

990EF	E	F Transmission Status		2020
		(Keep for your records)		
Name(s) as shown on return				EIN number
OPPORTUNITY ALLIANO	CE NEVADA			47-3933977
The following will be transr	mitted to the IRS.	<b>x</b> 990	Amended	FinCEN 114
The following state returns	will be transmitted:			
			-	<u> </u>
The following returns have	been suppressed or are not elig	gible and will NOT be transmitted.		
EF Notes				

Name(s) as shown on return OPPORTUNITY ALLIANCE NEVADA  Entity address  639 ISBELL ROAD  Reno , NV 89509  Thank you for participating in IRS e-file.  1. X 2020 8868-01 income tax return for Federal was filed e The electronic filing services were provided by PKJ Consulting  2. X 8868-01 income tax return was accepted on 05-13-2021 using a Person an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter the submission ID assigned to this return is 8851502021133hvoyjux  PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RET
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#### 990

# **Return of Organization Exempt From Income Tax**

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

2020

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

Α	For 1	the 2	2020 calendar y	ear, or ta	x year begin	ning		, 2020,	and end	ling		, 20
В	Check	if ap	plicable:	C Name	of organization <b>O</b> E	PORTUNITY A	LLIANCE NEVAD	A			D Empl	loyer identification number
	Addre	ss ch	ange	Doing I	business as							47-3933977
	Name	chan	nge	Numbe	er and street (or P.	O. box if mail is not deliv	vered to street address)		Room/su	uite	E Telep	hone number
	Initial	returr	ı	639 I	SBELL ROA	D.						(775) 333-8274
	Final r	return	/terminated			vince, country, and ZIP	or foreign postal code				<b>G</b> Gros	s receipts
	Amen	ded r	eturn	Reno,	NV 89509	)					\$	821,517
П	Applic	ation	pending		and address of pri					H(a) Is this a		for subordinates? Yes X No
_			. 3		·	·						es included? Yes No
$\overline{}$	Tax-e	xemp	t status: X 501	(c)(3)	501(c) (	) <b>(</b> insert no.)	4947(a)(1) or	527		7		st. See instructions
	Webs				nityallia	, , ,	10 11 (4)(1) 01			H(c) Group 6		<b>L</b>
			ganization: X Corp			ociation Other	•	L Year of format	ion: 20			gal domicile: <b>NV</b>
	rt I		Summary	poration [		ociation otrici :		L icai oi ioiliat	1011. 20	<u> </u>	State of leg	gai domicile.
	$\overline{}$	_		he organ	ization's missi	on or most signific	ant activities: D7	ADMINED TO I	POME	E TOOT C	TIO C1	DOM ETNANCTAT
			-	_	ization s missi	on or most signing	ant activities. Pr	KINER TO E	ROVID	E TOOLS	10 G	ROW FINANCIAL
99			CAPABILITY	TIN INV								
Jan		-										
Je.	Ι.		Ob!- 4b:- b <b>b</b>	. 🗆 : : : : : : : : : : : : : : : : : :				-l -f th (	DE0/ - f :4			
Activities & Governance				_	Ū		perations or dispose				1	1
ૹ			_		_	rning body (Part VI					-	9
ies	1 1				-		body (Part VI, line 1b					0
Ĭ						calendar year 202						11
Act	l .		Total number of \		•	• ,						
_	7					Part VIII, column (0					_	0
		b	Net unrelated bu	siness ta	xable income	from Form 990-T, I	Part I, line 11		<u></u>		.   7b	0
0										Prior Year		Current Year
	1	В (	Contributions and	d grants (	(Part VIII, line	1h)			-			808,700
Jue	9	9 1	Program service	revenue	(Part VIII, line	2g)			-			3,467
Revenue	1	0	Investment incon	ne (Part \	VIII, column (A	A), lines 3, 4, and 7	d)					0
8	1	1 (	Other revenue (F	Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10	Oc, and 11e) • •					9,350
	1:	2	Total revenue - a	idd lines 8	8 through 11 (ı	must equal Part VI	II, column (A), line 12	2)	-			821,517
	1:	3 (	Grants and simila	ar amoun	its paid (Part I	X, column (A), line	s 1-3)		-			492,972
	1.	14 Benefits paid to or for members (Part IX, column (A), line 4)										0
S	1	5	Salaries, other co	ompensa	tion, employee	e benefits (Part IX,	column (A), lines 5-	10)	-			50,145
Se	1	6a	Professional fund	draising f	ees (Part IX, c	olumn (A), line 11e	e)		-			0
Expenses		b	Total fundraising	expense	s (Part IX, col	umn (D), line 25)	<b>-</b>	0				
ŭ	1	7 (	Other expenses	(Part IX,	column (A), lir	nes 11a-11d, 11f-24	le)					131,595
	1	8	Total expenses.	Add lines	3 13-17 (must	equal Part IX, colu	mn (A), line 25)		-			674,712
	1	9	Revenue less ex	penses.	Subtract line	18 from line 12 •						146,805
ō	se es								Beg	inning of Curre	ent Year	End of Year
Net Assets or	<u> </u>	0	Total assets (Par	t X, line 1	16)					47	,153	194,990
ASS	<u> </u>	1	Total liabilities (P	art X, line	e 26)					12	,066	12,325
Set	를   2:	2	Net assets or fun	nd balanc	es. Subtract l	ine 21 from line 20				35	,087	182,665
Pa	ırt II		Signature	Block								
							ing schedules and statement		of my knov	vledge and belie	ef, it is	
true	, corre	ct, ar	id complete. Declarat	lion or prepa	irer (other than on	icer) is based on all inioi	rmation of which preparer I	nas any knowledge.				
			LYNDA H	ASCHE	FF							
Sig	jn		Signature of c	officer							Da	ite
He	re		LYNDA H	ASCHE	FF, EXECU	TIVE DIRECTO	R					
			Type or print in			- <del></del>						
			Print/Type preparer	r's name		Preparer's signature		Date		Check	if	PTIN
Pai	id		Phyllis Jo	ohnson		   Phyllis John	nson	05-14-20	21	self-em		P01899679
	par	er	Firm's name		PKJ Cons	•	- 2	<b></b>		Firm's EIN	, , -	
	e O		Firm's address	,			Pkwy Ste 20	0		Phone no.		
	-	,	addiooo			on NV 89052	2 23, 500 200	-			702-	420-2408
Me	tha	IDC	diaguas this ratu	rn with th		our above? (see i	actructions\				, 02-	7 Vos. V No.

d	Other program service	es (Describe on Schedul	e O.)			
	(Expenses \$		ding grants of \$	) (Revenue \$	)	

577,663

OPPORTUNITY ALLIANCE NEVADA
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 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		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	'		
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	٣		
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
á	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
ı	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
(	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
(	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
1	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		Х
12a		_		
	Schedule D, Parts XI and XII	12a		Х
I.	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	12b 13		X
13 14a		14a		X
b		174		Х
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		x
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		х
ı	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV

0) OPPORTUNITY ALLIANCE NEVADA Checklist of Required Schedules (continued) 47-3933977

			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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			l
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			l
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		
28	persons? If "Yes," complete Schedule L, Part III	21		X
20	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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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
35a	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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
20		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Part V

OPPORTUNITY ALLIANCE NEVADA

Statements Regarding Other IRS Filings and Tax Compliance (continued) 47-3933977

Note: If he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 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 accountry? 5 If "Yes," enter the name of the foreign country. 6 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6 Was the organization aparty to a prohibited tax shelter transaction? 6 If "Yes" to list 6 so 75b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" and the so are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 7 If "Yes" in the sort of the organization that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici any contributions that twen to tax deductibles or organization solici any contributions that twen to tax deductibles or organization solici any contributions that twen to tax deductibles or greater than \$100,000, and did the organization solici any contributions that may receive deductible contributions under section 170(c). 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 2822 filed during the year organization service and party organization receives a contribution of qualified intellectual property, did the organization file Form 8289? 9 If the organization received an orthib	Y	res No	,
but all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  bit I*Ves, * has it filed a Form 900-1 for this year? If Not * to line 3b, provide an explanation on Schedule O  4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 Did any taxable party notify the organization file Form 8886-7?  5 Did any taxable party notify the organization file Form 8886-7?  6 Did she organization as obtained that the very solicitation and years statement that such contributions?  6 If "Yes," did the organization aloued with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations than may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 If Yes, and the organization ordity the donor of the value of the goods or services provided?  10 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  11 If Yes, and the organization ordity the donor of the value of the goods or services provided?  12 If Yes, and the organization ordity the donor of the value of the goods or services provided?  13 If Yes, and the organ			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the originization have unrelated business gross income of \$1,000 or more during the year? bill "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the originization 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 accountry) bill "Yes," enter the name of the foreign country   Ves," enter the properties of the foreign country   Ves," enter the second of the originization has the vest of the deduction of the originization of the originization has the vest of the deduction of the vest of the originization of the originization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or tax deductibles contributions and partly for goods and services provided to the payor?  Originization shat may receive deductible contributions under section 170(c).  Did the originization encieve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Originization shat may receive deductible contributions under section 170(c).  Did the originization originity the vest of the goods or services provided?  Did the originization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Uniform \$20.00 the payor \$2.00 the payor \$2.00 th			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O  4a 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 accounts (FBAR).  5b If "Yes," enter the name of the foreign country I such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax whether transaction at any time during the tax year?  5c Was the organization has the organization that it was to is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5s or 5b, did the organization file Form 8886-T?  6d Does the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d 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?  9 If "Yes," indicate the number of Forms 8292 filed during the year.  1 If "Yes," indicate the number of Forms 8292 filed during the year.  1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Forms 8292.  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?  1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?  1 If the organization received a contribution of a part VIII, line 12  1 If the organization received a contribution of a part VIII, line 12  2	2b x	x	
b if "Yes," has it flied a Form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule O 4 All 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)?  b if "Yes," enter the name of the foreign country   5 bit "Yes," enter the name of the foreign country   5 be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 bit and the stable party notify the organization that It was or is a party to a prohibited tax shelter transaction?  6 if "Yes" to line 5a or 5b, did the organization file Form 8886-17.  6 Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductibles contributions or gifts were not tax deductible?  7 organization solicit any contributions that were not tax deductible contributions under section 170(c).  a Did the organization tractive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 bit "Yes," did the organization notify the donor of the value of the goods or services provided?  6 bit the organization neceive a payment in excess of \$75 made partly as a contribution of quality of the contribution of underly. To pay premiums on a personal benefit contract?  7 bit the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  8 bit he organization received a contribution of cars, beats, sirplanes, or other vehicles, did the organization free mass and tracting the year.  9 Sponsoring organization makes any taxable distributions under section 4966?  10 bit the organization have excess business holdings at any time during the year?			
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Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	9b	X	
a Initiation fees and capital contributions included on Part VIII, line 12		A	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  1 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  1 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
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c Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	14b	$+\!\!\!-$	
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Х	
	46		
If "Yes " complete Form 4720. Schedule O	16	<u> </u>	

Part VI G

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI			. x
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	with a taxable entity during the year?	16a		Х
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	401		
500	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an experientian to make its Forms 1003 (1004 or 1004 A if cambiaghle) 900, and 900 T (Section 501(a))			
18	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.			
40	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LYNDA HASCHEFF (775)333-8274, 639 ISBELL ROAD SUITE 460, Reno, NV 89509			

EEA

# 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(	(C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average	٠,				nan one		Reportable	Reportable	Estimated amount
Name and the	hours					s both ar /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	의 등	_	0	Σ	φт	Ţ	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divic	stitu	Officer	еу е	nplo	Former	(VV-2/1099-IVII3C)	(** 2/1000 1/1100)	related organizations
	organizations	ctor	tiona	ľ	∕ey employee	st co	-			
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ď	stee			Highest compensated employee				
						ed e				
(1) Lynda Hascheff										
Excecutive Director					Х			46,500	0	0
(2) Tracy Sherwood	40.00									
Office Manager					Х			46,025	0	0
(3) Lisa-Marie Lightfoot	3.00									
Board of Directors		х						0	0	0
(4) Liliana Wilbert	3.00									
Board of Directors		х						0	0	0
(5) Ta-Tiana Anderson Hall	3.00									
Board of Directors		х						0	0	0
(6) Sydney Sullivan	3.00									
Board of Directors		х						0	0	0
(7) Leanna Jenkins	3.00									
Board of Directors		х						0	0	0
(8) Cherie Jamason	3.00									
Board of Directors		х						0	0	0
(9) Brandon Thompson	3.00									
Board of Directors		х						0	0	0
(10)Dian_VanderWell	3.00									
Board of Directors		х						0	0	0
(11)Damon Hodge	3.00									
Board of Directors		х						0	0	0
(12)Nancy Brown	10.00									
President				х				0	0	0
(13)Eric Hollen	4.00									
Treasurer				х				0	0	0
(14)										

Form **990** (2020)

	90 (2020) OPPORTUNITY ALLIA	NCE NEVA	DΑ							47-3933	977	Р	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Com	pens	sated Employees	(continued)			
	(A) Name and title	(B)  Average hours per week (list any hours for related	Average box, unless person is both an hours officer and a director/trustee)  per week  (list any						(E)  Reportable compensation from related organizations (W-2/1099-MISC)	co f orga	(F) nated amount of other other of other o	ion and	
		organizations below dotted line)	trustee	al trustee		руее	Highest compensated employee						
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
(24)													
(25)													
1b	Subtotal							÷					
c d	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)								92,525	0			0
	Total number of individuals (including but not limite												
	reportable compensation from the organization	<u> </u>											0
3	Did the organization list any <b>former</b> officer, director	r, trustee, ke	y empl	oyee	e, or	high	est co	mpe	nsated			Yes	No
	employee on line 1a? If "Yes," complete Schedule										3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than												
-	individual										4		X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If</i> "Yes,"			-			_				5		х
Secti	on B. Independent Contractors					p							<del></del>
1	Complete this table for your five highest compensation												
	compensation from the organization. Report compe	ensation for	the cal	enda	ar ye	ar e	nding	with I		ization's tax year. I			
	(A) Name and business addres:	s							(B)  Description of service	es	(C) Compens	sation	
									,		,		
2	Total number of independent contractors (including	•		hose	liste	ed al	oove)	who					

OPPORTUNITY ALLIANCE NEVADA
Statement of Revenue 47-3933977

		Check if Schedule O contains a response	or no	te to any line in this	Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					Sections 312-314
	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c					
Gra Doli	d	Related organizations	1d	50,500				
Ā		Government grants (contributions)	1e					
ڲؚٙڐ	e	All other contributions, gifts, grants,	16	758,200				
Sin	f	and similar amounts not included above	1f					
ber juti	_	-						
걸	g	Noncash contributions included in lines 1a-1f	4	L .				
auco		<u>L</u>	1g	\$ 	222 522			
	h	Total. Add lines 1a-1f	• •	· ·	808,700			
				Business Code				
e	1	Program Revenue		541900	3,467	3,467		
و ∑َ	b							
o Se								
ran Sev	d							
Program Service Revenue	е							
₫		All other program service revenue						
	g	Total. Add lines 2a-2f	• •		3,467			
	3	Investment income (including dividends, inter						
	١.	other similar amounts)		1				
	1	Income from investment of tax-exempt bond		i				
	5	Royalties	• •					
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	S	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
evenue	С	Gain or (loss) 7c						
œ	d	Net gain or (loss)	<u></u>					
Other	8a	Gross income from fundraising						
₹		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising events		▶				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities		▶				
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	1	Net income or (loss) from sales of inventory						
		. ,		Business Code				
S	11a							
noı	b							
ella ven	C							
Miscellanous Revenue	1	All other revenue	_	541900	9,350	9,350		
Σ	I	<b>Total</b> . Add lines 11a-11d			9,350	-,		
		Total revenue. See instructions			821,517	12,817	0	0

47-3933977

## 20) OPPORTUNITY ALLIANCE NEVADA Statement of Functional Expenses Part IX

Section 501(c)(3) and 501	(c)(4)c	organizations must com	plete all columns.	All other organiz	ations must com	plete column (A	4).

	Check if Schedule O contains a response of note to a	(A)	(B)	(c)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
1	Ob, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	400 070	400 070		
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	492,972	492,972		
2					
•	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,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,145		50,145	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	4,988		4,988	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	13,615		13,615	
13	Office expenses	18,193	4,868	13,325	
14	Information technology				
15	Royalties				
16	Occupancy	292		292	
17	Travel	383		383	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	189		189	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,250		1,250	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Outside Contract	90,101	79,823	10,278	
b	Bank Fees	607		607	
C	Corporate Gifts	1,977		1,977	
d					
e	All other expenses	_			
25	Total functional expenses. Add lines 1 through 24e	674,712	577,663	97,049	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	1	I	l	

Part X

20) OPPORTUNITY ALLIANCE NEVADA 47-3933977 Page 11
Balance Sheet

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 38,133 185,830 2 2 5,010 5,010 3 Pledges and grants receivable, net ........... 3 4 Accounts receivable, net 1,812 4 2,927 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ............ Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . . 10a b Less: accumulated depreciation . . . . . . . . . . . . . . . 10b 10c 11 11 12 Investments - other securities. See Part IV, line 11 12 . . . . . . . . . . . . . . . . . . 13 Investments - program-related. See Part IV, line 11 ........ 13 14 14 15 2,198 15 1,223 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 47,153 194,990 17 17 1,000 500 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 11,066 25 11,825 26 Total liabilities. Add lines 17 through 25 .......... 26 12,066 12,325 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 35,087 31 182,665 32 Total net assets or fund balances ........... 35,087 32 182,665 33 Total liabilities and net assets/fund balances 47,153 33 194,990

EEA Form **990** (2020)

2c

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Х

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

Single Audit Act and OMB Circular A-133?

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

)PP	ORT	UNITY ALLIANCE NEVADA					47-393397	/		
Pa		Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this part				
he o	orgai	nization is not a private foundation beca				· ·	•			
1	Ň	A church, convention of churches, or	•	•	,	(A)(i).				
2	Ī	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	П	A hospital or a cooperative hospital se				i).				
4	П	A medical research organization opera					(A)(iii). Enter the			
		hospital's name, city, and state:	,	•		- ( - / / /	, , , ,			
5	П	An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	unit described in			
-	_	section 170(b)(1)(A)(iv). (Complete F		,	, 3-					
6	П	A federal, state, or local government of	*	t described in section 17	'0(b)(1)(A)	(v).				
7	Ħ	An organization that normally receives	· ·				the general public			
•	ш	described in section 170(b)(1)(A)(vi).	•		,,,,,,,	01 110111	and goneral public			
8	П	A community trust described in <b>section</b>								
9	Ħ	An agricultural research organization		, ,	ed in coniu	nction with	a land-grant college			
•	ш	or university or a non-land-grant college								
		university:	ge of agriculture (se	o mondonoj. Enter tre	riarrio, orty	, and state	of the conege of			
0	х	An organization that normally receives	s: (1) more than 33	1/3% of its support from (	contribution	ns membe	rship fees, and gross			
		receipts from activities related to its ex								
		support from gross investment income	•		. ,					
		acquired by the organization after Jun		,		,				
1	П	An organization organized and operat								
2	Ħ	An organization organized and operat					carry out the purposes			
_	_	of one or more publicly supported orga	· · · · · · · · · · · · · · · · · · ·							
		Check the box in lines 12a through 12						1.		
	а	Type I. A supporting organization						<b>y</b> .		
		the supported organization(s) the		· · · · · · · · · · · · · · · · · · ·		•	. ,			
		supporting organization. You must			,					
	b	Type II. A supporting organization	-		its support	ed organiz	ation(s), by having			
		control or management of the sup	•				. ,			
		organization(s). <b>You must comp</b> l		•			3 11			
	С	Type III functionally integrated.			ection with.	and function	onally integrated with.			
		its supported organization(s) (see			_					
	d	Type III non-functionally integra	,	•						
		that is not functionally integrated.				•				
		requirement (see instructions). <b>Yo</b>				•				
	е	Check this box if the organization	-				vpe II. Tvpe III			
		functionally integrated, or Type III				, ,	, , , , ,			
	f	Enter the number of supported organi	•							
	g	Provide the following information about	ut the supported org	ganization(s).						
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10	listed in you		support (see	other support (see		
				above (see instructions))	docum	ient?	instructions)	instructions)		
					Yes	No				
۸۱										
A)										
B)										
C)										
D)										
ر ر										
E)										
Total	<u> </u>									

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.) Section A. Public Support

Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization'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	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities, etc. (se					12	(2)
13	First five years. If the Form 990 is for the organization of the organization of the property	•			•	` ,	` '
<u> </u>	organization, check this box and stop here			<del></del>	<u> </u>		▶ ∐
	Ction C. Computation of Public Suppor			l (f\)		44	<u>%</u>
	Public support percentage for 2020 (line 6, c					14	<del>%</del> %
	Public support percentage from 2019 Sched						
108	<b>33 1/3% support test - 2020.</b> If the organiza box and <b>stop here.</b> The organization qualifie						_
	o 33 1/3% support test - 2019. If the organiza						_
	this box and <b>stop here.</b> The organization qua						_
172	10%-facts-and-circumstances test - 2020.						
110	10%-racts-and-circumstances test - 2020.  10% or more, and if the organization meets t						
	Part VI how the organization meets the facts				•	•	
	organization			-			_
ŀ	010%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						
	organization			-	=		_
18	<b>Private foundation.</b> If the organization did n						
	instructions						▶ □
							<u> </u>

47-3933977

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			· · ·	•	,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	·	, ,	. ,	
	received. (Do not include any "unusual grants.")	82,683	159,809	136,330	78,028	758,197	1,215,047
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,257	9,145	42,639	69,217	90,708	215,966
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	86,940	168,954	178,969	147,245	848,905	1,431,013
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,431,013
Se	ction B. Total Support						_,,
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6	86,940	168,954	178,969	147,245	848,905	1,431,013
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources • •	86,940	168,945	178,969	147,245	848,904	1,431,003
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	86,940	168,945	178,969	147,245	848,904	1,431,003
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<del>                                     </del>					
	and 12.)	173,880	337,899	357,938	294.490	1,697,809	2,862,016
14	First 5 years. If the Form 990 is for the organ						
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Suppor	rt Percentage	)				
	Public support percentage for 2020 (line 8, co	( ).	•	( //		15	50.00 %
	Public support percentage from 2019 Schedu					16	100.00 %
	ction D. Computation of Investment Inc					1 4-1	
	Investment income percentage for 2020 (line		-	•		17	50.00 %
	Investment income percentage from 2019 Sc					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiza						
L	17 is not more than 33 1/3%, check this box a	-	-	•			_
Ø	<b>33 1/3% support tests - 2019.</b> If the organizatine 18 is not more than 33 1/3%, check this because the state of the state						_
20	<b>Private foundation.</b> If the organization did no	•	-	-			

EEA

### 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

- 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.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer 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.
- 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).
  - Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below.
  - 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.)

		,	
		Yes	No
1			
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	<b></b>		
	5b		
	5c		
	E		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	rm 990 d	or 990-E	Z) 2020

ı aı	Supporting Organizations (continued)			
			Yes	No
	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<del></del>	detail in Part VI.	11c		
<u> </u>	tion B. Type I Supporting Organizations		V	NI-
4			Yes	No
1	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 <b>Part VI</b> 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	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
500	tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b			.44.	1
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	ee ins		
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		Za		
J	one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i>			
	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. <i>Answer lines 3a and 3b below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 OPPORTUNITY ALLIANCE NEVADA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 47-3933977

_	<u> </u>	<u> </u>		
1	X Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organize	ations	s must complete Sections	A through E.
900	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Cion A - Aujusteu Net Income		(A) I Noi Teal	(optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\dashv \dashv$		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization
	(see instructions).	3	,, ,, ,,	J

EEA Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019 e Excess from 2020

. . . .

NCE NEVADA 47-3933977

Par	t V Type III Non-Functionally Integrated 509(a)(3		zations (continued		<u> </u>
Sec	tion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exem			1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

EEA Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

### **SCHEDULE D** (Form 990)

Department of the Treasury

## **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. Internal Revenue Service Name of the organization

OMB No. 1545-0047

2020

Open to Public Inspection

Name	Name of the organization Employer identification number								
OPP	ORTUNITY ALLIANCE NEVADA	47-3933977							
Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
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 wri	ting that the assets held in donor advised							
	funds are the organization's property, subject to the organization	_	· · · · · · · · · · · · · Yes No						
6	Did the organization inform all grantees, donors, and donor adv	-							
	only for charitable purposes and not for the benefit of the donor								
	conferring impermissible private benefit?		Yes No						
Pai	t II Conservation Easements.								
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or educ		f a historically important land area						
	Protection of natural habitat		f a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a con	nservation						
_	easement on the last day of the tax year.		Held at the End of the Tax Year						
а									
b			2b						
c	Number of conservation easements on a certified historic struct								
d	Number of conservation easements included in (c) acquired aft	` '	20						
u	historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, releasements								
J	tax year	iscu, extinguished, of terminated by the orga	mization during the						
4	Number of states where property subject to conservation easer	nent is located							
5	Does the organization have a written policy regarding the period								
J	violations, and enforcement of the conservation easements it he								
6	Staff and volunteer hours devoted to monitoring, inspecting, ha								
U	b	nulling of violations, and emorcing conservation	on easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	assements during the year						
,	s	g of violations, and emorning conservation ea	asements during the year						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	/BVi)						
0			П., П.,						
9	and section 170(h)(4)(B)(ii)?	comments in its revenue and expense state							
3	balance sheet, and include, if applicable, the text of the footnote	•							
	organization's accounting for conservation easements.	e to the organization's illiancial statements th	at describes trie						
Pai	t III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.						
	Complete if the organization answered "Yes" o		7.1101 O.II.II.a. 7.000101						
	If the organization elected, as permitted under FASB ASC 958,		lance sheet works						
Iu	of art, historical treasures, or other similar assets held for public	•							
			ance of public						
b	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
b	art, historical treasures, or other similar assets held for public ea	•							
		Ambinon, education, or research in fulfillerand	oc or public service,						
	provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> ¢						
•	• •								
2	If the organization received or held works of art, historical treasurable required to be reported under EASP ASC 05		, provide trie						
_	following amounts required to be reported under FASB ASC 95	•	<b>▶</b> ↑						
a	Revenue included on Form 990, Part VIII, line 1		·						
b	Assets included in Form 990, Part X		<b></b> b						

	ule D (Form 990) 2020 OPPORTUNITY AL						47-3933		Page 2
Pa	rt III Organizations Maintaining	Collections of	of Art, His	storical 7	reasures,	or Otl	ner Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, accessio	n, and other record	s, check an	y of the follo	wing that mal	ke signifi	cant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange ¡	programs	<b>S</b>		
b	Scholarly research		е	Other		_			
С	Preservation for future generations			_					
4	Provide a description of the organization's col	lections and explain	n how they f	urther the o	rganization's	exempt r	urpose in Part		
-	XIII.	.ooaoo aa op.a			. gaa	o, (o, , , p , p	a.pooo a		
5	During the year, did the organization solicit or	receive donations	of art hietor	ical traceure	e or other si	milar			
•	assets to be sold to raise funds rather than to		-		•			.   Ye	s $\square$ No
Pa	rt IV Escrow and Custodial Arra		art or the or	gariization s	CONCOUNT:			· <u> </u>	3   140
. u	Complete if the organization		" on Forn	n 990 Pa	art IV line (	or re	norted an amo	ount on F	-orm
	990, Part X, line 21.	anoworda rec	0111 011	11 000, 1 0	, , , , , , , , , , , , , , , , , , ,	3, 01 10	portou air airit	Jane On i	OIIII
4-	Is the organization an agent, trustee, custodia	un ar athar internand	liam / far aan	ributions on	ather seeds	nat			
1a								□ v-	- D.
	•							<u></u>	s ∐ No
b	If "Yes," explain the arrangement in Part XIII a	ina complete the to	llowing table	<del>)</del> :			1		
	B							nount	
С.	Beginning balance						+		
d	Additions during the year						+		
е	Distributions during the year								
f	Ending balance					. <u>1f</u>			
2a	Did the organization include an amount on Fo					•		.   Ye	s    No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation h	as been pro	ovided on Par	t XIII			· 📙
Pa	rt V Endowment Funds.	1 ID 4		000 5		4.0			
	Complete if the organization	answered "Yes	on Forr	n 990, Pa	art IV, line 1	10.			
		(a) Current year	(b) F	rior year	(c) Two years	back	(d) Three years back	(e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a. c	olumn (a)) h	neld as:			<u> </u>	
a	· · · · · · · · · · · · · · · · · · ·	%		(//					
b		%							
c	Term endowment ▶ %								
Ŭ	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
3a	Are there endowment funds not in the posses		ation that are	held and a	dministered f	or the			
ou	organization by:	olon of the organize	adon that an	o noia ana c	idiiiiiiotorod i	or are			Yes No
	•							. 3a(i)	163 140
	• • • • • • • • • • • • • • • • • • • •								
<b>L</b>	( )							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•						. 3b	
4 Da	Describe in Part XIII the intended uses of the		wment fund	IS.					
rd	rt VI Land, Buildings, and Equip		" on Farm	000 D	ort IV/ line 1	110 8-	o Form 000 I	Dort V III	no 10
	Complete if the organization	answered res	on For	n 990, Pa	art iv, line	11a. Se	e Form 990, r	an X, III	ne iu.
	Description of property	(a) Cost or		1 ' '	or other basis		Accumulated	( <b>d</b> ) Boo	ok value
		(inves	tment)	1 (	other)	de	epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other						$\overline{}$		

47-3933977

Part VII	Investments	- Other	Securities

711	Complete if the organization answered "Yes" on Form	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value

Description of security or category     (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2current Liabilities	11,825
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	11.825

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

47-3933977

Pai		Reconciliation of Revenue per Audited Financial Staten	•	r Retu	rn.
		Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenu	e, gains, and other support per audited financial statements		1	
2		luded on line 1 but not on Form 990, Part VIII, line 12:			
а		ed gains (losses) on investments	2a		
b		vices and use of facilities	2b		
С		of prior year grants	2c		
d	Other (Desc	ribe in Part XIII.)	2d		
е	Add lines 2a			2e	
3		<b>2e</b> from line <b>1</b>		3	
4		luded on Form 990, Part VIII, line 12, but not on line 1:			
а		expenses not included on Form 990, Part VIII, line 7b	4a		
b		ribe in Part XIII.)	4b	4.	
c		te. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.)		4c	
5 Pai		Reconciliation of Expenses per Audited Financial State		-	oturn
ı uı		Complete if the organization answered "Yes" on Form 990,		pei it	ctarri.
1		ses and losses per audited financial statements		1	
2	•	cluded on line 1 but not on Form 990, Part IX, line 25:		•	
a		vices and use of facilities	2a		
b		ljustments	2b		
c		S	2c		
d		ribe in Part XIII.)	2d		
е	Add lines 2a			2e	
3	Subtract line	<b>2e</b> from line <b>1</b>		3	
4	Amounts inc	luded on Form 990, Part IX, line 25, but not on line 1:			
а		expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Desc	ribe in Part XIII.)	4b		
С		and <b>4b</b>		4c	
5		ses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.			
		otions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin		t X, line	
2, Pa	irt XI, iiries Zu	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

EEA Schedule D (Form 990) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

OPPORTUNITY ALLIANCE NEVADA	47-3933977
01. Form 990 governing body review (Part VI, line 11)	
No review was conducted	
02. Conflict of interest policy compliance (Part VI, line 12c)	
Conflict of Interest Policy is available on the website	
-http://www.opportunityalliancenv.org/	
03. Governing documents, etc, available to public (Part VI, line 19)	
Documents available on website - http://www.opportunityalliancenv.org/	