EXTENDED TO JULY 17, 2023

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning SEP	1, 2021 and	ending A	UG 31, 2022			
	Check if	C Name of organization	,		D Employer identifi	cation number		
	pplicable	COUNCIL ON LEGAL EDUCATIO	N		2 Employer racinan			
	Addres	S ODDODUINITUM TNO	-,					
	Name	OT EO			45-44624	1.0		
H	_]chang∈ □Initial	9	d to atract address)	Room/suite				
	return □Final	Number and street (or P.O. box if mail is not delivered		220-41	E Telephone numbe 240-582-			
	/return -termin	2800 EISENHOWER AVE		220-41		1,766,473.		
	ated □Amend	City or town, state or province, country, and ZIP of	r foreign postal code		G Gross receipts \$			
	return □Applica	ALEXANDRIA, VA 22314	NADIOG DOI ANG	2	H(a) Is this a group re			
	tion pendin	F Name and address of principal officer: O OAN C	ARLOS POLANCO	J		? Yes X No		
		SAME AS C ABOVE			H(b) Are all subordinates in			
			insert no.) 4947(a)(1)	or 527	1	list. See instructions		
		e: WWW.CLEOINC.ORG			H(c) Group exemptio			
		organization: X Corporation Trust Associa	tion Other	L Year	of formation: 2012 N	M State of legal domicile; MD		
Pa	art I	Summary						
Ð	1	Briefly describe the organization's mission or most signi				<u> </u>		
Governance		PROFESSION THROUGH THE OFFER						
ž	2	Check this box 🕨 🔛 if the organization discontinue		sed of more	1			
Š	3	Number of voting members of the governing body (Part			<u>3</u>	15		
		Number of independent voting members of the governing				14		
es		Total number of individuals employed in calendar year 2				5		
ξ		Total number of volunteers (estimate if necessary)				14		
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column	(C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-1	, Part I, line 11		7b	0.		
Φ					Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			1,014,055.	1,423,465.		
ž	9	Program service revenue (Part VIII, line 2g)			49,283.	46,539.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and	7d)		30,150.	78,296.		
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part	VIII, column (A), line 12)		1,093,488.	1,548,300.		
	13	Grants and similar amounts paid (Part IX, column (A), lin	es 1-3)		37,265.	36,350.		
	14	Benefits paid to or for members (Part IX, column (A), line	9 4)		0.	0.		
Ø	15	Salaries, other compensation, employee benefits (Part I	X, column (A), lines 5-10)		402,384.	446,934.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1	1e)		0.	0.		
g	b ·	Total fundraising expenses (Part IX, column (D), line 25)	▶ 64,7	80.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	24e)		632,758.	1,000,732.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, col	umn (A), line 25)		1,072,407.	1,484,016.		
		Revenue less expenses. Subtract line 18 from line 12 .			21,081.	64,284.		
Assets or				Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			2,002,331.	1,919,032.		
LAS PR	21	Total liabilities (Part X, line 26)			565,105.	612,220.		
Ret		Net assets or fund balances. Subtract line 21 from line 2	20		1,437,226.	1,306,812.		
Pa	art II	Signature Block						
Und	er pena	ties of perjury, I declare that I have examined this return, inclu	ding accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is t	pased on all information of wh	hich preparer	has any knowledge.			
					<u>_</u>			
Sig	n	Signature of officer			Date			
Her	е	JUAN CARLOS POLANCO, CEO						
		Type or print name and title		1 -				
			arer's signature		Date Check	PTIN		
Paid	ı		IN UBELHART	0	7/13/23 self-employ			
Prep	arer		ASSOC P.C.		Firm's EIN ▶	46-2709365		
Use	Only	Firm's address 4451 BROOKFIELD COR	P DR, #205					
		CHANTILLY, VA 20151			Phone no. (7	<u>03) 956-6570</u>		
Mα\	the IF	S discuss this return with the preparer shown above? S	See instructions			X Yes No		

	COUNCIL ON LEGAL EDUCATION		
	990 (2021) OPPORTUNITY, INC.	45-4462410	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO INSPIRE, MOTIVATE, AND PREPARE STUDENTS FROM UNDERREP	RESENTED	
	COMMUNITIES TO SUCCEED IN LAW SCHOOL AND BEYOND.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		204
4a	(Code:) (Expenses \$ 29,066. including grants of \$ 4,500.) (Reven		324.
	PROVIDE PROGRAMS FOR SECONDARY SCHOOL AND COLLEGE STUDEN		
	SEMINARS, WORKSHOPS AND ONLINE BLOGS TO HELP STUDENTS PROTECTION OF THE PROPERTY OF THE PROPER		TRY
	INTO LAW SCHOOL. PUBLISH THE CLEO JD REPORT E-NEWSLETTE		
	DESIGNED TO INFORM STUDENTS INTERESTED IN ATTENDING LAW THE REQUIREMENTS FOR ADMISSION TO ABA APPROVED LAW SCHOOL		
	~ ~	LS ACROSS IN	<u>e</u>
	UNITED STATES.		
	PROGRAMS FOR LAW STUDENTS - PROVIDE ONLINE ACADEMIC SUPPO		D D
	FIRST YEAR LAW STUDENTS WHO PARTICIPATED IN A PRE-LAW PRO		Λ
		VIDES A VEHI	CLE
	FOR STUDENTS TO EXCHANGE IDEAS AND SUGGESTIONS AND RECEI		
	OF ENCOURAGEMENT AND TIPS FOR SUCCESS. PROVIDE REGIONAL		
4b	(Code:) (Expenses \$ 326, 922. including grants of \$ 31, 850.) (Reven		215.
710	PROGRAMS FOR PRE-LAW STUDENTS:	ue \$	
	1L-PREP ATTITUDE IS ESSENTIAL (AIE) SEMINARS - THE AIE P	ROGRAM PROVI	DES
	COLLEGE STUDENTS ADMITTED TO A LAW SCHOOL A HEAD START OF		
	AND LEARNING IN A SUPPORTIVE ENVIRONMENT. THE ONLINE SEM		
	STUDENTS TO THE BEST PRACTICES FOR: CASE BRIEFING, LEGAL	RESEARCH AN	D
	WRITING, CONQUERING LAW SCHOOL EXAMS, AND MANAGING TIME	AND FINANCES	•
	ACHIEVING SUCCESS IN THE APPLICATION PROCESS (ASAP) SEMI	NARS - THE A	SAP
	PROGRAM PREPARES TALENTED, MOTIVATED, YET UNDER-REPRESEN	TED STUDENTS	то
	GAIN ADMISSION TO AND SUCCEED IN LAW SCHOOL. THE PROGRAM	M CURRICULUM	
	FOCUSES ON ASPECTS OF THE LAW SCHOOL APPLICATION PROCESS		
4c	(Code:) (Expenses \$		
	CLICKS MENTORING PROGRAM - CLEO LEGALLY INSPIRED COLLEGE		
	STUDENTS MENTORING PROGRAM IS A MULTI-STATE PROGRAM THAT		
	UNDERSERVED HIGH SCHOOL STUDENTS THROUGH STRUCTURED MENT		
	EXPOSURE TO SOCIAL JUSTICE ISSUES, HEALTH, SPORTS, LAW,	AND THE LEGA	<u>L</u>
	PROFESSION.		

4d Other program services (Describe on Schedule O.)

including grants of \$ Total program service expenses

1,119,768.

Form **990** (2021)

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	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	 -		
ızu	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
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		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC.

Form 990 (2021)

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	<u> </u>
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"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
	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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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			
	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?			X
	If "Yes," complete Schedule R, Part V, line 2	36		<u>├</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		30	- 43	ш
	Check if Schodula O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of 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		.03	1.0
	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	Х	

132004 12-09-21

021) OPPORTUNITY, INC.

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

			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					
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?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
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 account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		Х		
	any contributions that were not tax deductible as charitable contributions?	6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch				
7	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
a b	and a sure of the	7b				
C	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	7.5				
·	to file Form 8282?	7с		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
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.					
a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a					
D	Gross income from other sources. (Do not net amounts due or paid to other sources against					
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	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					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes." complete Form 6069.					

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 15					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
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, 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		X		
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		X		
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		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X			
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	on Schedule O how this was done	12c	_X_			
13	Did the organization have a written whistleblower policy?	13	X			
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?		7.7			
	The organization's CEO, Executive Director, or top management official	15a	_X_			
b	Other officers or key employees of the organization	15b	X			
	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			37		
	taxable entity during the year?	16a		X		
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					
800	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 NONE					
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)	avaılal	oie		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial			
00	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 CT.FO = 240 - 582 - 8600					
	CLEO - 240-582-8600 2800 EISENHOWER AVE STE 220-41, ALEXANDRIA, VA 22314					
	ZOUU EIGENIIOWER AVE GIE ZZU-4I, ALEAANDRIA, VA ZZJI4					

Form 990 (2021) 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.

(A)	(B)	organization compensated (C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Ler an	lu a u	recid	I / ii us	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee	la la	Key employee	Highest compensated employee	Je.	<u> </u>		organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) LEIGH R. ALLEN, II	40.00									
INTERIM CEO		Х		Х				83,087.	0.	0.
(2) JUAN CARLOS POLANCO	40.00									
CEO		Х		Х				0.	0.	0.
(3) ELIZABETH A. CAMPBELL	3.00								_	_
CHAIRPERSON		Х		Х				0.	0.	0.
(4) HONORABLE DENISE OWENS	2.50									
VICE CHAIRPERSON	1	Х		Х				0.	0.	0.
(5) PAMELA V. ROTHENBERG	1.52									
SECRETARY	2.50	Х		Х				0.	0.	0.
(6) MALCOLM L. MORRIS	2.50									•
TREASURER	2 00	Х		Х				0.	0.	0.
(7) ARTHUR G. AFFLECK, III	3.00	37							_	0
BOARD MEMBER	1 50	Х						0.	0.	0.
(8) ANGELA B. COX	1.50	37							_	•
IMMEDIATE PAST CHAIRPERSON (9) ROBERT FALK	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) DARRYL L. FRANKLIN	1.50							· ·	0.	0.
BOARD MEMBER	1.30	Х						0.	0.	0.
(11) KEVIN GOOCH	1.00	22						•	0.	0.
BOARD MEMBER	2,00	х						0.	0.	0.
(12) PHYLLIS P. HARRIS	0.50									
BOARD MEMBER		х						0.	0.	0.
(13) HAROLD R. HENDERSON	1.50								<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(14) MONIQUE E. LIBURD	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(15) YANERIS M. ROSA	1.00									
BOARD MEMBER		Х		L	L		L	0.	0.	0.
(16) BRANDY SMITH	2.50									
BOARD MEMBER		Х						0.	0.	0.
				ĺ						

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title		/ al a		Pos				Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	than c s both	an	compensation	compensatio	n	an	nount	of
		week		cer an	id a di	irecto	r/trust	tee)	from	from related	ı		other	
		(list any	ector						the	organization		com	pensa	tion
		hours for	or dir	ao			rted		organization	(W-2/1099-MIS			om th	
		related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		_	anizat	
		organizations below	ıal tru	onal		oloye	com ee		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		1110)	=	Ë	ф Ф	Σ.	Ξ E	요			\longrightarrow			
											\dashv			
											\longrightarrow			
											\longrightarrow			
1b	Subtotal	•			•	•		▶	83,087.		0.			0.
	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)								83,087.		0.			0.
2	Total number of individuals (including but n							o re	•	000 of reportable	<u> </u>			
_	compensation from the organization	or miniou to the	000		u u.	,,,,	,	0 10	scorred more than \$100,	ooo or roportable	•			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director truste	ا مد	(A)/ C	mnl	OVA	o or	hia	thest compensated emp	lovee on	ſ			
3											- 1	3		Х
4	line 1a? If "Yes," complete Schedule J for s								an assume a section from t		·····	3		21
4	For any individual listed on line 1a, is the su	•							· · · · · · · · · · · · · · · · · · ·	-	- 1	4		Х
_	and related organizations greater than \$150										}	4		Λ
5	Did any person listed on line 1a receive or a	•				•			•		ŀ	_		v
	rendered to the organization? If "Yes." con	<u>nplete Schedule</u>	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co		-							•	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	thin T	n the organization's tax y	ear.				
	(A)								(B)		0	((_
	Name and business							4	Description of s	ei vices		ompe	nsatio	11
	LUATION CONSULTING GRO		_	٠.				- 1	EVALUATION					0.0
423	1 CHAPARRAL DR, NAPER	<u>/1116, I</u>	ப	60	56	4			CONSULTANT			11	2,0	υ υ.
								_						

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

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Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to anv lin	ne 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	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			_		-			
رج ال					-			
fts, Ar			3		-			
ig ig				887,586.	-			
ns, Sim			` `	001,300.	-			
atio er (Ť	All other contributions, gifts, grants, and	E3E 070				
현된			similar amounts not included above 1f	<u>535,879.</u>	-			
ont od (_	Noncash contributions included in lines 1a-1f 1g \$		1 400 465			
<u>0</u> <u>p</u>		h	Total. Add lines 1a-1f		1,423,465.			
				Business Code	22 24 5	22.21		
e S			SUMMER INSTITUTE REGIS	900099	22,915.	22,915.		
e <u>v</u> i			OTHER FEES	900099	15,374.	15,374.		
S		С	AIE & ASAP SEMINAR REG	900099	8,250.	8,250.		
am		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		46,539.			
	3		Investment income (including dividends, interest					
			other similar amounts)		76,421.			76,421.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (loca)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	а	assets other than inventory 7a 220,048.	(, 55.	1			
		h	Less: cost or other basis		-			
Φ		D	and sales expenses					
ň		_	Gain or (loss) 76 1,875.		-			
eve					1,875.			1,875.
her Revenue			Net gain or (loss)		1,075.			1,075.
	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses					
			Net income or (loss) from fundraising events	_				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		_			
			Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10a					
		b	Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory	>				
,,				Business Code				
no e	11	а						
ane Dud		b						
Miscellaneous Revenue		С						
isc B		d	All other revenue					
2	_		Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,548,300.	46,539.	0.	78,296.

COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC.

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

	Check if Schedule O contains a respons			(0)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	36,350.	36,350.		
2	individuals. See Part IV, line 22	30,330.	30,330.		
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,				
5	trustees, and key employees	123,858.	52,080.	38,383.	33,395
6	Compensation not included above to disqualified	12370301	32,000.	3073031	33,333
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	277,703.	171,124.	88,152.	18,427
8	Pension plan accruals and contributions (include	_ , , , , , , , , ,	_,_,_	50,152.	10/12/
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,493.	7,919.	3,245.	1 320
		32,880.	20,843.	8,540.	1,329 3,497
10	Payroll taxes	32,000.	20,043.	0,540.	3,431
11	Fees for services (nonemployees):				
	Management	420.		420.	
	Legal	22,152.		22,152.	
	Accounting	22,132.		22,132.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17	15,509.		15,509.	
f	Investment management fees	15,509.		15,509.	
g	,	775 621	726 126	40 505	
	column (A), amount, list line 11g expenses on Sch O.)	775,631.	726,126.	49,505.	
12	Advertising and promotion	41,358.	40,204.	811.	3/13
13	Office expenses	21,307.	9,301.	8,517.	343
14	Information technology	21,307.	9,301.	0,317.	3,403
15	Royalties	6 207		6 207	
16	Occupancy	6,397.	2,689.	6,397.	
17	Travel	13,003.	4,009.	11,1/0.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F7 70 <i>1</i>	F2 074	E10	4 200
19	Conferences, conventions, and meetings	57,784.	52,974.	510. 9,940.	4,300
20	Interest	9,940.		9,940.	
21	Payments to affiliates	2 422		2 422	
22	Depreciation, depletion, and amortization	2,422.		2,422.	
23	Insurance	4,136.		4,136.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ELECTRONIC PAYMENT FEES	6,605.		6,605.	
b		,		,	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,484,016.	1,119,768.	299,468.	64,780
<u>26</u>	Joint costs. Complete this line only if the organization	., = = = , = = 0	_,		,.50
	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)

Form 990 (2021)
Part X Balance Sheet

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			288,459.	1	59,013
	2	Savings and temporary cash investments			75,672.	2	248,475
	3	Pledges and grants receivable, net	63,931.	3	143,908		
	4	Accounts receivable, net	103.	4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	ontributor, or 35%				
		controlled entity or family member of any of thes	e pers	ns		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sec	ion 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			3,208.	9	10,763
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,315.			
	b	Less: accumulated depreciation	10b	10,613.	8,124.		5,702 1,451,171
	11	Investments - publicly traded securities			1,562,834.	11	1,451,171
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	2,002,331.	16	1,919,032
	17	Accounts payable and accrued expenses			37,267.		152,944
	18	Grants payable		109,714.	18	109,276	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Ě∣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	-		250 000	22	250 000
┛╽	23	Secured mortgages and notes payable to unrelate			350,000.		350,000
	24	Unsecured notes and loans payable to unrelated			68,124.	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D		·····	F.C.F. 1.0.F.	25	610 000
	26	Total liabilities. Add lines 17 through 25			565,105.	26	612,220
ر س		Organizations that follow FASB ASC 958, chec	ck her	· • X			
Š		and complete lines 27, 28, 32, and 33.			1 424 726		1 206 010
ala l	27			·····	1,434,726.		1,306,812
ğ E	28	Net assets with donor restrictions			2,500.	28	U
Š		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 📖			
느		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current funds			29		
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			1 /27 226	31	1 206 010
Š	32	Total net assets or fund balances	l l	1,437,226.	32	1,306,812	
	33	Total liabilities and net assets/fund balances			2,002,331.	33	1,919,032

Form **990** (2021)

	1330 (2021)			ı uş	gc
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,548		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,484		
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,437	, 2	26.
5	Net unrealized gains (losses) on investments	5	-194	.,6	98.
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	1,306	, 8	<u> 12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	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		X
	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 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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

2021Open to Public

Inspection

COUNCIL ON LEGAL EDUCATION **Employer identification number** Name of the organization OPPORTUNITY 45-4462410 INC. 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))

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

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	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.")	409,693.	995,497.	878,957.	1014055.	1423463.	4721665.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	400 600	005 405	000 000	1011055	1400460	4501665
	Total. Add lines 1 through 3	409,693.	995,497.	878,957.	1014055.	1423463.	4721665.
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,						0.44 504
	column (f)						941,501.
	Public support. Subtract line 5 from line 4.						3780164.
	ction B. Total Support				Ι	I	Γ
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	409,693.	995,497.	878,957.	1014055.	1423463.	4721665.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26 277	20 060	20 022	20 150	70 206	100 000
_	and income from similar sources	26,377.	28,068.	29,932.	30,150.	78,296.	192,823.
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.)						4914488.
	Total support. Add lines 7 through 10		`			40	
	•	•	,				432,402.
13							▶□
Sec				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		·········
	•			column (f))		14	76.92 %
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18	Private foundation. If the organizatio		-		•		
13 Sec 14 15 16a b	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 33 1/3% support test - 2021. If the costop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts and if the organization meets the facts and if the organization meets the organization meets the organization meets the organization meets the facts and circumstances test more, and if the organization meets the organization meets the organization meets the facts and circumstances test more, and if the organization meets the organization meets the facts and circumstances test organization meets the facts and circumstance	the organization's fine to here C Support Per time 6, column (f), do Schedule A, Part to organization did not as a publicly support organization did not offices as a publicly series. The organization did not organization did not organization did not organization did not organization. The organization of the organization organiz	centage ivided by line 11, of the check the box on the check a box on the check and it check a box on the check and it check this in qualifies as a pure anization did not constances test, check are organization qualifies.	column (f)) In line 13, and line 13 or 16a, and ation Check a box on line box and stop her blicly supported or check a box on line ck this box and stalifies as a publicly	line 15 is 33 1/3% or melline 15 is 33 1/3% or 16b, a re. Explain in Part reganization e 13, 16a, 16b, or 1 top here. Explain in supported organization	ore, check this box or more, check this and line 14 is 10% of VI how the organiz	76.04 9 x and

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on				<u> </u>		
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)	 			+	1	-
	Total support. (Add lines 9, 10c, 11, and 12.)		mak analysis this is	farrida ar CCU- t		01(5)(0) 5	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . , .	
Se	check this box and stop here ction C. Computation of Publi			•••••			········· /
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	, ,			16	<u> </u>
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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.)

	Yes	No
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ule A (Forn	n 990)	2021

132024 01-04-21 Schedule A (Form 990) 2021

Par	rt 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		
	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		
Sec	tion B. Type I Supporting Organizations			
			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 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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 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		
Sect	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 instruction	ons).		
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 (se	e instructior	n <u>s).</u>	
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		
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				
	of its supported organizations? If IVos II describe in Part VI the relevant but the experiention in this required	3h		

132025 01-04-22 Schedule A (Form 990) 2021

OPPORTUNITY, INC. Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

Sect	All other Type III non-functionally integrated supporting organizations mus ion A - Adjusted Net Income	t complete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>-</u>	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		
<u> </u>	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	lly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

OPPORTUNITY, INC.

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued	d)	<u> </u>
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		,	7	
8	Distributions to attentive supported organizations to which the	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		1	10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		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				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Company and I left was at left
Pail VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
WALMART	130,000.	31,710.
ACCESS GROUP	252,001.	153,711.
LAW SCHOOL ADMISSION COUNCIL	386,226.	287,936.
NATIONAL CONFERENCE OF BAR EXAMINERS	514,724.	416,434.
NFL FOUNDATION	150,000.	51,710.
Total Excess Contributions to Schedule A, Part II, Line 5		941,501.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC.

Employer identification number

45-4462410

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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						
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)

Name of organization

COUNCIL ON LEGAL EDUCATION

OPPORTUNITY, INC.

Employer identification number

45-4462410

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	LAW SCHOOL ADMISSION COUNCIL 662 PENN STREET NEWTOWN, PA 18940	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	U.S. DEPARTMENT OF JUSTICE 810 SEVENTH ST, NW WASHINGTON, DC 20531	\$ 818,826.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	NFL FOUNDATION INC 345 PARK AVE NEW YORK, NY 10154	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	NATIONAL CONFERENCE OF BAR EXAMINERS 302 SOUTH BEDFORD ST MADISON, WI 53703	\$ <u>166,438.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	MINORITY CORPORATE COUNSEL ASSOCIATION 1111 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	\$\$	Person X 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.)		

Name of organization

COUNCIL ON LEGAL EDUCATION

OPPORTUNITY, INC.

Employer identification number

45-4462410

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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			
		 \$	Cabadula P. (Farry 2001/2004)			

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC. 45-4462410 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 (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

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

COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC.

Employer identification number 45-4462410

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts. Complete	e if the
		(a) Donor advis	ed funds	(b) Funds and other a	ccounts
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 w		eld in donor advise	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Ye	s No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose c	conferring	
	impermissible private benefit?			Ye	s No
Pa	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, P	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of	a historically important land	area
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	of a conservation easement	on the last
	day of the tax year.			Held at the End	of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired at				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year ▶				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it	holds?		Ye	s No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				he year
	>				
7	Amount of expenses incurred in monitoring, inspecting, handli	ling of violations, and e	nforcing conservati	ion easements during the ye	ear
	> \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremer	ts of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Ye	s No
9	In Part XIII, describe how the organization reports conservatio	n easements in its reve	nue and expense s	statement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial stateme	nts that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Oth	ner Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement ar	nd balance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and b	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	erance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1	-		> \$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions				orm 990) 2021

132051 10-28-21

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make si	gnificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other ass	sets not i	ncluded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing to	able:							
									Amoun ⁻	t	
С	Beginning balance						1c				
d	o ,										
е	Distributions during the year										
f	Ending balance										1
	Did the organization include an amount on Fo						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i							ana baali	(-) [h a alı
		(a) Current year	(b) P	rior year	(c) Two year	rs dack	(d) Three ye	ears back	(e) Four	years	раск
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		<i>.</i>		<u> </u>						
2	Provide the estimated percentage of the curr	•		j, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
_	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are neld ar	nd administer	ed for the	e organizat	ion	ſ	Yes	No
	by:								0-0	163	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations	tions listed as requir		abadula DO					3a(ii)		
4	Describe in Part XIII the intended uses of the								3b		
	rt VI Land, Buildings, and Equipm		WITIETTE II	urius.							
	Complete if the organization answere). Part IV	'. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o			or other		ccumulated	<u>, </u>	(d) Boo	k value	
	bescription of property	basis (investr			(other)		preciation	1	(u) Doo	it value	•
12	Land	<u> </u>	,		. ,						
b	Buildings	I									
C	Leasehold improvements										
d	Equipment	I		1	6,315.		10,61	3.		5,70	02.
	Other				,		,		<u> </u>	,	
	I. Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line 1	0c)			ightharpoonup		5,70	02.
	S (SOIGHTH (S) THUSE C	-,		,—,, ,,,,,,						_	

chedule D	(Form 990) 2021	OPPORTUNITY,	INC.	

(a) Description of	f security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
		(b) BOOK VAIUE	(6) INIGHTOU OF VARIABION. COST OF EN	u orgeal market value
Financial deri				
Other	equity interests			
· · · · · · · · · · · · · · · · · · ·				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	et aqual Form 000 Part V col (P) line 12)			
Part VIII Inv	estments - Program Related.			
	pplete if the organization answered "Yes"	on Form 990 Part IV line 1	I1c See Form 990 Part X line 13	
	Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	, Besonption of investment	(b) Book value	(O) Welfied of Valuation. Cost of one	a or your market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	et aqual Form 000 Port V and (D) line 10)			
Part IX Oth	st equal Form 990, Part X, col. (B) line 13.)			
		on Form 990 Part IV line 1	I1d See Form 990 Part X line 15	
	nplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Con	nplete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	nplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	nplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	nplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	nplete if the organization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	nplete if the organization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	nplete if the organization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	nplete if the organization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	nplete if the organization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	nplete if the organization answered "Yes" (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b)	nplete if the organization answered "Yes" (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line ner Liabilities.	Description = 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) Con	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) ner Liabilities. (c) nplete if the organization answered "Yes"	Description = 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) ner Liabilities. (c) nplete if the organization answered "Yes"	Description = 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in (2)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in (2) (3)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in (2) (3) (4)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) (3) (4) (5)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in (2) (3) (4)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) (3) (4) (5) (6) (7)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in (2) (3) (4) (5) (6)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) (3) (4) (5) (6) (7)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description = 15.)	_	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Con (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b)	nplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability	Description 2 15.) on Form 990, Part IV, line 1		(b) Book value

132053 10-28-21

OPPORTUNITY, INC.

Pai	t XI Reconciliation of Revenue per Audited Financial	Statements with nevent	e per neturn.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	S	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, lin	e 12.)	5
Pa	T XII Reconciliation of Expenses per Audited Financia		ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	<u></u>	40
С	Add lines 4a and 4b		
_			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. I		
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I t XIII Supplemental Information.	ine 18.)	5
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I t XIII Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection COUNCIL ON LEGAL EDUCATION **Employer identification number** Name of the organization 45-4462410 OPPORTUNITY, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUDENT STIPENDS	53	31,650.	0.		
CHOLARSHIPS	8	4,700.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION PROVIDES GRANTS A	ND SCHOLA	RSHIPS TO	STUDENTS F	OR LAW	
SCHOOL. CLEO ONLY PROVIDES THE GR	ANTS TO S	TUDENTS PA	ARTICIPATIN	G IN	
SPECIFIC PROGRAMS ADMINISTERED BY	CLEO.				

Schedule I (Form 990) 2021

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

COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC.

Employer identification number 45-4462410

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

ADDRESS THE ACADEMIC CONCERNS OF FIRST AND SECOND YEAR LAW STUDENTS.

PROVIDE PROFESSIONAL DEVELOPMENT SUPPORT ACTIVITIES THAT CREATE

OPPORTUNITIES FOR LAW STUDENTS TO PARTICIPATE IN INTERNSHIPS, ATTEND

SEMINARS, AND GAIN VALUABLE EXPERIENCE FROM PRACTICING PROFESSIONALS.

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

COMMONLY OVERLOOKED OR UNDERVALUED BY STUDENTS WHEN APPLYING TO LAW

SCHOOL. THESE SEMINARS ARE OPEN TO COLLEGE JUNIORS AND SENIORS, AS

WELL AS POST-GRADUATES. THESE SEMINARS ARE HELD IN VARIOUS CITIES

THROUGHOUT THE UNITED STATES.

SUMMER INSTITUTE PROGRAM - THIS PROGRAM IS A FOUR-WEEK SIMULATION OF

THE FIRST YEAR OF LAW SCHOOL HELD ON THE CAMPUS OF A MAJOR LAW SCHOOL

IN THE UNITED STATES EACH YEAR. PRE-LAW SCHOOL STUDENTS PARTICIPATE IN

A RIGOROUS AND DEMANDING FULL-TIME PROGRAM THAT HELPS DEMYSTIFY THE LAW

SCHOOL EXPERIENCE TO BUILD SELF-CONFIDENCE AND SELF-ASSURANCE FOR THE

ATTENDEES. THE PROGRAM DEVELOPS ABSTRACT THINKING, ANALYSIS, AND

SYNTHESIZING SKILLS.

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

THE BOARD OF DIRECTORS IS PROVIDED A DRAFT COPY OF THE FORM 990 FOR THEIR

REVIEW AND COMMENT BEFORE IT IS FILED WITH THE IRS. ONCE THE REVIEW IS

COMPLETE, THE BOARD INSTRUCTS THE CEO OF THE ORGANIZATION TO FILE THE FORM

990.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization COUNCIL ON LEGAL EDUCATION OPPORTUNITY, INC.

Employer identification number 45-4462410

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

THE ORGANIZATION REQUIRES AN ANNUAL WRITTEN STATEMENT FROM EACH BOARD

MEMBER WHICH AFFIRMS THAT EACH BOARD MEMBER RECEIVED A COPY OF THE POLICY,

HAS READ AND UNDERSTANDS THE POLICY, AGREES TO COMPLY WITH THE POLICY, AND

UNDERSTANDS THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES. THE BOARD ALSO REQUIRES

ALL CONFLICTS OF INTEREST TO BE DOCUMENTED IN THE BOARD MINUTES. THE BOARD

ALSO CONDUCTS PERIODIC REVIEWS.

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

INDEPENDENT BOARD OF DIRECTORS MEMBERS REVIEW AND APPROVE COMPENSATION OF

OFFICERS AND KEY EMPLOYEES AT THE TIME OF HIRING AND ANNUAL SALARY REVIEWS.

THE BOARD REVIEWS COMPARABILITY DATA AND DOCUMENTS ITS DELIBERATIONS AND

DECISIONS IN WRITTEN FORM.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

GRAPHIC DESIGN SERVICES:

PROGRAM SERVICE EXPENSES

0.

MANAGEMENT AND GENERAL EXPENSES

18,700.

FUNDRAISING EXPENSES

32212 11-11-21 Schedule O (Form 990) 2021