Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public

Α	For the 2	2021 calendar year, or tax year beginning and	l ending		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	OPPORTUNITY PARTNERS			
	Name change	Doing business as		41-07372	21
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 5500 OPPORTUNITY CT	Room/suite	E Telephone numbe (952) 93	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	31,055,317.
	Amended return			H(a) Is this a group re	eturn
	Applica- tion	F Name and address of principal officer: WILLIAM SCHULTZ		for subordinates	? Yes X No
_	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		npt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		▶ WWW.OPPORTUNITIES.ORG		H(c) Group exemption	
		ganization: X Corporation Trust Association Other Summary	L Year	of formation: 1953	M State of legal domicile: MN
	1 Br	riefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Governance	<u> </u>	, , , , , , , , , , , , , , , , , , , ,			
5	2 CI	neck this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as:	
8	3 N			3	21
		umber of independent voting members of the governing body (Part VI, line 1b)			20
Activities &	5 To	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			956
<u> </u>	6 To	otal number of volunteers (estimate if necessary)			100
7	[7a To	otal unrelated business revenue from Part VIII, column (C), line 12			30,083.
_	D Ne	et unrelated business taxable income from Form 990-T, Part I, line 11	·····		Current Year
	. 8 C	ontributions and grants (Part VIII, line 1h)		Prior Year 2,222,639.	1,922,087.
9	9 Pr	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		24,034,290.	27,547,796.
Revenue	10 ln	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		173,479.	412,598.
ď	11 01	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		367,338.	552,318.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,797,746.	30,434,799.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
u	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,135,619.	20,666,756.
Fynancae	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
٥	b To	otal fundraising expenses (Part IX, column (D), line 25) 208,8	57.		
Ú	i 17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,260,540.	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,396,159.	
_		evenue less expenses. Subtract line 18 from line 12		401,587.	2,130,576.
t Assets or	Second		Ве	ginning of Current Year	End of Year
sset	20 To	otal assets (Part X, line 16)		<u>26,381,596.</u>	30,673,233.
Net A		otal liabilities (Part X, line 26)		9,265,780. 17,115,816.	10,962,434. 19,710,799.
		et assets or fund balances. Subtract line 21 from line 20		17,113,010.	19,710,799.
		es of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the hest of my	/ knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of w			, knowledge and belief, it is
	5, 0011001,	Compression Decimalistics of property (enter than enterty to become on an information of the	mon proparor	las any income age.	
Siç	_{an}	Signature of officer		Date	
He	Ι,	NELSON NEUBRECH, VICE PRESIDENT OF FIN	NANCE		
		Type or print name and title			
		rint/Type preparer's name Preparer's signature			X PTIN
Pai	id <u>L</u> .	AWRENCE H. MOHR, CPA LAWRENCE H. MOH	R, CP 0	9/15/22 self-employ	
	. –	irm's name BAKER TILLY US, LLP		Firm's EIN ▶	39-0859910
Us	e Only F	irm's address ► 225 S 6TH ST #2300			0 006 4500
_		MINNEAPOLIS, MN 55402		Phone no. 61	2.876.4500
Ma	y the IRS	discuss this return with the preparer shown above? See instructions			X Yes No

Form 990		41-0737221	Page
Part III	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part II	I	X

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TOGETHER WE ADVANCE THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 X No
4	If "Yes," describe these changes on Schedule O. 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 total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$16,081,445. including grants of \$) (Revenue \$17,291,343.) VOCATIONAL/EMPLOYMENT SERVICES:
	FOUNDED IN 1953 BY VISIONARY PARENTS WHO WANTED A BETTER LIFE FOR THEIR
	TEENAGE CHILDREN WITH DISABILITIES, OPPORTUNITY PARTNERS HAS ALWAYS
	FOCUSED ON THE ABILITIES OF PEOPLE. AT A TIME WHEN MANY PEOPLE WITH
	DISABILITIES WERE INSTITUTIONALIZED, THE ORGANIZATION PROVIDED A PLACE
	WHERE PEOPLE COULD TO LEARN JOB SKILLS AND EXPERIENCE THE SENSE OF
	PRIDE THAT COMES FROM EARNING A PAYCHECK. IN 1959, OPPORTUNITY
	PARTNERS BECAME THE FIRST SERVICE PROVIDER IN THE TWIN CITIES TO
	SUPPORT PEOPLE WITH DISABILITIES TO FIND JOBS WITH EMPLOYERS IN THE
	COMMUNITY.
4b	(Code:) (Expenses \$ 9,213,595. including grants of \$) (Revenue \$) (Revenue \$
	OPPORTUNITY PARTNERS BEGAN OFFERING RESIDENTIAL SERVICES TO PEOPLE WITH
	DISABILITIES IN THE EARLY 1970S, ASSISTING PEOPLE TO LIVE AS
	INDEPENDENTLY AS POSSIBLE WHILE PROVIDING STAFF SUPPORT AS NEEDED.
	TODAY, OPPORTUNITY PARTNERS OFFERS A CONTINUUM OF RESIDENTIAL SERVICES,
	RANGING FROM GROUP HOMES (WHICH PROVIDE THE HIGHEST LEVEL OF SUPPORT)
	TO IN-HOME SERVICES (WHICH SUPPORT PEOPLE IN THEIR OWN HOMES).
	SATISFACTION SURVEYS AND LICENSING REVIEWS PROMOTE OPPORTUNITY
	PARTNERS' ATTENTION TO QUALITY IN SERVICES AND PROPERTY MANAGEMENT.
	PARTNERS ATTENTION TO QUADITI IN SERVICES AND PROPERTY MANAGEMENT.
	IN 2021, THE ORGANIZATION PROVIDED RESIDENTIAL SERVICES TO 272 PEOPLE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 25,295,040.
_	

Form **990** (2021)

13590915 144198 6353

Form 990 (2021) OPPORTUNITY PARTNERS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		X
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		1
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	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. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	5			

Form 990 (2021) OPPORTUNITY PARTNERS
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_
	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	l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	. 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 55			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2021) OPPORTUNITY PARTNERS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 956			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
a		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	- 22	
С		7c		X
اہ	1-1	70		
d		7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Story the amount of receives an head			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_^
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2021)

OPPORTUNITY PARTNERS 41-0737221 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 21 1a Enter the number of voting members of the governing body at the end of the tax year 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. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2021)

55343

State the name, address, and telephone number of the person who possesses the organization's books and records

NELSON NEUBRECH, VP OF FINANCE - 952-938-5511

5500 OPPORTUNITY CT, MINNETONKA,

<u> Page</u> **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Check this box if neither the organization (A)	(B)	J. ga	<u>_u</u>		<u> </u>	.pon	Jan	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	(E) Reportable	(F) Estimated
ivaille allu title	hours per					than o		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM SCHULTZ	1.00	드	드	10	포	를 늘	3			
PRESIDENT & CEO	40.00	х		Х				210,967.	0.	12,880.
(2) LORI SCHLUTTENHOFER	1.00							210,307.	•	12,000.
VP OF VOCATIONAL SERVICES	40.00	1				x		108,684.	0.	31,514.
(3) TODD SCHOOLMAN	1.00									
VP OF HUMAN RESOURCES	40.00	1				х		123,688.	0.	16,136.
(4) NELSON NEUBRECH	1.00									•
VP OF FINANCE	40.00			Х				116,117.	0.	23,626.
(5) PAUL HANSON	1.00									
VP OF INFORMATION TECHNOLO	40.00					Х		115,922.	0.	23,626.
(6) BONNIE HAGEN	1.00									
SENIOR DIR BUSINESS DEV	40.00					X		109,532.	0.	10,271.
(7) KATHLEEN WILINSKI	1.00									
VP OF ADVANCEMENT	40.00					X		110,835.	0.	0.
(8) BEN KNOLL	0.00									
CHAIR	5.00	Х		Х				0.	0.	0.
(9) PATTY SAGERT	0.00]								_
VICE CHAIR	5.00	Х		Х				0.	0.	0.
(10) JOHN KELLY	0.00	1								_
TREASURER	5.00	Х		Х				0.	0.	0.
(11) ANN YEKALDO	0.00	1								_
SECRETARY	5.00	Х		Х				0.	0.	0.
(12) SAANII HERNANDEZ	0.00	ļ							•	
SECRETARY (OUTGOING)	5.00	Х		X				0.	0.	0.
(13) BRYAN CHAMBERS	0.00	ļ							•	•
DIRECTOR	5.00	Х						0.	0.	0.
(14) STEVE CRAMER	0.00	٠,,							0	•
DIRECTOR (15) MILITON DODD		Х						0.	0.	0.
(15) MILTON DODD	5.00	₩.							^	^
DIRECTOR (16) DAVID DORN	0.00	Х			_	\vdash		0.	0.	0.
DIRECTOR	5.00	х						0.	0.	_
(17) MARY FENSKE	0.00	^						0.	0.	0.
DIRECTOR	5.00	Х						0.	0.	0.
	1 3.00	77			l			0.	0.	Form 990 (2021

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D 11/11	MIUNIII IANI								<u> </u>	ZZI raye O
Part VII Section A. Officers, Direct	tors, Trustees, Key Em	ploy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)	r
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation	compensation	amount of
	(list any		T		<u> </u>			from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tutior	Je Je	key employee	loyee	ner			organizations
	line)	lhdi	Insti	Officer	Key 6	High	Former			
(18) KATE HARAHAN	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(19) DAN HOKE	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(20) JAMIE JACKSON	0.00	1								
DIRECTOR	5.00	Х						0.	0.	0.
(21) GREGORY KEANE	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(22) GINNY KREMER	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(23) JOE KUKLA	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(24) CYNTHIA LESHER	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(25) MIKE MCELROY	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(26) AL MIZE	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
1b Subtotal								895,745.	0.	118,053.
c Total from continuation sheets	to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								895,745.	0.	118,053.
2 Total number of individuals (included)	ding but not limited to th	IOSE	liste	d ah	OVE) wh	o re	ceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATLAS STAFFING INC	TEMPORARY HELP	
189 7TH PLACE E., ST PAUL, MN 55101-1805	SERVICE	1,768,185.
MIDWEST STAFFING GROUP, INC	TEMPORARY HELP	
1895 PLAZA DR., STE 115, EAGAN, MN 55122	SERVICE	338,961.
METRO TRANSIT	TRANSPORTATION FOR	
560 6TH AVE. N., MINNEAPOLIS, MN 55411	CLIENTS	324,074.
CARVER COUNTY ABSTRACT & TITLE CO.		
411 CHESTNUT ST., CHASKA, MN 55318	CONSTRUCTION	230,279.
NETSMART		
11100 NALL AVE., OVERLAND PARK, KS 66211	IT CONSULTING	177,657.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 6	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 OPPORTUN	ITY PART	'NE	RS	5					41-073	7221
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee				organizations
	below	dual t	utiona	_	Key employee	stco	JE.			organizations
	line)	Indivi	Instit	Officer of the or	Key e	Highe	Former			
(27) EDSON SPENCER, JR.	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
(28) DIANE TOLL	0.00									
DIRECTOR (OUTGOING)	5.00	Х						0.	0.	0.
(29) NANCY WAGNER	0.00									
DIRECTOR	5.00	Х						0.	0.	0.
-										
			_							
			\vdash							
-										
			_							
-				<u> </u>						
Tatal to Doub VIII. Continue A. Pero de										
Total to Part VII, Section A, line 1c										

Form 990 (2021) OPPORTUNITY PARTNERS
Part VIII Statement of Revenue

		Check if Schedule O c	ontain	s a response	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues							
20 5	0	Fundraising events			389,022.				
Fts,	ا ا	Related organizations			303,022.				
ig ig	u				929,534.				
Sir.	e	Government grants (contri			323,334.				
utio	т	All other contributions, gifts,		l l	603 531				
ë		similar amounts not included			603,531. 45,968.				
e e	9	Noncash contributions included in I			43,500.	1 922 087			
O a	n	Total. Add lines 1a-1f			Business Code	1,922,087.			
	_	MDAINING AND GEDVICE	ם חחם כ		Business Code	10 046 605	10046605		
ice	2 a				624310	19,946,605.	19946605.		
er v	b	PRODUCTION AND CONTR	ACT 1	NCOME	624310	7,601,191.	7,601,191.		
n S	С								
Je S	d								
Program Service Revenue	е								
Δ.		All other program service			624100				
	g	Total. Add lines 2a-2f				27,547,796.			
	3	Investment income (includ							
		other similar amounts)				115,273.			115,273.
	4	Income from investment o	f tax-ex	kempt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	449,229.					
	b	Less: rental expenses	6b	429,710.					
	С	Rental income or (loss)	6с	19,519.					
	d	Net rental income or (loss)				19,519.		30,083.	-10,564.
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	160,000.	292,399.				
	b	Less: cost or other basis							
ne		and sales expenses	7b	107,643.	47,431.				
Revenue	С	Gain or (loss)	7c	52,357.	244,968.				
Re	d	Net gain or (loss)		<u></u>		297,325.			297,325.
her	8 a	Gross income from fundraisir	ig event	ts (not					
₹		including \$	89,02	22. of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a	34,002.				
	b	Less: direct expenses			35,734.				
	С	Net income or (loss) from t	undrai	sing events	>	-1,732.			-1,732.
		Gross income from gamin							
		Part IV, line 19							
	b	Less: direct expenses		I					
		Net income or (loss) from							
		Gross sales of inventory, le							
		and allowances							
	b	Less: cost of goods sold		I					
		Net income or (loss) from s			b				
		() 3111 .		· , · ·	Business Code				
Snc	11 a	UNEMPLOYMENT CREDIT			900099	383,331.			383,331.
nec	b				624100	100,953.			100,953.
Miscellaneous Revenue	c		N PRE	MIUM REF	900099	50,247.			50,247.
Sci	_	All other revenue				, ,			, , , ,
Σ		Total. Add lines 11a-11d				534,531.			
	12	Total revenue. See instruction			•	30,434,799.	27547796.	30,083.	934,833.

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Form **990** (2021)

Form 990 (2021) OPPORTUNITY PARTNERS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	262 500		262 500	
	trustees, and key employees	363,590.		363,590.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	16 762 470	15 662 466	1 001 000	70 10
7	Other salaries and wages	16,763,479.	15,663,466.	1,021,889.	78,12
3	Pension plan accruals and contributions (include	101 007		121 007	
	section 401(k) and 403(b) employer contributions)	121,897. 2,138,081.	2,022,450.	121,897.	20 62
9	Other employee benefits	1,279,709.	2,022,450.	95,000.	20,63
)	Payroll taxes	1,2/9,/09.	1,168,815.	95,887.	15,00
ı	Fees for services (nonemployees):				
а		10,630.	4,022.	6,608.	
b	• • • • • • • • • • • • • • • • • • • •	138,433.	6,971.	131,462.	
C	• • • • • • • • • • • • • • • • • • • •	130,433.	0,9/1.	131,402.	
	, , , , , , , , , , , , , , , , , , , ,				
e	, , , , , , , , , , , , , , , , , , ,	20,049.		20,049.	
f	Investment management fees	20,049.		20,049.	
9	Other. (If line 11g amount exceeds 10% of line 25,	355,013.	246,968.	107,531.	51
	column (A), amount, list line 11g expenses on Sch 0.)	52,871.		47,056.	<u> </u>
2	Advertising and promotion	2,353,632.	2,276,017.	53,386.	24,22
3	Office expenses	400,773.	285,050.	113,290.	2,43
ļ 5	Information technology	±00,775•	203,030.	113,230.	2,45
,	Royalties	1,788,566.	1,613,739.	169,881.	4,94
,	Occupancy Travel	623,826.	622,235.	1,445.	14
,	Payments of travel or entertainment expenses	023,0200	022,2331	1,1131	
'	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	45,295.	37,069.	7,257.	96
,	Interest	226,396.	35,721.	190,594.	8
	Payments to affiliates	57,542.	17,352.	35,823.	4,36
	Depreciation, depletion, and amortization	880,008.	715,128.	163,158.	1,72
	Insurance	190,604.	167,041.	22,753.	81
	Other expenses. Itemize expenses not covered		,	,	3-
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD SERVICES/GROCERIES	241,213.	241,164.	49.	
b	TELEPHONE AND MISCELLAN	216,255.	165,277.	31,721.	19,25
С	GIFTS IN KIND	36,361.	740.		35,62
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	28,304,223.	25,295,040.	2,800,326.	208,85
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

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Part A	Balance Sheet					
	Check if Schedule O contains a response or note	to any	/ line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			5,831,840.	1	2,222,938.
2	Savings and temporary cash investments			330,009.	2	3,279,251.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			2,162,362.	4	2,266,066.
5	Loans and other receivables from any current or for					
	trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
	controlled entity or family member of any of these	perso	ons		5	
6	Loans and other receivables from other disqualifie	ed per	sons (as defined			
	under section 4958(f)(1)), and persons described in	in sect	tion 4958(c)(3)(B)		6	
<u>ග</u> 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			222,751.	8	301,172.
ĕ 9	Prepaid expenses and deferred charges			295,610.	9	319,590.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	27,991,717.			
b	Less: accumulated depreciation		11,045,104.	12,653,409.	10c	16,946,613.
11	Investments - publicly traded securities			4,885,615.	11	5,337,603.
12	Investments - other securities. See Part IV, line 11				12	
13	Investments - program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal			26,381,596.	16	30,673,233.
17	Accounts payable and accrued expenses Grants payable			2,345,197.	17	1,942,008.
18				1 150 004	18	660 041
19	Deferred revenue			1,152,934.	19	669,941.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa				21	
တ္တ 22	Loans and other payables to any current or former					
Liabilities N	trustee, key employee, creator or founder, substar					
ia la	controlled entity or family member of any of these			E 767 640	22	0 250 405
_ 23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	5,767,649.	23	8,350,485.
24	Unsecured notes and loans payable to unrelated t				24	
25	Other liabilities (including federal income tax, paya					
	parties, and other liabilities not included on lines 1 of Schedule D	17-24).	. Complete Part X		25	
26				9,265,780.	26	10,962,434.
20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			5,205,100	20	10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
တ္ဆ	and complete lines 27, 28, 32, and 33.	K Here				
ŭ 27				12,391,173.	27	14,529,984.
28 28	Net assets without donor restrictions Net assets with donor restrictions		4,724,643.	28	5,180,815.	
<u> </u>	Organizations that do not follow FASB ASC 958					0,200,020
ᇍ	and complete lines 29 through 33.	0, 0110				
ნ 29	Capital stock or trust principal, or current funds				29	
8 30 St 20	Paid-in or capital surplus, or land, building, or equi				30	
8 31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances 27 28 29 30 31 32 32	Total net assets or fund balances			17,115,816.	32	19,710,799.
				26,381,596.		30,673,233.
33	Total liabilities and net assets/fund balances			26,381,596.	33	30,673

-	William Control of the Control of th				1 4	<u>9</u> 0 - –
Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>99.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				23.
3	Revenue less expenses. Subtract line 2 from line 1	3			_	<u>76.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 17</u>			<u> 16.</u>
5	Net unrealized gains (losses) on investments	5		46	<u>4,4</u>	07.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	19	,71	0,7	99.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		. [
-	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	·····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization OPPORTUNITY PARTNERS 41-0737221 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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	71	1	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	()	. ,	` ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	930,974.	1151534.	1002350.	2222639.	1922087.	7229584.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	930,974.	1151534.	1002350.	2222639.	1922087.	7229584.
	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)						253,910.
6	Public support. Subtract line 5 from line 4.						6975674.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	930,974.	1151534.	1002350.	2222639.	1922087.	7229584.
	Gross income from interest,	200,272					
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	106,192.	110 587	118,209.	101,521.	115,273.	551,782.
0	Net income from unrelated business	100,102.	110,307.	110,200.	101,321.	113,273	331,702.
9	activities, whether or not the						
	·				17,952.	30,083.	48,035.
10	business is regularly carried on Other income. Do not include gain				17,332.	30,003.	40,033.
10	or loss from the sale of capital						
	•	547.	416.	116.	341,823.	534 531	877,433.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	3476	410.	110.	341,023.	334,331.	8706834.
	Gross receipts from related activities,	-4- / :4				12 148	,040,270.
12	First 5 years. If the Form 990 is for the	•	,				,040,270.
13		_		•			▶□
Sec	organization, check this box and store ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	•••••		··········· P
	Public support percentage for 2021 (li			volumn (f))		14	80.12 %
						15	81.00 %
15							
104	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
L							
	b 33 1/3% support test - 2020. 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						
47-	and stop here. The organization qualifies as a publicly supported organization						
178	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
,	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
b		-					IU% Or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n aid not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ai	nd see instructions	

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disqualified person (as defined on 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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	_		
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
100	9с		
100			
1 400			
iua	10a		
10b 10b 2001			

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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		
Sect	the supported organization(s). ion D. All Type III Supporting Organizations			
000	ion b. Air Type in cupporting organizations		V	
	Did the considering and ideals and of the considering and in the last describe (10) and the fittee		Yes	No
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			
_	supported organizations played in this regard.	3		<u> </u>
Sect	ion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		<u> </u>
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IIVas II describe in Part VI the rale played by the experiention in this record	3h		i

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expla	ain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)			
Secti	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	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	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

132028 01-04-22 Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

41-0737221

OPPORTUNITY PARTNERS

Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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

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), 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 ______ \bigsim \frac{1}{2} \frac{1}

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OPPORTUNITY PARTNERS

41-0737221

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 929,534.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

OPPORTUNITY PARTNERS

41-0737221

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/153 11-11		<u></u>	Schedule B (Form 990) (2021)

Page 4

Name of organization **Employer identification number** OPPORTUNITY PARTNERS 41-0737221 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 (e) Transfer of gift 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021) 123454 11-11-21

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

•	• Section 501(c)(4), (5), or (6) organizations: Complete Part III.								
Nan	ne of organization			Emp	loyer identification number				
	OPPORTU	NITY PARTNERS			41-0737221				
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.				
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	rures		>	S				
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(3).					
1	Enter the amount of any excise tax				3				
	Enter the amount of any excise tax								
	If the organization incurred a section								
48	a Was a correction made?				Yes No				
<u>k</u>	f "Yes," describe in Part IV.								
_	·	janization is exempt und		<u> </u>					
	Enter the amount directly expended				S				
2	Enter the amount of the filing organ		•						
_	exempt function activities				<u> </u>				
3	Total exempt function expenditures		,		8				
4	line 17b Did the filing organization file Form								
5	Enter the names, addresses and en								
Ū	made payments. For each organiza	• •	•	•	• •				
	contributions received that were pro-	omptly and directly delivered to	a separate political orga	anization, such as a separat	e segregated fund or a				
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 202 I	OPPORTUNITY	PARTNERS			/3/ZZI Page 2
Part II-A Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 🔛 if the filing organiza	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	re of excess lobbying e	expenditures).			
B Check 🕨 🔛 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.	1	
Limi	ts on Lobbying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amou	nts paid or incurred.)		totals	totalo
1a Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)		10,815.	
c Total lobbying expenditures (add li	nes 1a and 1b)			10,815.	
d Other exempt purpose expenditure	es			28,084,551.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)		28,095,366.	
f Lobbying nontaxable amount. Ente	n columns.	1,000,000.			
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.		
Over \$17,000,000 \$1,000,000.					
	•				
g Grassroots nontaxable amount (en	250,000.				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this					Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t				of the five columns be	low.
	<u> </u>	ate instructions for lir			
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	Т	
Calendar year	(a) 2018	(b) 2019	(a) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)	(a) 2018	(6) 2019	(c) 2020	(u) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount	, ,	, ,	, ,	, ,	, ,
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	34,504.	12,900.	12,571.	10,815.	70,790.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					=,000,000
(150% of line 2d, column (e))					1,500,000.
, , , , , , , , , , , , , , , , , , , ,					, ,

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	orse	rtion		
Fai	501(c)(6).	11 30 1 (0)(3)	, 01 56	Juon		
	(-)(-)			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				J, 15	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	aı				
_	expenses for which the section 527(f) tax was paid).		20			
	Current year					
	Carryover from last year					
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the					
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		. 5			
Par				l		
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	•	•		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

OPPORTUNITY PARTNERS

Employer identification number 41-0737221

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Simila	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			•
		(a) Donor advised fund	is (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	that the assets held in d	onor advised fund	S
	are the organization's property, subject to the organization's exclusive	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant fun	ids can be used oi	nly
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any othe	r purpose conferri	ng
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organiza	tion answered "Yes" on F	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).		
	Preservation of land for public use (for example, recreation or	r education) Pres	servation of a histo	rically important land area
	Protection of natural habitat	Pres	ervation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in	n the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after 7.			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released	, extinguished, or termina	ated by the organia	zation during the tax
	year >			
4	Number of states where property subject to conservation easemen			
5	Does the organization have a written policy regarding the periodic	_		
•	violations, and enforcement of the conservation easements it holds			
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ing or violations, and emic	ording conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling or	f violations, and onforcing	a consonyation oas	oments during the year
′	\$\Delta \$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{	i violations, and emorcing	g conservation eas	errients during the year
8	Does each conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement ease	sty the requirements of se	ection 170(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation eas			
	balance sheet, and include, if applicable, the text of the footnote to			
	organization's accounting for conservation easements.	G		
Pai	t III Organizations Maintaining Collections of Art,	Historical Treasure	es, or Other S	milar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue s	tatement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or res	search in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial s	tatements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958, to r	eport in its revenue state	ment and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhib	ition, education, or resea	rch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical treasures			provide
	the following amounts required to be reported under FASB ASC 95	8 relating to these items:	:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			> \$
	For Paperwork Reduction Act Notice, see the Instructions for F			Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Of	ther S	imilar A	ssets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ke signi	ficant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other sir	nilar as	sets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes	" on Fo	rm 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	not incl	uded			
	on Form 990, Part X?						\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					,		Yes	No
	If "Yes," explain the arrangement in Part XIII.				-				
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		Three year	rs back	(e) Four y	years back
1a	Beginning of year balance	4,885,615.	4,404,925.	3,797,33	30.	4,297	,336.	3,9	908,537.
	Contributions	630.	135.	13	30.		463.		1,220.
	Net investment earnings, gains, and losses	611,988.	640,690.	767,05	58.	-340	,469.	į	547,576.
	Grants or scholarships		•	·			-		
	Other expenditures for facilities								
_	and programs	160,630.	160,135.	159,59	93.	160	,000.] :	159,997.
f	Administrative expenses	,	•	,			<u>'</u>		
g	End of year balance	5,337,603.	4,885,615.	4,404,92	25.	3,797	,330.	4,2	297,336.
2	Provide the estimated percentage of the curre			· · · ·	- I	,	<u>'</u>		
	Board designated or quasi-endowment	7.5560	%	,					
	Permanent endowment ▶ 92.4440	%	_,,						
	Term endowment ▶ .0000								
•	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held an	d administered f	or the o	rganizatio	n		
	by:				oo o	gaaa		[·	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?						$\overline{}$
4	Describe in Part XIII the intended uses of the								
Par									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	rt X, line	e 10.			
	Description of property	(a) Cost or ot				umulated		(d) Book	value
	Decemplian of property	basis (investm				ciation		(u) Book	varao
12	Land	`	· ·	2,873.	, -			4,112	,873.
	Buildings				7.99	1,113		$\frac{1,112}{1,741}$	
	Leasehold improvements			8,043.		7,611		_,,	432.
	Equipment					6,380		1,088	,356.
	Other			3,000.	_ , , , ,	-,	+		,000.
	. Add lines 1a through 1e. (Column (d) must ee		•			<u> </u>	1	6,946	

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 OPPORTUNITY	PARTNERS	41	-0737221 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Faura 000 Dart IV line :	11. Car Farm 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of investment			d of year market value
`,'	(b) Book value	(c) Method of valuation: Cost or end	u-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	77d. 356 F 3777 356, F 47 X, III 6 75.	(b) Book value
· · ·	200011011		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.	10.)		<u> </u>
Complete if the organization answered "Yes" o	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)			
(3)			
(4)			
(5)			
(6)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2021

(8) (9)

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Ret	turn.	g-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	31,427,949.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	464,407.		
b	Donate	ed services and use of facilities	2b	119,082.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	429,710.		
е	Add lir	nes 2a through 2d			2e	1,013,199.
3	Subtra	ct line 2e from line 1			3	30,414,750.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	20,049.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	20,049.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	30,434,799.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	ts Witl	n Expenses per R	etur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	28,832,966.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a	119,082.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	429,710.		
е		nes 2a through 2d			2e	548,792.
3	Subtra	ct line 2e from line 1			3	28,284,174.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	20,049.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	20,049.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	28,304,223.
Pa	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			; Part)	X, line 2; Part XI,

PART V, LINE 4:

THE GOALS AND OBJECTIVE OF OPPORTUNITY PARTNERS ENDOWMENT FUND ARE TO INVEST CONTRIBUTIONS ACCORDING TO DONOR WISHES, MAINTAIN PURCHASING POWER OF THE FUND, AND PROVIDE A STABLE SOURCE OF INCOME TO BE APPLIED (SPENT) AS DESIGNATED BY THE BOARD OF DIRECTORS. THE SPENDING POLICY STATES THAT THE BOARD WILL DESIGNATE EACH YEAR HOW UNRESTRICTED EARNINGS WILL BE SPENT. SPENDING IS NOT INTENDED TO BE FOR GENERAL OPERATING PURPOSES, BUT INSTEAD WILL BE USED FOR PROJECTS DESIGNATED BY THE BOARD. RESTRICTED EARNINGS WILL BE SPENT AS DIRECTED BY THE DONOR.

PART X, LINE 2:

IN ACCORDANCE WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY Schedule D (Form 990) 2021 132054 10-28-21

Part XIII Supplemental Information (continued)

IN INCOME TAXES, THE ORGANIZATION ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERIT OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES DURING 2021 AND 2020. PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES 429,710.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES 429,710.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

	NITY PARTNERS				41-0737	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<u> </u>			
List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E		Schedule	G (Form 990) 2021

132081 10-21-21

-			NITY PARTNER			0737221 Page 2
Pa	rt I					
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	GIVE TO THE MAX	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue					•	
Revenue	1	Gross receipts	392,123.	30,901.		423,024.
ш	2	Less: Contributions	358,121.	30,901.		389,022.
	3	Gross income (line 1 minus line 2)	34,002.			34,002.
		, , , , , , , , , , , , , , , , , , , ,	,			,
	4	Cash prizes				
	5	Noncash prizes	2,323.			2,323.
es			,			, , , , , ,
bens	6	Rent/facility costs	8,480.			8,480.
Direct Expenses	7	Food and beverages	9,544.			9,544.
⊡	8	Entertainment	258.			258.
	9	Other direct expenses	1 - 1 - 1			15,129.
	10	Direct expense summary. Add lines 4 through			>	35,734.
_	11	Net income summary. Subtract line 10 from I				-1,732.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 OH FORM 990-EZ, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
3eve						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Ey	4	Rent/facility costs				
Ë	-					
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	_			,		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	etates?		Yes No
		'No," explain:			•••••	TesNO
	_	•				
	_					
		ere any of the organization's gaming licenses re		erminated during the tax y	ear?	Yes No
D	11	Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

SCH	edule G (Form 990) 2021 OPPORTUNITY PARTNERS 41-0	11312	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		⁄es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		′ es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ነ	⁄es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		⁄es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	t III, line	s 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ŕ	,	
	· · · · · · · · · · · · · · · · · · ·			

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Schedule G (Form 990)	OPPORTUNITY	PARTNERS	41-0737221	Page 4
Schedule G (Form 990) Part IV Supplemental Infor	mation (continued)			
·				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

OPPORTUNITY PARTNERS

Employer identification number 41-0737221

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u> X</u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
а	The organization?	5a		X
b	Any related organization?	5b		\vdash
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			У
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM SCHULTZ	(i)	210,511.	0.	456.	0.	12,880.	223,847.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization OPPORTUNITY PARTNERS Employer identification number 41-0737221

	OFFORTONITI	LWKIME	K5				41_0	131	<u> </u>	
Pai	rt I Types of Property	(a) Check if	(b) Number of contributions or	(c) Noncash con amounts repo			(d) Method of de			
		applicable	items contributed			nor	ncash contribu	tion ai	mount	5
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X			2,440.	FAIR	MARKET	VA:	LUE	
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1		3,000.	NET	SELLING	PR	ICE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution - Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ▶ (GALA GIFTS)	Х	53	20	0,882.	FAIR	MARKET	VA:	LUE	
26	Other (BLDG SUPPLIES)	Х	6				MARKET		LUE	
27	Other (TICKETS)	Х	1							
28	Other (MISCELLANEOUS)	Х	1				MARKET		LUE	
29	Number of Forms 8283 received by the organi	zation during	the tax vear for co	ontributions						
	for which the organization completed Form 82				29				0	
	3	,	3						Yes	No
30a	During the year, did the organization receive b	v contributio	n anv property rep	orted in Part I. lin	es 1 throu	ah 28. tha	at it			
	must hold for at least three years from the dat									
	exempt purposes for the entire holding period							30a		Х
h	If "Yes," describe the arrangement in Part II.	•						000		
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstanda	rd contribi	ıtions?		31	х	
	Does the organization hire or use third parties		· ·	•				<u> </u>		
	contributions?		9	, ,				32a		х
	If "Yes," describe in Part II.				- (-):	-11				
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	tor which colum	n (a) is che	ecked,				
	describe in Part II.						<u> </u>			
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 990	J.			Schedule M	ı (Forr	n 990)	202

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPPORTUNITY PARTNERS

Employer identification number 41-0737221

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITY PARTNERS IS A NONPROFIT ORGANIZATION THAT ADVANCES THE QUALITY OF LIFE FOR APPROXIMATELY 1,100 ADULTS WITH DISABILITIES EACH RESIDENTIAL AND ENRICHMENT SERVICES DESIGNED YEAR THROUGH EMPLOYMENT, TO HELP PEOPLE SUCCEED. OUR AWARD-WINNING, PERSON-CENTERED SERVICES HELP PEOPLE WITH DISABILITIES BE A PART OF THE COMMUNITY, ESTABLISH EXPAND SOCIAL CONNECTIONS AND REACH GOALS OF GREATER REWARDING CAREERS, INDEPENDENCE. WE KNOW THAT WHEN ALL PEOPLE HAVE A CHANCE TO BE ACCEPTED OUR WORLD IS BETTER. WE ARE STRONGER TOGETHER!

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

IN 2021, OPPORTUNITY PARTNERS SERVED 1,052 PEOPLE WITH DISABILITIES AT

DOZENS OF JOB SITES, RESIDENCES AND COMMUNITY SETTINGS THROUGHOUT THE

10-COUNTY TWIN CITIES METROPOLITAN AREA. OPPORTUNITY PARTNERS PROVIDES

SUPPORT TO A WIDE RANGE OF INDIVIDUALS - FROM YOUNG ADULTS WITH

CEREBRAL PALSY TO ADULTS RECOVERING FROM BRAIN INJURY DUE TO A STROKE

TO SENIORS WITH DOWN SYNDROME. NO MATTER WHAT THE CHALLENGE, OUR

SERVICES HELP PEOPLE WITH DISABILITIES TO LEAD MORE REWARDING AND

MEANINGFUL LIVES.

OPPORTUNITY PARTNERS PROVIDES ENRICHMENT OPPORTUNITIES TO HELP PEOPLE

ACQUIRE SKILLS FOR COMMUNITY PARTICIPATION INCLUDING HOW TO MANAGE A

BUDGET, SHOP FOR AND COOK HEALTHY MEALS, AND REGISTER TO VOTE.

EMPLOYMENT SERVICES OFFER SPAN A FULL SPECTRUM OF SUPPORTS TO HELP

PEOPLE EXPLORE THE WORLD OF WORK AND REACH THEIR EMPLOYMENT GOALS.

PARTICIPANTS GAIN EXPERIENCE, EARN AN INCOME, AND HAVE THEIR

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

CONTRIBUTIONS VALUED AT OPPORTUNITY PARTNERS AND AT OTHER BUSINESSES

THROUGHOUT THE COMMUNITY.

2021 EMPLOYMENT MILESTONES:

-PEOPLE UTILIZING EMPLOYMENT DEVELOPMENT (JOB SEEKING) SUPPORTS: 202

-NEW COMPETITIVE JOB PLACEMENTS: 107

-SUPPORTED 255 PEOPLE WORKING COMPETITIVE, INDEPENDENT JOBS IN THE

COMMUNITY

-AVERAGE WAGE FOR PEOPLE WORKING COMPETITIVE JOBS: \$14.43/HOUR

OPPORTUNITY PARTNERS IS ACCREDITED THROUGH CARF INTERNATIONAL, THE

COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES. DURING ITS

LAST ACCREDITING PERIOD (2020), OPPORTUNITY PARTNERS WAS REACCREDITED

FOR A PERIOD OF THREE YEARS FOR ITS COMMUNITY EMPLOYMENT AND EMPLOYMENT

PLANNING SERVICES. THE LATEST ACCREDITATION WAS THE NINTH CONSECUTIVE

THREE-YEAR ACCREDITATION THAT THE INTERNATIONAL ACCREDITING BODY HAS

AWARDED TO OPPORTUNITY PARTNERS. THIS REPRESENTS THE HIGHEST LEVEL OF

ACCREDITATION THAT CAN BE AWARDED TO AN ORGANIZATION AND SHOWS A

SUBSTANTIAL CONFORMANCE TO THE CARF STANDARDS. AN ORGANIZATION

RECEIVING A THREE-YEAR ACCREDITATION HAS PUT ITSELF THROUGH A RIGOROUS

PEER REVIEW PROCESS AND DEMONSTRATES TO A TEAM OF SURVEYORS DURING AN

ON-SITE VISIT ITS COMMITMENT TO OFFERING SERVICES THAT ARE MEASURABLE,

ACCOUNTABLE, AND OF THE HIGHEST QUALITY.

2021 AWARDS: OPPORTUNITY PARTNERS EARNED A COMMUNITY ENRICHMENT AWARD

FROM THE MINNESOTA ORGANIZATION FOR HABILITATION & REHABILITATION

(MOHR) FOR ITS VIRTUAL SERVICES PROGRAM, WHICH STARTED DURING THE

PANDEMIC AS A WAY TO KEEP PEOPLE CONNECTED AND ENGAGED DURING TIMES OF

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization OPPORTUNITY PARTNERS 41-0737221 GREAT ISOLATION IN OUR COMMUNITY. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WITH DISABILITIES - 170 WERE PEOPLE IN THEIR OWN HOMES, 26 IN OUR SUPPORTED APARTMENT PROGRAM (HOMEBASE) AND ANOTHER 76 PEOPLE RECEIVED 24-HOUR STAFF SUPPORT IN ONE OF OPPORTUNITY PARTNERS' 20 GROUP HOMES. SATISFACTION SURVEYS: NO SURVEYS WERE DONE IN 2021 SO THIS IS 2020 AGAIN: 519 PEOPLE SERVED IN RESIDENTIAL AND/OR DAY SERVICES RESPONDED TO THE DECEMBER 2020 SURVEY. OP IMPROVES MY QUALITY OF LIFE. 90% ANSWERED YES OP STAFF TREAT ME WITH RESPECT. 95.6% ANSWERED YES I AM RECEIVING THE SERVICES AND SUPPORTS I NEED AT THIS TIME. 92.6% ANSWERED YES OP AND OTHER IMPORTANT PEOPLE IN MY LIFE WORK TOGETHER AS A TEAM. 93% ANSWERED YES OP PROVIDES ME COVID COMMUNICATIONS AND UPDATES AS IT PERTAINS TO MY AREA. 86.9% ANSWERED YES

Schedule O (Form 990) 2021 Page 2

Name of the organization
OPPORTUNITY PARTNERS
Employer identification number
41-0737221

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CORPORATE OFFICERS AND THE CHIEF EXECUTIVE OFFICER, AND UP TO THREE (3) ADDITIONAL NON-OFFICER MEMBERS OF THE BOARD OF DIRECTORS ELECTED BY THE BOARD OF DIRECTORS TO STAGGERED TWO-YEAR TERMS. THE CHAIR OF THE BOARD WILL CHAIR THE EXECUTIVE COMMITTEE. A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A OUORUM. THE EXECUTIVE COMMITTEE CAN ACT BY THE VOTE OF A MAJORITY OF THE COMMITTEE MEMBERS PRESENT. THE CHAIR SHALL REPORT ANY ACTIONS OF THE COMMITTEE TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD. THE COMMITTEE SHALL CONDUCT AN ANNUAL REVIEW OF THE PERFORMANCE OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS RELATED TO EXECUTIVE COMPENSATION MATTERS. THE PRESIDENT/CHIEF EXECUTIVE OFFICER SHALL RECUSE HIM OR HERSELF DURING THE VOTE WITH RESPECT TO EXECUTIVE COMPENSATION MATTERS. THE COMMITTEE SHALL HAVE OVERSIGHT REGARDING AND MAKE ANY NEEDED RECOMMENDATIONS TO THE BOARD OF DIRECTORS RELATED TO (A) CHANGES TO THE GOVERNING DOCUMENTS OF THE CORPORATION, AND (B) THE CORPORATION'S CONFLICT OF INTEREST AND OTHER GOVERNANCE POLICIES. IN ADDITION, THE COMMITTEE WILL WORK WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER TO ASSURE THE PREPARATION OF DRAFTS OF STRATEGIC PLANS FOR THE BOARD OF DIRECTORS' CONSIDERATION. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO RETAIN LEGAL COUNSEL TO ADVISE THE BOARD OF DIRECTORS AS MAY BE NECESSARY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF OPPORTUNITY PARTNERS REVIEWS THE FORM 990 BEFORE

IT IS SUBMITTED EACH YEAR. THE BOARD OF DIRECTORS RECEIVES AND ACCEPTS THE

FORM 990 EACH YEAR.

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization OPPORTUNITY PARTNERS	Employer identification number 41-0737221
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY OPPORTUNITY PARTNERS REQUIRES ALL BOARD MEMBERS A	ND OTHER KEY
INDIVIDUALS TO SIGN AN ANNUAL STATEMENT OF DISCLOSURE AND	AGREEMENT TO
COMPLY WITH THE OPPORTUNITY PARTNERS' POLICY ON CONFLICT O	F INTEREST.
ANNUALLY AN INTERNAL AUDIT IS PERFORMED TO ENSURE COMPLIAN	CE WITH THE
POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
OPPORTUNITY PARTNERS UTILIZES PUBLISHED, INDEPENDENT BENCH	MARK SALARY
SURVEYS AND RELEVANT FORM 990 DATA FROM OTHER NONPROFITS F	OR DETERMINING
STAFF COMPENSATION. COMPENSATION ARRANGEMENTS FOR THE PRES	IDENT/CEO AND
OTHER EXECUTIVES ARE REVIEWED AND APPROVED BY THE CHAIRMAN	OF THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED	FROM PRIOR
YEAR.	

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-0737221

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total inco	me End-of-yea	ar assets	s Direct controlling entity		
OP SOCIAL ENTERPRISES LLC - 32-6205139								
5500 OPPORTUNITY CT	EMPLOYMENT SERVICE FOR							
MINNETONKA, MN 55343	DEVELOPMENTALLY DISABLED	MINNESOTA	2,504	,136. 5:	16,332.	OPPORTUNITY	PARTNE	RS
OP PROPERTIES, LLC - 83-0546555								
10300 BREN ROAD E	PURCHASED A BUILDING TO							
MINNETONKA, MN 55343	SUPPORT PROGRAMS	MINNESOTA	628	,671. 8,78	80,385.	OPPORTUNITY	PARTNE	RS
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN	nizations. Complete if the organization (b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Dire	(f)	Section 5	g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	1	entity		ity?
				301(0)(3))	+		Yes	No
				1	1		1	1

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

OPPORTUNITY PARTNERS

Schedule R (Form 990) 2021

Page 2

Part III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	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) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

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		(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>
								<u> </u>	

1a

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Gil Loans or loan quarantees to or for leated organization(s) Loans or loan quarantees to ro for leated organization(s) Fig. Loans or loan quarantees to ro for leated organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Dividends from related organization(s) Fig. Lease of facilities, equipment, or other assets to related organization(s) Fig. Lease of facilities, equipment, or other assets to related organization(s) Fig. Dividends from related organization from related organization(s) Fig. Dividends from related from related from related from related	b	Gift, grant, or capital contribution to related organization(s)				1b		
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		3 11-17-21		1	Schedulo	e R (Form	990) 2	2021

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
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