a 4a 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a than one is accourt, security to a prohibited tax sheler transaction at any time during the tax year? 5a X 5a Malashing the approximation for firm gregularism of the and from 114, Bepcot of Foreign Bank and Financial Accounts (FBAP). 5b X 5a Malashing the approximation have annual gross receipts that are normally greater than \$10,000, and did the organization have an interves to a prohibited tax sheler transaction? 5b X 5a Malashing the organization have an interves the approximation tax and time during the tax year? 5a X 5a Malashing the organization have an interves than an ormal by prohibited tax sheler transaction? 5a X 5a Malashing the organization have an t				Yes	No
b If at least one is reported on line 2n, did the organization file all required for a rigit (see instructions) 20 X 3a Dottine organization have unrelated business gross income of \$1,000 rm red during the year? 3a 3a 3a D the organization have unrelated business gross income of \$1,000 rm red during the science year. (J the organization have intrest in, or a signature or other authority over, a financial account) is a toreign county (such as a bank account, securities account, or other financial account) (F + 2n + 2	2a				
Note: If the sum of times 1a and 2a is greater than 250, you may be required to e_fig. fee instructions and X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account in a foring outby to a phate bank account; securities account, or other financial accounts (FBAR). 4a X 5b XX Bit Yes, "enter the name of the foreign country MALANI I, UGANDA, GHANA Financial accounts (FBAR). 5a X 5c Mas the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5a X 61 Vises' to line face r5b, did the organization file form 808617 5c X 61 Does the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible a chartable contributions? 5c X 7 Toganization stutic may consider that as a contribution and party for goods and services provided? 7a X 7 Toganization netwe any partitic wess of 3 sprese party as a contribution and party for goods and services provide? 7a X 7 Toganization feeme any apare for marker at		filed for the calendar year ending with or within the year covered by this return 2a 80			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		X
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

OPPORTUNITY INTERNATIONAL, INC. ONAL-US

Par	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.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	3		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or application of the person of the	ooint (one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
600	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)		V.	
10-	Did the exception have lead charters, branches, or effiliates?			10a	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a	- 23	<u> </u>
D.				10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	20.01	e	114		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
	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 arrangem					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			104		
Sec	exempt status with respect to such arrangements?			16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , CO , C	Γ, D	C.FL.GA.TT	.KS	.ME	. MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an					
	for public inspection. Indicate how you made these available. Check all that apply.		(()(0)	,		
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	MARGARET TOMASIK, SVP FINANCE & TREASURER - 800-793	-94	55			
	101 N. WACKER DRIVE, SUITE 1150, CHICAGO, IL 60606					

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032006 12-23-20

SEE SCHEDULE O FOR FULL LIST OF STATES

7

- Form **990** (2020)

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54-0907624 Page **6**

Form	990	(2020)

D/B/A	OPPORTUNITY	INTERNATIC

Form 990 (2020)	D/B/A OPPORTUNITY INTERNATI	ONAL-US 54-0907624	Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Emp	loyees, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VI	I	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensation	ated Employees	
1a Complete this tabl	e for all persons required to be listed. Report compensation for t	he calendar year ending with or within the organization	ı's tax year.
 List all of the org 	anization's current officers, directors, trustees (whether individu	uals or organizations), regardless of amount of comper	isation.
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."

OPPORTUNITY INTERNATIONAL, INC.

• 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.

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

hours per week (hours per week (hist any line)hours per week (hist any line)compensation from the organization (W-2/1099-MISC)compensation from the organization (W-2/1099-MISC)compensation from the organization (W-2/1099-MISC)compensation from the organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)(1) ATUL TANDON60.00 (2) RANDY KURTZ25.00 (2) RANDY KURTZX671,464.0.39,25(2) RANDY KURTZ25.00 (2) RANDY KURTZ25.00 (2) NARDY KURTZX284,500.0.37,55(3) DENNIS W. RIPLEY40.00 (0.00X274,500.0.29,54(4) GREGORY E. ROTH SVP, PHILANTHROPY0.00 (0.00X219,093.0.21,94(5) MARGARET TOMASIK55.00 (3) DARGARET TOMASIKX208,901.0.25,34(7) AMELIA S. HAIDUC MANAGING DIRECTOR, STRATEGIC PARTNER (9) DAVID WIEGMAN25.00 (25.00X168,101.0.29,96(9) LOALDY HEGMAN VP, PROGRAM OPERATIONS25.00 (25.00X168,101.0.29,96(9) LOALD OLSON VP, PHILANTHROPY40.00 (0.00X156,541.0.11,94	(A)	(B)			(0	C)	•		(D)	(E)	(F)
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(8) DAVID WIEGMAN 25.00 X 168,101. 0.29,98 VP, PROGRAM OPERATIONS 25.00 X 168,101. 0.29,98 (9) LORI OLSON 40.00 X 156,541. 0.11,94							v		102 422	0	25 027
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							x		156.541.	0.	11,949.
	(10) LANA D. REDA	40.00							100/0111		
	CHIEF PHILANTHROPY OFFICER		1				x		150,328.	0.	8,268.
(11) KATEY ASSEM 3.00	(11) KATEY ASSEM										· · ·
DIRECTOR 3.00 X 0. 0.	DIRECTOR	3.00	х						0.	0.	0.
(12) LEANN POPE 5.00	(12) LEANN POPE	5.00									
CHAIR 0.00 X 0. 0.	CHAIR		Х						0.	0.	0.
(13) VIV BENJAMIN 3.00	(13) VIV BENJAMIN										
DIRECTOR 0.00 X 0. 0.	DIRECTOR		Х						0.	0.	0.
(14) SUSAN HAIGH 3.00	(14) SUSAN HAIGH										
DIRECTOR 0.00 X 0. 0.			Х						0.	0.	0.
(15) JOEL JOHNSON 3.00	(15) JOEL JOHNSON										
DIRECTOR 0.00 X 0. 0.	DIRECTOR		Х						0.	0.	0.
(16) MUFFY MACMILLAN 3.00			_						_		
DIRECTOR 0.00 X 0. 0.			Х						0.	0.	0.
(17) DALE PATTERSON 3.00											
DIRECTOR 0.00 X 0. 0. 0.		0.00	Х						0.	0.	0 • Form 990 (2020)

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Form 990 (2020)

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

54-0907624 Page 8

Form 990 (2020) D/B/A OPI	PORTUNII	Ϋ́	IN	ΤE	RN	AT:	ΓC	NAL-US	54-09	<u>)076</u>	624	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghest	C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(1)		Posi	ition			Reportable	Reportable		Esti	mate	ed
	hours per					than or s both		compensation	compensatio	I	amo	ount (of
	week					r/truste		from	from related		0	ther	
	(list any	ctor						the	organizations	s	comp	ensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MIS	5C)	fro	m the	е
	related	tee ol	Istee			ensat		(W-2/1099-MISC)			orga	nizati	ion
	organizations	trus	lal tri		yee	ad mo					and	relate	ed
	below	ndividual trustee or director	Institutional trustee	er	b d u a	est c loyee	ıer				orgar	iizatio	ons
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former						
(18) CAROL PELINO	3.00												
DIRECTOR	0.00	Х						0.		0.			0.
(19) FRED SASSER	3.00												
DIRECTOR	0.00	Х						0.		0.			0.
(20) KEN WATHOME	3.00												
DIRECTOR	0.00	Х						0.		0.			0.
(21) ALANA ACKERSON	3.00												
DIRECTOR	0.00	х						0.		0.			Ο.
										$ \rightarrow $			
1b Subtotal							•	2,561,014.		0.	270	.7!	51.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.	270	<u>//</u>	0.
								2,561,014.		0.	270	7	
d Total (add lines 1b and 1c)									200 - (270	<u>, </u>	<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	JUU of reportable	1			26
compensation from the organization													
										ſ		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or l	nig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes	" co	mole	ete S	Sche	dule	.I f	or such individual			4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors	piele Schedule	<u>; </u>	or su	CIŢ	Jerse					<u></u>	5		
· · · · · · · · · · · · · · · · · · ·	managet ad ind	000		+ ~ ~	tra	otor	. + 6	at received mare than f	100 000 of comp		ion from		
. , , ,	•	•							•	ensat		1	
the organization. Report compensation for	he calendar ye	ear e	endin	g w	ith o	or with	nın T		ear.				
(A)								(B)		~	(C)		
Name and business								Description of s	ervices	C	ompens	sation	n
AFRICA HR SOLUTIONS, 6TH							1	PROFESSIONAL					
BUILDING, LE CAUDAN WATERF	RONT, P	OR	т 1	LOI	UIS	s,		EMPLOYMENT OF	RGANIZAT		362	, 93	35.
GAPLINK, PLOT 2133 TANK H	ILL ROA	D	MU	YE]	NGZ	A,		PROGRAM					
KAMPALA, UGANDA								IMPLEMENTATI	ON		221	.73	33.
IMPACT ATLAS							_	CLIENT DATA				<u>·</u>	
20 CRECIENTA DR., SAUSALI	то са	94	96	5				TECHNOLOGY			217	21	08.
CHUHAK & TECSON, P.C., 30							ť				<u> </u>	, 4	
		лĿ	IV I	JR	• ,		ļ	ד דראד מהחזיד מי			210	0 '	າຍ
SUITE 2600, CHICAGO, IL 6		<u> </u>	v				╡	LEGAL SERVIC	GC GC		212	, 9.	40.
RUSSELL REYNOLDS ASSOCIAT				_							010	~	~ ~
6427, CHURCH STREET STATIC							_	RECRUITING SI			210	, 09	98.
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to t			ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				11	-							

Form 990 (2020)

032008 12-23-20

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OPPORTUNITY INTERNATIONAL, INC. Form 990 (2020) D/B/A C D/B/A OPPORTUNITY INTERNATIONAL-US

Sector State function revenue business revenue cfm that information revenue business revenue cfm that information revenue chainess revenue cfm that information revenue <thcfm inform="" revenue<="" th="" that=""> <thcfm information="" reve<="" th="" that=""><th>14</th><th></th><th></th><th></th><th></th><th></th><th>snonse</th><th>or note to any lin</th><th>e in this Part VIII</th><th></th><th></th><th></th></thcfm></thcfm>	14						snonse	or note to any lin	e in this Part VIII			
Bornsberging Outse 10 b Montberging Outse 10 c Fundations oversite 10 d Related organizations 10 d Covernment grants (contributions) imitar anounts to include above generation oversites: related or relations 10 g Note: control include above generation oversites: related organizations 11 23, 883, 9661. g Note: control include above generation oversites: related organizations 11 25, 064, 936. d Total. Add lines 1s-1f Examined Code 223, 003, 200, 003. 200, 003. d GENORAL SERVICE REVENUE 522100 210, 003. 210, 003. 210, 003. d A litcher program service revenue 27, 617, 046. 35, 249. 35, 249. d Income from investment of tax-exempt bord proceeds Secondary Secon					Jonica		sponse	or note to any in		Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Business Code Description 2 a MICROPINANCE REVENUE 26,123,934. 26,123,934. 26,123,934. 26,123,934. 26,123,934. 26,123,934. 26,123,934. 26,123,934. 26,123,934. 210,003. <td>ts ts</td> <td>1</td> <td>а</td> <td>Federated campaigns</td> <td></td> <td></td> <td>1a</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ts ts	1	а	Federated campaigns			1a					
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generation 2 a MICROFINANCE REVENUE 522100 26,123,934. 26,123,934. 10 c CREAKER SERVICE 522100 1,483,111. 1,483,111. 1,483,111. c SERVICE REVENUE 522100 210,003. 210,003. 210,003. 210,003. d	an Co		h	Total. Add lines 1a-1f				►	25,064,936.			
B GOVERNMENT CONTRACTS 522100 1,483,111. 1,483,111. 1,483,111. F PROGRAM SERVICE REVENUE 522100 210,003. 210,003. 210,003. G All other program service revenue 522100 210,003. 210,003. 210,003. G Total. Add lines 2a2! 27,817,048. 1 1 1 G Total. Add lines 2a2! 27,817,048. 1 1 1 G throse from investment of tax exempt bond proceeds 35,249. 35,2 35,2 G Rental income or (loss) Ed 1												
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			е						53,064,019.	27,817,048.	0.	182,035.
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OPPORTUNITY INTERNATIONAL, INC. D/B/A OPPORTUNITY INTERNATIONAL-US Part IX Statement of Functional Expenses

5500	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	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	1	1		
	and domestic governments. See Part IV, line 21	1,026,889.	1,026,889.		
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	4 220 500	4 220 500		
	individuals. See Part IV, lines 15 and 16	4,338,729.	4,338,729.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	010 520	E 2 0 0 4 0	F2 062	210 526
_	trustees, and key employees	810,538.	538,040.	52,962.	219,536
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	8,531,751.	5,503,586.	588,551.	2,439,614
7	Other salaries and wages	ο, στ, τοτ.	J, JUJ, JOO.	J00, JJ1.	4,437,014
8	Pension plan accruals and contributions (include	550,196.	365,223.	35,951.	149,022
0	section 401(k) and 403(b) employer contributions)	724,902.	481,194.	47,367.	196,341
9 10	Other employee benefits	644,322.	427,704.	42,102.	174,516
10 11	Payroll taxes Fees for services (nonemployees):	JII, J44•		74,104.	,J10
	Management				
a b	Legal	215,611.	102,081.	43,972.	69,558
	Accounting	91,085.	7,085.	84,000.	
	Lobbying	52,0001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01,0000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ũ	column (A) amount, list line 11g expenses on Sch 0.)	4,401,251.	3,879,688.	244,672.	276,891.
12	Advertising and promotion	28,805.	17,731.	8,360.	2,714.
13	Office expenses	1,362,285.	1,049,081.	225,010.	88,194.
14	Information technology				
15	Royalties				
16	Occupancy	505,774.	266,540.	93,510.	145,724.
17	Travel	659,467.	536,541.	30,831.	92,095.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	8,372.	2,448.	4,526.	1,398.
20	Interest	3,642,538.	3,615,178.	27,360.	
21	Payments to affiliates	14,972,928.	14,972,928.		
22	Depreciation, depletion, and amortization	35,975.	11,009.	24,966.	
23	Insurance	87,143.	41,201.	45,942.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	3,208,999.	3,084,940.	65,449.	58,610.
b	PROVISION FOR LOAN LOSS	-970,764.	-970,764.		•
с			-		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	44,876,796.	39,297,052.	1,665,531.	3,914,213.
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 I if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Form 990 (2020)

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Form 990 (2020)

032011 12-23-20

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

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	נא	Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			91,153,163.	1	40,649,034
	2	Savings and temporary cash investments	0.	2			
	3	Pledges and grants receivable, net			4,815,951.	3	5,922,565
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			165,776,494.	7	26,409,462
Assets	8	Inventories for sale or use				8	
As	9				13,510,752.	9	9,049,007
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,758,701.			
	b	Less: accumulated depreciation		<u>9,758,701.</u> 7,160,554.	11,727,560.	10c	2,598,147
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			680,167.	12	720,872
	13	Investments - program-related. See Part IV, line 1			100,000.	13	100,000
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	267,868.	15	217,868		
	16	Total assets. Add lines 1 through 15 (must equa			288,031,955.	16	85,666,955
	17	Accounts payable and accrued expenses			16,564,101.	17	6,116,252.
	18	Grants payable		18			
	19	Deferred revenue	6,267,024.	19	2,265,630.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ş	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ns		22	
Ξ.	23	Secured mortgages and notes payable to unrelation	ted thir	d parties	62,400,978.	23	5,878,470
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			151,652,701.	25	39,381,444.
	26	Total liabilities. Add lines 17 through 25			236,884,804.	26	53,641,796
		Organizations that follow FASB ASC 958, chee	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			32,474,816.	27	15,722,105 16,303,054
Ba	28	Net assets with donor restrictions		<u></u>	18,672,335.	28	16,303,054.
pur		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 📃			
ŕFι		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds			29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			51,147,151.	32	32,025,159.
	33				288,031,955.	33	85,666,955.

Form 990 (2020) Part X Balance Sheet

Form 900 (2020) D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 12 Part XI Reconciliation of Net Assets X 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 53,064,019. 2 244,876,796. 2 444,876,796. 3 Revenue less expenses. Subtract line 2 from line 1 3 8,187,223. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 51,147,151. 5 Net unrealized gains (losses) on investments 6 74,573. 6 Obnated services and use of facilities 7 8 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -27,383,788. 10 32,025,159. 9 -27,383,788. 10 32,025,159. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash< X Accrual Other 2a X 1 Accounting fr		OPPORTUNITY INTERNATIONAL, INC.					
Check if Schedule O contains a response or note to any line in this Part XI X 1 Total evenue (must equal Part XII, column (A), line 12) 1 53, 064, 019. 2 Total evenue (must equal Part XI, column (A), line 25) 2 444, 876, 796. 3 Revenue less expenses. Subtract line 2 from line 1 3 8, 187, 223. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 74, 573. 6 Donated services and use of facilities 6 7 7 Investment expenses 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -27, 383, 788. 10 Net assets or fund balances (explain on Schedule O) 9 -27, 383, 788. 10 Net assets or fund balances (explain on Schedule O) 9 -27, 383, 788. 10 Net assets or fund balances (explain on Schedule O) 9 -27, 383, 788. 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method u	Form	990 (2020) D/B/A OPPORTUNITY INTERNATIONAL-US	54-	090762	24	Page	e 12
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	b						
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Form **990** (2020)

032012 12-23-20

SCHEDULE A		Dublic Cha	rity Status an	d Dublic	Support		OMB No. 1545-0047
(Form 990 or 990-EZ)			ization is a section 501				2020
			47(a)(1) nonexempt cha				2020
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F				Open to Public Inspection
			/Form990 for instructio		test information.	Employer	identification number
Name of the organization			<pre>FERNATIONAL, ITY INTERNATI</pre>		4		4 - 0907624
Part I Reason	or Public (Charity Status	(All organizations must c	omplete this p	o art) See instruction	<u> </u>	4-0907024
The organization is not a							
<u> </u>	-		n of churches described	-	-		
			Attach Schedule E (Form				
			anization described in se				
	-		njunction with a hospital)(iii). Enter	the hospital's name,
city, and state):						
5 🗌 An organizati	on operated fo	or the benefit of a col	lege or university owned	or operated b	y a governmental u	nit describe	ed in
section 170	b)(1)(A)(iv).(Complete Part II.)					
	e, or local go	vernment or governm	nental unit described in	section 170(b))(1)(A)(v).		
7 🚺 An organizati	on that norma	ally receives a substa	ntial part of its support fr	om a governm	ental unit or from th	ne general p	oublic described in
		Complete Part II.)					
			1)(A)(vi). (Complete Part	-			
			in section 170(b)(1)(A)(i		•	Ū.	•
•	r a non-land-ç	grant college of agric	ulture (see instructions).	Enter the name	e, city, and state of	the college	or
university:			than 22 1/20/ of its supp	art from contri	hutiana mambarah	in face and	l areas ressints from
			than 33 1/3% of its supp				
			t to certain exceptions; a (less section 511 tax) fro				-
		mplete Part III.)			acquired by the org	jainzation a	
			vely to test for public saf	etv. See sect	ion 509(a)(4).		
	-	-	vely for the benefit of, to	-		rrv out the	ourposes of one or
0	-	-	d in section 509(a)(1) o	-		•	-
		-	f supporting organization	-			
a 📃 Type I. A su	ipporting orga	anization operated, s	upervised, or controlled l	oy its supporte	ed organization(s), t	pically by	giving
the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority of the	e directors or truste	es of the su	pporting
organizatio	n. You must d	complete Part IV, Se	ections A and B.				
b Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its su	oported organizatio	n(s), by hav	ing
	•		anization vested in the sa	ime persons th	nat control or mana	ge the supp	orted
		st complete Part IV,					
	-		g organization operated i			ly integrate	d with,
	•	.,.). You must complete F				
	-		orting organization oper			0	()
			ation generally must sati			an attentiv	eness
			nplete Part IV, Sections written determination from				
			nally integrated supportir			п, туре п	
f Enter the number of							
	••	n about the supporte					
(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the organizatio in your governing doc	ument?		(vi) Amount of other
organization			(described on lines 1-10 above (see instructions))		No support (see in	nstructions)	support (see instructions)
Total							
Total LHA For Paperwork Rev	duction Act N	latice see the last	uctions for Form 000 or	990_E7		dulo A (Ecr	m 990 or 990-EZ) 2020
	ACCOUNT ACCIN	voluce, see the instri	1010113 101 FUITI 990 OF	330-EL. 0320	J21 01-20-21 3CNe	uule A (FO	11 330 01 330-EZ) 2020

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)

54-0907624 Page 2

(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.	<u>25064936.</u>	114844412			
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	21246750	21626269	05700105	21100224	25064026	114844412			
	Total. Add lines 1 through 3	21240/59.	21030308.	25/00125.	21108224.	25064936.	114844412			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						17089172.			
6							97755240.			
	6 Public support. Subtract line 5 from line 4. 97755240. Section B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	21246759.	21636368.	25788125.	21108224.	25064936.	114844412			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	72,286.	39,436.	7,039.	8,365.	35,249.	162,375.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						115006787			
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 270	,320,400.			
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)				
-	organization, check this box and sto									
	ction C. Computation of Publ						0			
	Public support percentage for 2020 (14	85.00 %			
	Public support percentage from 2019					15	85.15 %			
16a	33 1/3% support test - 2020. If the									
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
D										
170	and stop here. The organization qua									
17 a	10% -facts-and-circumstances test and if the organization meets the fact	-								
	meets the facts-and-circumstances te					•				
h	10% -facts-and-circumstances test	-		• • • •		17a and line 15 is				
U.										
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18										
						edule A (Form 990				

Schedule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Suppo	rt					
Calendar year (or fiscal year begin	ning 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 grant	s.")					
2 Gross receipts from admiss merchandise sold or servic formed, or facilities furnishe any activity that is related t organization's tax-exempt p	es per- ed in o the					
3 Gross receipts from activiti						
are not an unrelated trade iness under section 513						
4 Tax revenues levied for the	organ-					
ization's benefit and either	u l					
or expended on its behalf						
5 The value of services or fac						
furnished by a government						
the organization without ch						
6 Total. Add lines 1 through	·					
7a Amounts included on lines						
3 received from disqualified						
b Amounts included on lines 2 and 3 rd from other than disqualified persons exceed the greater of \$5,000 or 1% c amount on line 13 for the year	that of the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c Section B. Total Support						
Calendar year (or fiscal year begin		(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6			(0) 2010	(4) 2010	(0) 2020	
 10a Gross income from interest dividends, payments receiv securities loans, rents, roya and income from similar so 	t, /ed on alties,					
b Unrelated business taxable inc						
(less section 511 taxes) from t	ousinesses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated activities not included in lin whether or not the busines regularly carried on	ie 10b,					
12 Other income. Do not inclu or loss from the sale of cap assets (Explain in Part VI.)	pital					
13 Total support. (Add lines 9, 10c,						
14 First 5 years. If the Form 9	90 is for the organization?	s first, second, third,	, fourth, or fifth tax	k year as a section 5	501(c)(3) organi	zation,
check this box and stop he						
Section C. Computation	of Public Support P	ercentage				
15 Public support percentage	for 2020 (line 8, column (f), divided by line 13,	column (f))		15	%
16 Public support percentage					16	%
Section D. Computation						
17 Investment income percent					17	%
18 Investment income percent					18	%
19a 33 1/3% support tests - 20						ne 17 is not
more than 33 1/3%, check						▶∟
b 33 1/3% support tests - 20						
line 18 is not more than 33						ion
20 Private foundation. If the	organization did not check	a box on line 14, 19	ea, or 19b, check			
032023 01-25-21		16	5	Sch	edule A (Form	990 or 990-EZ) 2020

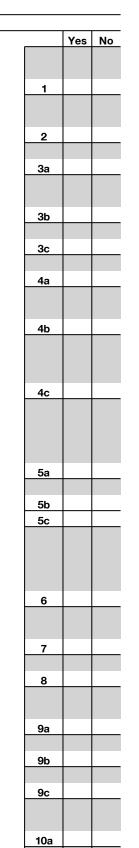
Schedule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US Part IV | Supporting Organizations

(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 Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

10b

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17

Schedule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a 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.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Schedule A (Form 990 or 990-EZ) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-09 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		·		Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	[1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020	
_1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
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)					
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$			_		
	Applied to underdistributions of prior years			_		
	Applied to 2020 distributable amount			_		
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
7	Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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Schedule A	(Form 990 or 990-EZ) 2020	D/B/A	OPPOR	TUNITY	INTERNA	ATIONAL-U	IS	54-0907624	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4t ines 2 and 3	b, 4c, 5a, 6, ; Part IV, Se	9a, 9b, 9c, 1 ection E, lines	1a, 11b, and 1c, 2a, 2b, 3	11c; Part IV, Sec a, and 3b; Part V	tion B, lines 1 a /, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Part	n C, art V,
032028 01-25-2	21						Schedule	A (Form 990 or 990	-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

LIN						
	OPPORT	UNITY	INTERN	JATIONAL,	INC.	
	D/B/A	OPPORT	UNITY	INTERNAT	IONAL-US	

54-0907624

Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of or	-		Employer identification number
	TUNITY INTERNATIONAL, INC. OPPORTUNITY INTERNATIONAL-US		54-0907624
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
1		\$1,637,2	20. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		\$1,500,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		\$994,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4_		\$1,000,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
5		\$716,7	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
6		\$630,0	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2020)

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

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

Name of or			Employer identification number
	TUNITY INTERNATIONAL, INC. OPPORTUNITY INTERNATIONAL-US		54-0907624
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$ <u>582,7</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		_ \$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

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

Page **2**

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

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
	organization		Employer identification number
	TUNITY INTERNATIONAL, INC. OPPORTUNITY INTERNATIONAL-US		54-0907624
Part II			•
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed].
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	- Data received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

023453 11-25-20

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

18430811 144198 144011

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Pag					
Name of or	rganization		Employer identification number					
OPPORT	TUNITY INTERNATIONAL,]	INC.						
	OPPORTUNITY INTERNATIO	DNAL-US	54-0907624					
Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye					
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations or less for the year. (Enter this info. once.) \$					
	Use duplicate copies of Part III if additiona	al space is needed.						
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi	ift					
ļ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
			[
F	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
Γ								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
			[
F	(e) Transfer of gift							
	(e) mansier of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
ľ								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Fulpose of gift							
ŀ								
		(e) Transfer of git	ift					
	T		Deletionekia et transformationer te transforma					
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
023454 11-25	-20	ł	Schedule B (Form 990, 990-EZ, or 990-PF) (20					

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SC	SCHEDULE D Supplemental Financial Statements					
(Forn	n 990)	Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1), 2b.	2020	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform		Open to Public Inspection	
	e of the organizati				r identification number	
	- - -	D/B/A OPPORTUNITY	•		4-0907624	
Par	tl Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds an	d other accounts	
1						
2		f contributions to (during year)	40.000			
3		f grants from (during year)	40,000. 217,868.			
4		t end of year				
5	-	on inform all donors and donor advisors in v on's property, subject to the organization's	-		X Yes No	
6		on inform all grantees, donors, and donor a				
•	•	poses and not for the benefit of the donor o		•		
		ate benefit?	, , , , , , , , , , , , , , , , , , , ,	0	X Yes No	
Par	tll Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation o	of a historically impo	rtant land area	
	Protection o	f natural habitat	Preservation o	of a certified historic	structure	
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation e	asement on the last	
	day of the tax year				at the End of the Tax Year	
а		onservation easements				
b	•					
c		vation easements on a certified historic stru				
a		vation easements included in (c) acquired a	,			
3		nal Register vation easements modified, transferred, rel			n the tax	
•	year ►			o organization dann		
4		where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?		Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,				
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements dur	ing the year	
	▶\$					
8		vation easement reported on line 2(d) abov	• •			
)(4)(B)(ii)?			Yes No	
9		be how the organization reports conservation				
		d include, if applicable, the text of the footn	lote to the organization's financial statem	ients that describes	the	
Par		ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar As	sets.	
		f the organization answered "Yes" on Form				
1a		elected, as permitted under FASB ASC 95		and balance sheet w		
	•	easures, or other similar assets held for pub				
		Part XIII the text of the footnote to its finar		-		
b	· •	elected, as permitted under FASB ASC 95			s of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the followi	ng amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶ \$		
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide		
	-	unts required to be reported under FASB A	-			
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
		eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2020	
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			2 U			

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	OPPORTUNITY INTERNATIONAL, INC.									
	Schedule D (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
									(continue	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
а	Public exhibition	d		an or excl	hange progra	m				
b										
с										
4	Provide a description of the organization's co	ollections and explair	how they	further th	e organizatio	n's exem	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma				-				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa			-						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for co	ntributions	s or other ass	ets not i	ncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Did the organization include an amount on F								Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been j	provided on I	Part XIII				
Par	t V Endowment Funds. Complete i	if the organization an	swered "Y	'es" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. a	column (a)) held as:					
	Board designated or quasi-endowment	•	%		,					
b	Permanent endowment									
c		%								
-	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse		tion that a	ire held an	nd administer	ed for the	e organiza	ation		
	by:						9		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	<u>u</u>								
	Complete if the organization answere	d "Yes" on Form 990). Part IV. I	ine 11a. S	ee Form 990	. Part X. I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulate	bd	(d) Book	/alue
		basis (investr		basis		• •	preciation		(-, 200)	
1a	Land				. ,					
	Buildings									
	Leasehold improvements									
	Equipment			9.75	8,701.	7.1	.60,5	54.	2,598	.147.
	Other			- , . 5	-,	.,-			_,	<u>, , , ,</u>
	. Add lines 1a through 1e. (Column (d) must e		X column	(R) line 11	ן וב ו				2,598	.147.
. ord		<u>'yuai ruiiii 990, Pan .</u>	Α, COIUITIN	וווופ ונסי.	JU.J				D (Form 9	
									(i o i i i c	

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

Schedule D (Form 990) 2020 D/B/A OPP Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(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" 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 end-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.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) DEPOSITS FROM CUSTOMERS	39,381,444.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	39,381,444.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

	OPPORTUNITY INTERNATIONAL, II	NC.						
Sche	dule D (Form 990) 2020 D/B/A OPPORTUNITY INTERNATION	NAL	u-US	54-	0907624 Page 4			
Par	t XI Reconciliation of Revenue per Audited Financial Statements	Wit	h Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	28,073,461.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	-74,573.					
b								
С	Recoveries of prior year grants	2c		_				
d	Other (Describe in Part XIII.)	2d	418,699.					
е	Add lines 2a through 2d			2e	344,126.			
3	Subtract line 2e from line 1			3	27,729,335.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а		4a	05 004 604	-				
b		4b	25,334,684.		05 004 604			
С	Add lines 4a and 4b			4c	25,334,684.			
5	5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 53,064,019. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.							
Fal		5 99	iui Expenses per r	helur				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				27,120,860.			
1	Total expenses and losses per audited financial statements			1	27,120,000.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u> </u>						
a		2a oh		-				
b		2b 2c		-				
C A		20 2d	2,415,627.	-				
d			<i>i i</i>	2e	2,415,627.			
е 3	Add lines 2a through 2d			3	24,705,233.			
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	21,105,255.			
- a		4a						
b		4b	20,171,563.	-				
				4c	20,171,563.			
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)			5	44,876,796.			
Pa	t XIII Supplemental Information.				,,			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

OPPORTUNITY AND OTI HAVE RECEIVED DETERMINATION LETTERS FROM THE IRS
INDICATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED. ACCORDINGLY,
OPPORTUNITY AND OTI ARE NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT
IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT
PURPOSE. NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN MADE AS
OPPORTUNITY AND OTI ARE NOT ENGAGED IN ANY UNRELATED BUSINESS INCOME
ACTIVITIES. OPPORTUNITY AND OTI BELIEVE THEY HAVE TAKEN NO SIGNIFICANT
UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2021 AND 2020.

THE MICROFINANCE	INSTITUTIONS	INCLUDED	IN	THE	ACCOMPANYING	CONSOLIDATED
032054 12-01-20						Schedule D (Form 990) 2020
		3	1			

OPPORTUNITY INTERNATIONAL, INC. Schedule D (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 5
Schedule D (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 5 Part XIII Supplemental Information (continued)
FINANCIAL STATEMENTS PAY TAXES IN ACCORDANCE WITH THEIR RESPECTIVE
COUNTRY'S LAWS AT THE RATE OF 25% OF TAXABLE INCOME AND CURRENT TAX
EXPENSE IS RECORDED FOR THESE AMOUNTS. INCOME TAX EXPENSE IS INCLUDED IN
GAIN (LOSS) FROM DISCONTINUED ACTIVITIES ON THE CONSOLIDATED STATEMENT OF
ACTIVITIES. INCOME TAXES FOR THE OVERSEAS FOR-PROFIT MICROFINANCE
INSTITUTIONS ARE ACCOUNTED FOR UNDER THE ASSET-AND-LIABILITY METHOD.
DEFERRED TAXES AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE CONSEQUENCES
ATTRIBUTABLE TO DIFFERENCES BETWEEN THE CONSOLIDATED FINANCIAL STATEMENT
CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE
TAX BASES AND TAX CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE
MEASURED USING CURRENTLY ENACTED TAX RATES. THE EFFECT ON DEFERRED TAX
ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN
THE PERIOD THAT INCLUDES THE ENACTMENT DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SUBSIDIARY CONTRIBUTION	114,764.
SUBSIDIARY ELIMINATION	303,935.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

26,123,934.
2,774.
32,474.
146,786.
-971,284.
25,334,684.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

418,699.

032055 12-01-20

Schedule D (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL - US	54-0907624 Page 5
Part XIII Supplemental Information (continued)	
SUBSIDIARY ELIMINATION (OTI AND OIN)	-122,080.
INTERCOMPANY EXPENSE ALLOCATION	2,537,707.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,415,627.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DISCONTINUED OPERATIONS - INTEREST	3,615,178.
DISCONTINUED OPERATIONS - OPERATING EXPENSES	14,972,928.
DISCONTINUED OPERATIONS - PROVISION FOR LOAN LOSS	-970,764.
DISCONTINUED OPERATIONS - INCOME TAX EXPENSE	2,554,221.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	20,171,563.
	Sobodulo D (Earm 000) 2020

Schedule D (Form 990) 2020

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	ОМ	B No. 1545-0047		
(Form 990)	Complete if		2	2020					
Department of the Treasury				to Public					
Internal Revenue Service	tion ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identificatio								
Name of the organization OPPORTUNITY INT	FRNATTON	AL TNC.			Employer	Identific	cation number		
D/B/A OPPORTUNI		•	-US		54-090	0762	4		
			side the United States. Compl	ete if the orgar					
Form 990, Part	V, line 14b.			-					
•	Ũ		ds to substantiate the amount of its gra the selection criteria used to award the		,	X .	Yes 🗌 No		
United States.			procedures for monitoring the use of it	•	her assistand	ce outsid	de the		
(a) Region	(b) Number of		n be duplicated if additional space is r (d) Activities conducted in the region	1	vity listed in ((d)	(f) Total		
	offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service e specific typ (s) in the regi	e, e	expenditures for and investments in the region		
			GRANTS TO RECIPIENTS IN THE	GRANTS TO F	IN SUPPOR		1 020 104		
SUB-SAHARAN AFRICA	0	0	REGION	OIUS'S MISS	SION		1,038,104.		
EUROPE	0	0	GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO F THE REGION OIUS'S MISS	IN SUPPOR		226,512.		
				GRANTS TO F					
CENTRAL AMERICA & THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION	THE REGION OIUS'S MISS		TOF	1,215,605.		
							_,,		
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO F THE REGION OIUS'S MISS	IN SUPPOR		1,303,273.		
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO F THE REGION OIUS'S MISS	IN SUPPOR		405,665.		
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO F THE REGION OIUS'S MISS	IN SUPPOR		63,400.		
NORTH AMERICA	0		GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO F THE REGION OIUS'S MISS	RECIPIENTS IN SUPPOR		97,855.		
3 a Subtotal	0	0					4,350,414.		
b Total from continuation sheets to Part I	0	0					0.		
c Totals (add lines 3a and 3b)	0	0					4,350,414.		

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

Schedule F (Form 990) 2020

032071 12-03-20

D/B/A OPPORTUNITY INTERNATIONAL-US

54-0907624

Schedule F (Form 990) 2020

Part II 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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT MICROFINANCE					
			INSTITUTIONS WITH					
		PHILLIPINES	LOAN FUNDS.	32,174.	WIRE TRANSFER	0.		
			IMPROVED TECHNOLOGY,					
			EQUIPMENT AND SUPPORT					
			OPERATIONS TO EXTEND					
		GHANA	FINANCIAL SERVICES	164,684.	WIRE TRANSFER	٥.		
			TECHNOLOGY, TRAINING					
			AND OPERATIONS					
			SUPPORT TO INCREASE					
		UGANDA	FINANCIAL SERVICES TO	209,611.	WIRE TRANSFER	0.		
			TECHNOLOGY, TRAINING					
			AND OPERATIONS					
			SUPPORT TO INCREASE					
		COLOMBIA	FINANCIAL SERVICES TO	394,330.	WIRE TRANSFER	٥.		
			FINANCIAL AND					
			AGRICULTURAL SERVICES					
			AND TRANING,					
		NICARAGUA	EDUCATION AND	1141668.	WIRE TRANSFER	٥.		
			EDUFINANCE PROGRAM					
			WORK AND SUPPORT OF					
			MFI'S TO EXTEND					
		RWANDA	FINANCIAL SERVICES	92,445.	WIRE TRANSFER	٥.		
			SUPPORT OF PROGRAM					
			WORK IN AFRICA WITH					
			MICROFINANCE					
		UNITED KINGDOM	INSTITUTIONS	226,512.	WIRE TRANSFER	٥.		
				,				
			TRAINING AND SUPPORT					
			FOR COMMUNITY HEALTH					
		INDIA	FACILITATORS	39.000.	WIRE TRANSFER	٥.		
2 Enter total number of	recipient organizatio		recognized as charities by the					1
			or counsel has provided a sect		-	▶		19
3 Enter total number of	•	-	or coursernas provided a sect		uivalency letter			24

Page 2

Schedule F (Form 990) 2020

Schedule F (Form 990)

OPPORTUNITY INTERNATIONAL, INC.

D/B/A OPPORTUNITY INTERNATIONAL-US

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) COVID RELIEF ASSISTANCE FOR AUSTRALIA 1190405. WIRE TRANSFER PARTNERS IN INDIA 0. SUPPORT EXTREME POVERTY PROGRAM WORK CANADA IN HAITI 68,557. WIRE TRANSFER 0. OPERATING EXPENSES FOR MICROFINANCE 7,585. WIRE TRANSFER PARAGUAY INSTITUTION 0. OPERATING EXPENSES FOR MICROFINANCE MYANMAR INSTITUTION 24,400. WIRE TRANSFER 0. OPERATING EXPENSES DOMINICAN FOR MICROFINANCE REPUBLIC INSTITUTION 20,500. WIRE TRANSFER 0. OPERATING EXPENSES FOR MICROFINANCE INSTITUTION INCLUDING HONDURAS COVID RELIEF 20,500. WIRE TRANSFER 0 IMPLEMENTATION OF EARLY CHILDHOOD INDONESIA NUTRITIONAL PROGRAM 80,694. WIRE TRANSFER 0. IMPLEMENTATION OF EARLY CHILDHOOD MEXICO NUTRITIONAL PROGRAM 29,298. WIRE TRANSFER Ο. IMPLEMENTATION OF EARLY CHILDHOOD 571,634. WIRE TRANSFER NUTRITIONAL PROGRAM SOUTH AFRICA 0.

54-0907624

Page 2

OPPORTUNITY	INTERNATIONAL,
	•

D/B/A OPPORTUNITY INTERNATIONAL-US

Schedule F (Form 990) D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624											
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	(Schedule F (Form 9	-						
1 (a) Name of organizatio	n and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			OPERATING EXPENSES AFTER EARTHQUAKE	25,002.	WIRE TRANSFER	0.					

INC.

D/B/A OPPORTUNITY INTERNATIONAL-US

54-0907624

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.

Schedule F (Form 990) 2020

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

Schedule F (Form 990) 2020

Page 3

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

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

Schedule F (Form 990) 2020

032074 12-03-20

D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 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 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 Schedule F (Form 990) 2020 032075 12-03-20 40

18430811 144198 144011

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

Schedule F (Form 990) 2020 D/B/A OPP

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.

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.

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: TECHNOLOGY, TRAINING AND OPERATIONS SUPPORT TO

INCREASE FINANCIAL SERVICES TO EDUCATION AND AGRICULTURE CLIENTS

REGION: COLOMBIA

(D) PURPOSE OF GRANT: TECHNOLOGY, TRAINING AND OPERATIONS SUPPORT TO

INCREASE FINANCIAL SERVICES TO EDUCATION AND AGRICULTURE CLIENTS

REGION: NICARAGUA

(D) PURPOSE OF GRANT: FINANCIAL AND AGRICULTURAL SERVICES AND TRANING,

EDUCATION AND COMMUNITY ECONOMIC DEVELOPMENT

032075 12-03-20

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2020
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Forus.gov/Form990 fo		nation.		Open to Public Inspection
		ATIONAL, INC INTERNATION					Employer identification number $54 - 0907624$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Does the in Det Nullsanse institution 	tance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					opization answered "	(aall on Form 000, Dart	IV line 21 for any
recipient that received more than \$					anization answered f	es on Form 990, Fan	TV, III e 21, IOF ally
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. 101 N. WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	61-1748401	501(C)(3)	123,237.	0.	N/A		FUNDS TO AFFILIATE FOR OPERATING EXPENSES
ACCESS BUSINESS GROUP INTERNATIONAL - 7575 FULTON ST ADA, MI 49355	38-3568820	501(C)(3)	523,046.	0.	N/A		NUTRITIONAL SUPPLEMENTS FOR POWER OF FIVE PROGRAM
GLOBAL OUTREACH INC 13 RON'S ROAD SANTA FE, NM 87508	75-2191153	501(C)(3)	20,000.	0.	N/A		OPERATING FUNDS
ALLIANCE FOR CHILDREN EVERYWHERE 4401 2ND AVE NE SEATTLE, WA 98105	91-1704751	501(C)(3)	50,000.	0.	N/A		IMPLEMENTATION OF EARLY CHILDHOOD NUTRITIONAL PROGRAM
GLASSWING INTERNATIONAL USA 199 WATER STREET, FL. 34 NEW YORK, NY 10038	26-1456470	501(C)(3)	88,840.	0.	N/A		IMPLEMENTATION OF EARLY CHILDHOOD NUTRITIONAL PROGRAM
HOPE FOR HAITI, INC. 1021 5TH AVENUE NORTH NAPLES, FL 34102	59-3564329	501(C)(3)	136,553.	0.	N/A		IMPLEMENTATION OF EARLY CHILDHOOD NUTRITIONAL PROGRAM
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 		,					▶ <u>8.</u> 0.

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

Schedule I (Form 990) 2020

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

(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 non-cash assistance	(h) Purpose of grant or assistance
OLID ROCK INTERNATIONAL 1012 LAKEVIEW DR. CARMEL, IN 46032	34-1719319	501(0)(3)	49,130.	0	N/A		IMPLEMENTATION OF EARLY CHILDHOOD NUTRITIONAL PROGRAM
NORD2ACT 20 BOX 6246 RAND RAPIDS, MI 49506	81-4022063		36,083.		N/A		IMPLEMENTATION OF EARLY CHILDHOOD NUTRITIONAL PROGRAM.

Schedule I (Form 990)

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

D/B/A OPPORTUNITY INTERNATIONAL-US

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: State State

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2020

Part III

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 PROSPECTIVE 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

54-0907624

Page 2

OPPORTUNITY INTERNATIONAL, INC. Schedule I (Form 990) D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907624 Page 2 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.

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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.

032291 04-01-20

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ŀ			
(,)		Compensated Employees		- 20	ZU	J
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		ic
	tment of the Treasury al Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 		Inspe		
-	e of the organization		Employer	identificatio		mber
	0	D/B/A OPPORTUNITY INTERNATIONAL-US		090762		
Pa	rt I Question	s Regarding Compensation			_	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		100	
		line 1a. Complete Part III to provide any relevant information regarding these items.	000,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account President Personal services (such as maid, chauffer				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	511 10			
	Compensation					
	·	ompensation consultant III Compensation survey or study				
		ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				x
	•	eive payment from an equity-based compensation arrangement?				x
•	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
•	contingent on the r					
а	•	······································		6a		X
		ation?				x
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
-	-	ies 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
-				8		x
9		id the organization also follow the rebuttable presumption procedure described in		····· j		
-		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2020

032111 12-07-20

D/B/A OPPORTUNITY INTERNATIONAL-US

54-0907624

Page 2

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I) ⁻ (D)	reported as deferred on prior Form 990
(1) ATUL TANDON	(i)	379,144.	292,320.	0.	31,496.	7,756.	710,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RANDY KURTZ	(i)	204,500.	80,000.	0.	19,343.	18,216.	322,059.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DENNIS W. RIPLEY	(i)	204,500.	70,000.	0.	16,765.	12,783.	304,048.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GREGORY E. ROTH	(i)	210,153.	25,000.	0.	12,860.	18,216.	266,229.	0.
SVP, PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET TOMASIK	(i)	209,093.	10,000.	0.	14,102.	7,845.	241,040.	0.
SVP, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK K. LUTZ	(i)	198,901.	10,000.	0.	12,897.	12,445.	234,243.	0.
SVP, PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMELIA S. HAIDUC	(i)	192,433.	0.	0.	13,470.	22,357.	228,260.	0.
MANAGING DIRECTOR, STRATEGIC PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID WIEGMAN	(i)	158,101.	10,000.	0.	11,767.	18,216.	198,084.	0.
VP, PROGRAM OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LORI OLSON	(i)	156,541.	0.	0.	11,949.	0.	168,490.	0.
VP, PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LANA D. REDA	(i)	150,328.	0.	0.	8,268.	0.	158,596.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

54-0907624 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

	SCHEDULE M Form 990)				Nonc	ash Contri	ibutions				OMB No	47	
(FO	nn 9	90)									2()2 (
		the Treas		 Complete if the org Attach to Form 990 	D.				29 or 3	30.	Open	to Publection	lic
		e orgai		Go to www.irs.gov				nation.		Employ	er identificat		
INdille		e orgai	IIZali	OPPORTUNITY D/B/A OPPORT							54–090		
Par	rt I	Tvp	es c	of Property	UNIII	INIERNAIIC	MAL-05				54-090	024	
		- 71-			(a)	(b)	(c)				(d)		
					Check if applicable	Number of contributions or	Noncash cont amounts repo	orted on			od of determ	•	s
	A.+ 1	Marka	oford			items contributed	Form 990, Part	vill, inte tg					
1									+				
2 3				easures					+				
3 4				terests									
4 5													
6				Isehold goods									
7				ehicles									
8				S									
9				erty cly traded		37	91	7,872.	тмч	7			
9 10				ely held stock		51		,,072.	1 11	/			
11				ership, LLC, or									
••		interes											
12				ellaneous									
13				vation contribution -									
10		ric stru											
14				es /ation contribution - Other									
15				idential									
16				nmercial									
17				er									
18													
19													
20				al supplies									
21				······									
22		rical ar											
23	Scier	ntific so	becim	ens									
24				ifacts									
25	Othe		((CONSULTING)	Х	1	5(0,915.	FM\	7			
26	Othe		• •	PAYROLL FEES	Х	1		0,000.					
27	Othe	r 🕨	Ì	WEB	X	1	41	1,832.	FM\	7			
28	Othe) I	LEGAL	X	1	38	8,885.	FM\	7			
29	Num	ber of I	Form	s 8283 received by the organ	ization during	g the tax year for co	ontributions						
	for w	hich th	e org	anization completed Form 82	283, Part V, D	onee Acknowledg	ement	29					
												Yes	No
30a	Durir	ng the y	/ear, (did the organization receive b	by contributio	n any property rep	orted in Part I, lin	es 1 throu	gh 28,	that it			
	must	hold fo	or at l	east three years from the dat	te of the initia	I contribution, and	which isn't requi	red to be u	ised fo	or			
	exem	npt pur	poses	s for the entire holding period	1?						30a	1	X
b	lf "Ye	es," des	scribe	e the arrangement in Part II.									
31	Does	the or	ganiz	ation have a gift acceptance	policy that re	equires the review o	of any nonstanda	rd contribu	itions?	·	31	Х	\vdash
32a		the or ibutior	•	ation hire or use third parties		•	· · ·	ell noncash			32a	1	x
b				e in Part II.									
33				n didn't report an amount in	column (c) fo	r a type of property	for which colum	n (a) is che	cked,				
		ribe in											
LHA	Fo	r Pape	rwor	k Reduction Act Notice, see	e the Instruc	tions for Form 990).			Sch	edule M (Fo	m 990) 2020

032141 11-23-20

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

Schedule M (Form 990) 2020 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

ADVERTISING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9290.

(D) METHOD OF DETERMINING REVENUE: FMV

FREE TRAVEL

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3154.

(D) METHOD OF DETERMINING REVENUE: FMV

FUNDRAISING EVENTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1500.

METHOD OF DETERMINING REVENUE: FMV (D)

Schedule M (Form 990) 2020

54-0907624

032142 11-23-20

SCHEDULE N	l iquida	tion Termi	nation Dissol	ution or Sign	ificant Disno	sition of Asse	ate	OMB No.	1545-00	47	
	orm 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ. Open to Form 990 or 990-E		20)							
Department of the Treasury Internal Revenue Service				mation.							
Name of the organiz			•							ber	
D/B/A OPPORTUNITY INTERNATIONAL-US 54-0907 Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated											
space is		ution. Complete th	s part in the organization a	answered res on ronna	990, Fait IV, iiile 31, 0		art i can be dupi	caleu ii a	uullioi	a	
distribute	ription of asset(s) ed or transaction benses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	recipi tax-exen	section o ent(s) (if apt) or typ entity		
									Yes	No	
•	officer, director, trustee, or ector or trustee of a success		•					2a			
	nployee of, or independent of										
	ect or indirect owner of a suc							-			
d Receive, or be	ecome entitled to, compensa	ation or other similar				lution 0		2d			
e If the organiza	tion answered "Yes" to any	of the questions on	lines 2a through 2d, prov	ide the name of the perso	on involved and explair	n in Part III. 🕨 🕨					

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

Schedule N (Form 990 or 990-EZ) 2020

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

54-0907624

Part	Liquidation, Termination, or Dissolution (continued)			
	Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?	6b		

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					UMWELTBANK AKTIENGESELLSCHAFT	
SALE OF OPPORTUNITY BANK SERBIA					LAUFERTORGRABEN 6	FOREIGN
SHARES	11/19/20	11,157,958.	COST		NURNBERG, GERMANY	ENTITIES
					GLS GEMEINSCHAFTSBANK EG	
SALE OF OPPORTUNITY BANK SERBIA					CHRISTSTRASSE 9	FOREIGN
SHARES	11/19/20	7,438,638.	COST		BOCHUM, GERMANY	ENTITIES
					TRIODOS SICAV II - TRIODOS MIC	
SALE OF OPPORTUNITY BANK SERBIA					11-13 BLVD DE LA FOIRE	FOREIGN
SHARES	11/19/20	5,207,047.	COST		LUXEMBOURG, LUXEMBOURG	ENTITIES
					TRIODOS BUND B.V TRIODOS FA	
SALE OF OPPORTUNITY BANK SERBIA					NIEUWEROORDWEG 1	FOREIGN
SHARES	11/19/20	5,207,047.	COST		ZEIST, NETHERLANDS	ENTITIES

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a	X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		Х
с	Become a direct or indirect owner of a successor or transferee organization?	2c		Х
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		Х
е	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.			

Schedule N (Form 990 or 990-EZ) 2020

Page **2**

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

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E:

DAVID WIEGMAN

PART II, LINE 2E:

SECRETARY OF OTI BECAME A DIRECTOR OF 3BANK (FORMERLY OPPORTUNITY BANK

SERBIA) TO REPRESENT OTI'S REMAINING 20% SHARE OWNERSHIP.

Schedule N (Form 990 or 990-EZ) 2020

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.



FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITY INTERNATIONAL, INC.

D/B/A OPPORTUNITY INTERNATIONAL-US

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. FYE 2021, OPPORTUNITY AND ITS PARTNER

ORGANIZATIONS SERVED 18.7 MILLION CLIENTS, 97% OF WHICH ARE WOMEN.

EDUFINANCE PROGRAMS REACHED OVER 2 MILLION CHILDREN IN 8,400 SCHOOLS

AND AGFINANCE PROGRAMS REACHED OVER 90,000 SMALL HOLDER FARMERS.

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

FY2021 OPPORTUNITY AND ITS PARTNER ORGANIZATIONS SERVED 18.7 MILLION

LOAN CLIENTS, 97% OF WHICH ARE WOMEN. EDUFINANCE PROGRAMS REACHED OVER

2 MILLION CHILDREN IN 8,400 SCHOOLS AND AGFINANCE REACHED OVER 90,000

SMALLHOLDER FARMERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

97% OF OPPORTUNITY'S LOAN CLIENTS ARE WOMEN. IN ADDITION, OPPORTUNITY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

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54

D/B/A OPPORTUNITY INTERNATIONAL-US

PROVIDES SAVINGS, INSURANCE, AND EFFICIENT MOBILE BASED PAYMENT

SOLUTIONS TO MILLIONS OF ITS POOR CLIENTS AROUND THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR CLIENTS, SCHOOL PROPRIETOR SUPPORT AND COMMUNITY HEALTH TRAINING.

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. TREASURER 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 FOR REVIEW. AFTER

REVIEW IS COMPLETE, THE 990 IS DISTRIBUTED TO THE OPPORTUNITY INTERNATIONAL

BOD AND THE RETURN IS SIGNED AND SUBMITTED TO THE IRS.

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

IT IS AN ANNUAL REQUIREMENT FOR ALL EMPLOYEES AND DIRECTORS TO SIGN THE CONFLICT OF INTEREST STATEMENTS. DISCLOSURES ARE TO BE MADE 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 AUDIT COMMITTEE.

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

55

SALARY SURVEY AS COMPARABILITY DATA TO HELP SET COMPENSATION.

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2020.06000 OPPORTUNITY INTERNATIONAL 144011_2

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, DC, 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF BANK NET ASSETS

NON-OPERATING ACTIVITIES

MISCELLANEOUS ADJUSTMENTS

TOTAL TO FORM 990, PART XI, LINE 9

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

FORM 990, PART X:

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-26,712,750.

-27,383,788.

-706,760.

35,722.

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 $54-0907624$
DURING FY 2021 OPPORTUNITY REDUCED ITS OWNERSHIP IN OPPORT	UNITY BANK
SERBIA (OBS) FROM 100% TO 20%, THEREFORE OBS' FINANCIAL ST	ATEMENTS ARE
NO LONGER INCLUDED IN OPPORTUNITY'S CONSOLIDATED FINANCIAL	STATEMENTS.
THIS RESULTED IN A REDUCTION OF \$213 MILLION IN ASSETS.	
032212 11-20-20 Sche 57	edule O (Form 990 or 990-EZ) 2020

Department of the Treasury Internal Revenue Service Name of the organization OPPORTUNITY II	Related Organizations plete if the organization answered " ► Atta ► Go to www.irs.gov/Form990 f NTERNATIONAL, INC. NITY INTERNATIONAL-	Yes" on Form 990, Part IV, ach to Form 990. or instructions and the late	line 33, 34, 35b, 3	6, or 37.	Employer ide		20 Public ion
Part I Identification of Disregarded Entities. Completing (a) (a) Name, address, and EIN (if applicable) of disregarded entity	ete if the organization answered "Yes" (b) Primary activity	on Form 990, Part IV, line 3 (c) Legal domicile (state of foreign country)	(d)	me End-of-year	assets Dire	(f) ect controlling entity	g
Part II Identification of Related Tax-Exempt Organiz	ations. Complete if the organization i	answered "Yes" on Form 990	0, Part IV, line 34, t	Decause it had one of	or more related tax	exempt	
(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 controllir entity	g cont	trolled tity?
OPPORTUNITY TRANSFORMATION INVESTMENTS - 36-4382506, 101 N. WACKER DRIVE, SUITE 1150, CHICAGO, IL 60606 OPPORTUNITY, INC 61-1748401	TO INVEST AND HOLD OWNERSHIP POSITIONS IN MICRO-FINANCE INSTITUTIONS TO CREATE EMPLOYMENT AND	ILLINOIS	501(C)(3)		OPPORTUNITY INTERNATIONAL	x	
101 N. WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606 OPPORTUNITY INTERNATIONAL NICARAGUA INC 47-0994982, 101 N. WACKER DRIVE, SUITE 1150, CHICAGO, IL 60606	IMPROVE INCOME FOR THE POOR ASSIST LOCAL COMMUNITIES CREATE JOBS AND BETTER LIVING CONDITIONS	ILLINOIS	501(C)(3) 501(C)(3)		N/A DPPORTUNITY TRANSFORMATION INVESTMENTS	x	x
For Paperwork Reduction Act Notice, see the Instructio	ns for Form 990				Schodul	e R (Form 9	00) 2021

032161 10-28-20 LHA

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

54-0907624 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	4											
	4											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)		or trust)		assels		Yes	No
OPPORTUNITY BANK A.D. NOVI SAD			OPPORTUNITY						
BULEVAR OSLOBODJENJA 2A			TRANSFORMATION						
NOVI SAD, SERBIA	SAVINGS INSTITUTION	SERBIA	INVESTMENTS	C CORP	1,762,293.	41,719,116.	20.00%		Х
OPPORTUNITY INTERNATIONAL SAVINGS & LOANS			OPPORTUNITY						
LIMITED, NO. D765/3 KWAMWE NKRUMAH AVENUE,			TRANSFORMATION						
ACCRA, GHANA	SAVINGS INSTITUTION	GHANA	INVESTMENTS	C CORP	2,713,058.	33,557,729.	60.60%	Х	
OPPORTUNITY INTERNATIONAL GHANA			OPPORTUNITY						
HOUSE NUMBER D765/3 KWAME NKRUMAH AVENUE			INTERNATIONAL						
ACCRA, GHANA	OTHER DEPOSITORY	GHANA	INC.	C CORP	0.	242,858.	100%	Х	
OPPORTUNITY INTERNATIONAL MALAWI			OPPORTUNITY						
PLOT 114, AREA 6			INTERNATIONAL						
LILONGWE, MALAWI	OTHER DEPOSITORY	MALAWI	INC.	C CORP	0.	41,007.	100%	Х	
OPPORTUNITY INTERNATIONAL RWANDA			OPPORTUNITY						
KACYIRU, GASABO			INTERNATIONAL						
UMUJYI WA KIGALI, RWANDA	OTHER DEPOSITORY	RWANDA	INC.	C CORP	0.	٥.	100%	Х	

Schedule R (Form 990)

D/B/A OPPORTUNITY INTERNATIONAL-US

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	(i) Section 512(b)(13) controlled entity?	
of folded organization		foreign country)	Ontry	or trust)	income	assets		entity:	
OPPORTUNITY INTERNATIONAL UGANDA			OPPORTUNITY					165 1	
PO BOX 7279			INTERNATIONAL						
KAMPALA, UGANDA	OTHER DEPOSITORY	UGANDA	INC.	C CORP	0.	94,230.	100%	x	
		_							
		_							

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		100	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
	Gift, grant, or capital contribution to related organization(s)	1b	x	
	Gift, grant, or capital contribution from related organization(s)	1c		x
	Loans or loan guarantees to or for related organization(s)	1d		x
	Loans or loan guarantees by related organization(s)	1e	x	
e		16		
÷	Dividende from related organization/s)	1f		x
י מ	Dividends from related organization(s)	1g		X
	Sale of assets to related organization(s)	1h		X
	Purchase of assets from related organization(s)	1i		X
	Exchange of assets with related organization(s)			X
J	Lease of facilities, equipment, or other assets to related organization(s)	1j		
				37
	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
о	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
•				
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships 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	L	122,081.	CASH TRANSFERRED
(2) OPPORTUNITY, INC.	L	25,000.	CASH TRANSFERRED
(3) OPPORTUNITY INTERNATIONAL NICARAGUA, INC.	В	871,334.	CASH TRANSFERRED
OPPORTUNITY INTERNATIONAL SAVINGS & LOANS (4) LIMITED	В	164,684.	CASH TRANSFERRED
(5) OPPORTUNITY INTERNATIONAL MALAWI	В	301,440.	CASH TRANSFERRED
(6) OPPORTUNITY INTERNATIONAL MALAWI	L	30,000.	CASH TRANSFERRED

Schedule R (Form 990)

D/B/A OPPORTUNITY INTERNATIONAL-US

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), 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	E	210,000.	CASH TRANSFERRED
(8) OPPORTUNITY, INC.	В	123,237.	CASH TRANSFERRED
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
<u>(18)</u> (19)			
(20)			
(21)			
(22)			
(23)			
(24)			

OPPORTUNITY INTERNATIONAL, INC. Schedule R (Form 990) 2020 D/B/A OPPORTUNITY INTERNATIONAL-US

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(† Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) ^{Il or} Percentage ^{ing} ownership
		country)	sections 512-514)	Yes	s No		assets	Yes	No	(Form 1065)	Yes	10

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

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