

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

88-6003567

OPPORTUNITY VILLAGE

Net Asset / Fund Balance at Beginning of Year 58,374,983

Revenue

Contributions	<u>8,716,869</u>	
Program service revenue	<u>22,917,743</u>	
Investment income	<u>34,071</u>	
Capital gain / loss	<u>21,942</u>	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>1,467,662</u>	
Total revenue		<u>33,158,287</u>

Expenses

Program services	<u>31,605,847</u>	
Management and general	<u>5,311,172</u>	
Fundraising	<u>7,351</u>	
Total expenses		<u>36,924,370</u>
Excess / (deficit)		<u>-3,766,083</u>

Changes _____

Net Asset / Fund Balance at End of Year 54,608,900

Reconciliation of Revenue

Total revenue per financial statements	<u>33,659,152</u>
Less:	
Unrealized gains	_____
Donated services	<u>508,216</u>
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	<u>7,351</u>
Total revenue per return	<u>33,158,287</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>37,425,235</u>
Less:	
Donated services	<u>508,216</u>
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	<u>7,351</u>
Total expenses per return	<u>36,924,370</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>63,416,769</u>	<u>59,053,929</u>	
Liabilities	<u>5,041,786</u>	<u>4,445,029</u>	
Net assets	<u>58,374,983</u>	<u>54,608,900</u>	<u>-3,766,083</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/26
 Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OPPORTUNITY VILLAGE		D Employer identification number 88-6003567
	Doing business as		E Telephone number 702-880-4006
	Number and street (or P.O. box if mail is not delivered to street address) 6050 S. BUFFALO DRIVE		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89113		G Gross receipts\$ 33,159,607
F Name and address of principal officer: ROBERT BROWN 6050 S BUFFALO DR LAS VEGAS NV 89113		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.OPPORTUNITYVILLAGE.ORG		L Year of formation: 1954	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: NV	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPPORTUNITY VILLAGE'S MISSION IS TO SERVE PEOPLE OF NEVADA WITH INTELLECTUAL DISABILITIES, TO ENHANCE THEIR LIVES AND THE LIVES OF THEIR FAMILIES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	21
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	842
	6 Total number of volunteers (estimate if necessary)	5122
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 10,483,445 Current Year: 8,716,869
	9 Program service revenue (Part VIII, line 2g)	24,688,348 22,917,743
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,496 56,013
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,687,514 1,467,662
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,873,803 33,158,287
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	574,000 0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,227,789 26,157,232
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,081 7,351
	b Total fundraising expenses (Part IX, column (D), line 25)	7,351
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,644,741 10,759,787
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,451,611 36,924,370	
19 Revenue less expenses. Subtract line 18 from line 12	-577,808 -3,766,083	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 63,416,769 End of Year: 59,053,929
	21 Total liabilities (Part X, line 26)	5,041,786 4,445,029
	22 Net assets or fund balances. Subtract line 21 from line 20	58,374,983 54,608,900

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT BROWN	Date			
	Type or print name and title PRESIDENT & CEO				
Paid Preparer Use Only	Preparer's name JESSICA P SAYLES	Preparer's signature JESSICA P SAYLES	Date 11/14/25	Check <input type="checkbox"/> if self-employed	PTIN P01530213
	Firm's name HOULDSWORTH, RUSSO & COMPANY, P.C	Firm's EIN 88-0374623	Firm's address 6001 S DECATUR BLVD STE P LAS VEGAS, NV 89118-3074	Phone no. 702-269-9992	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **19,165,565** including grants of \$) (Revenue \$ **12,855,425**)

WORK TRAINING

THE ADULT WORK-TRAINING AND DEVELOPMENT PROGRAMS TEACH INDIVIDUALS WITH DISABILITIES THE SOFT SKILLS OF ATTITUDE AND BEHAVIOR THAT ARE NEEDED TO BE SUCCESSFUL IN ANY JOB. STAFF IN OUR PREVOCATIONAL PROGRAM TEACH BOTH HARD AND SOFT SKILLS RELATED TO EMPLOYMENT, AS WELL AS BUILDS UPON SOCIAL AND EMOTIONAL SKILLS, SKILLS FOR DAILY LIVING, AND CREATIVE EXPRESSION. THE CULINARY PROGRAM PROVIDES TRAINING AND SKILLSETS THROUGH THEIR BAKERY AND FOOD MANUFACTURING DIVISION. MEDIA MANAGEMENT EMPLOYS OVER 70 INDIVIDUALS IN PROVIDING DOCUMENT IMAGING AND DESTRUCTION SERVICES TO OUR CUSTOMERS. AS PART OF THEIR TRAINING, INDIVIDUALS SERVED BY THESE PROGRAM RECEIVE EARNINGS AT MINIMUM WAGE OR ABOVE.

4b (Code:) (Expenses \$ **8,552,629** including grants of \$) (Revenue \$ **8,764,185**)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **1,563,842** including grants of \$) (Revenue \$ **378,625**)

THRIFT STORE

THE THRIFT STORE PROVIDES TRAINING AND EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH INTELLECTUAL, DEVELOPMENTAL, AND RELATED DISABILITIES IN RETAIL OPERATIONS AND RETAIL PROCESSING. THE PARTICIPANTS IN THE PROGRAM ARE RESPONSIBLE FOR SORTING, STOCKING, CUSTOMER SERVICE AND CASHIERING DUTIES WITHIN THE RETAIL OPERATION.

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

(Expenses \$ **2,323,811** including grants of \$) (Revenue \$ **919,508**)

4e Total program service expenses **31,605,847**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	842		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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		X	
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?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section 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 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.		
1b	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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

CATHY HANNA
LAS VEGAS

6050 S. BUFFALO DRIVE

NV 89113

702-880-4006

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	7,688,320					
	e Government grants (contributions)	1e	357,672					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	670,877					
	g Noncash contributions included in lines 1a-1f	1g	\$ 78,784					
	h Total. Add lines 1a-1f			8,716,869				
	Program Service Revenue	2a GOVERNMENT PROGRAM SUPPORT	Business Code	812900	8,589,337	8,589,337		
b SERVICE CONTRACTS			812900	7,376,629	7,376,629			
c GENERAL CONTRACT SALES			812900	6,032,269	6,032,269			
d BETTY'S VILLAGE RENTAL			532000	919,508			919,508	
e								
f All other program service revenue								
g Total. Add lines 2a-2f				22,917,743				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34,071			34,071	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real					
		6a		103,650				
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c		103,650				
	d Net rental income or (loss)			103,650			103,650	
	7a Gross amount from sales of assets other than inventory		(i) Securities					
		7a	(ii) Other		23,262			
		b Less: cost or other basis and sales exps.	7b		1,320			
	c Gain or (loss)	7c		21,942				
	d Net gain or (loss)			21,942	21,942			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a		1,347,248					
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			1,347,248	1,347,248				
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	812900	16,764			16,764	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			16,764				
12 Total revenue. See instructions			33,158,287	23,367,425	0	1,073,993		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,394,555	399,669	994,886	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,101,876	18,526,879	1,574,997	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	246,424	145,207	101,217	
9 Other employee benefits	2,599,509	2,293,790	305,719	
10 Payroll taxes	1,814,868	1,373,488	441,380	
11 Fees for services (nonemployees):				
a Management				
b Legal	185,870	181,006	4,864	
c Accounting	64,146		64,146	
d Lobbying	20,000		20,000	
e Professional fundraising services. See Part IV, line 17	7,351			7,351
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,430,796	732,237	698,559	
12 Advertising and promotion	31,370	27,572	3,798	
13 Office expenses	915,390	790,908	124,482	
14 Information technology				
15 Royalties				
16 Occupancy	3,019,080	2,610,169	408,911	
17 Travel	938,870	906,498	32,372	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,221	14,206	65,015	
20 Interest	18,486	16,910	1,576	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,358,890	3,053,077	305,813	
23 Insurance	425,401	378,815	46,586	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES	225,289	116,394	108,895	
b UNIFORMS	25,692	24,375	1,317	
c CUSTOMER RELATIONS	21,286	14,647	6,639	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	36,924,370	31,605,847	5,311,172	7,351
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,864,617	1	1,936,108
	2 Savings and temporary cash investments	124,037	2	58,438
	3 Pledges and grants receivable, net	3,068,408	3	2,067,030
	4 Accounts receivable, net	3,388,421	4	2,895,409
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	236,255	8	195,577
	9 Prepaid expenses and deferred charges	404,472	9	451,625
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 89,836,743		
	b Less: accumulated depreciation	10b 40,017,939	10c	49,818,804
	11 Investments—publicly traded securities	249,462	11	290,890
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,866,969	15	1,340,048
16 Total assets. Add lines 1 through 15 (must equal line 33)	63,416,769	16	59,053,929	
Liabilities	17 Accounts payable and accrued expenses	2,793,340	17	2,696,523
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	216,278	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,032,168	25	1,748,506
	26 Total liabilities. Add lines 17 through 25	5,041,786	26	4,445,029
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,195,924	27	51,670,412
	28 Net assets with donor restrictions	3,179,059	28	2,938,488
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	58,374,983	32	54,608,900	
33 Total liabilities and net assets/fund balances	63,416,769	33	59,053,929	

Part 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	33,158,287
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,924,370
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,766,083
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,374,983
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,608,900

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MATT DELSEN										
(12) MEMBER	0.50									
	0.00	X					0	0	0	
(21) LEE HANEY										
(13) MEMBER	0.50									
	0.00	X					0	0	0	
(22) DAVID HERPERS										
(14) MEMBER	0.50									
	0.00	X					0	0	0	
(23) BRIAN KLEVEN										
(15) MEMBER	0.50									
	0.00	X					0	0	0	
(24) KIMBERLY MAXSON-RUSHTON										
(16) MEMBER	0.50									
	0.00	X					0	0	0	
(25) MIKE SPAINHOUR										
(17) MEMBER	0.50									
	0.00	X					0	0	0	
(26) KELSEY STEGALL										
(18) MEMBER	0.50									
	0.00	X					0	0	0	
(27) LUCY STEWART										
(19) MEMBER	0.50									
	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) DAVID STROW										
(12) MEMBER	0.50 0.00	X						0	0	0
(29) ANDREW WALSH										
(13) MEMBER	0.50 0.00	X						0	0	0
(30) JOHN WHITE										
(14) MEMBER	0.50 0.00	X						0	0	0
(31) JESSICA LUCERO										
(15) MEMBER	0.50 0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)

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

2024

Open to Public
Inspection

Name of the organization

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,073,128	40,366,302	8,278,100	10,483,445	8,716,869	85,917,844
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18,073,128	40,366,302	8,278,100	10,483,445	8,716,869	85,917,844
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						995,447
6 Public support. Subtract line 5 from line 4						84,922,397

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	18,073,128	40,366,302	8,278,100	10,483,445	8,716,869	85,917,844
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,700	795,225	945,698	991,199	1,057,229	3,823,051
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.)	42,750	38,049	87,731	120,796	16,764	306,090
11 Total support. Add lines 7 through 10						90,046,985

12 Gross receipts from related activities, etc. (see instructions) **12** 108,708,448

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.31 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	96.22 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part 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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 289,326

**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Name of the organization

Employer identification number

OPPORTUNITY VILLAGE

88-6003567

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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).

Name of organization

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

Part I 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	OPPORTUNITY VILLAGE FOUNDATION 6300 OAKLEY BLVD LAS VEGAS NV 89146	\$ 7,688,320	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 425,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization OPPORTUNITY VILLAGE	Employer identification number (EIN) 88-6003567
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- | | | |
|---|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over \$500,000	20% of the amount on line 1e.
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
over \$17,000,000	\$1,000,000.

- | | | |
|--|------------------------------|-----------------------------|
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		20,000
j Total. Add lines 1c through 1i			20,000
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

STRATEGIC ADVICE AND PLANNING, ENGAGEMENT WITH FEDERAL OFFICIALS, ENGAGE NEWLY ELECTED LEGISLATORS TO SET UP A VISIT, MEETING, OR TOUR OF OV. ASSIST WITH TRACKING, MONITORING AND REPORTING LEGISLATIVE ACTIVITY, AND HELP IN THE DEFENSIVE STRATEGY OF ANY BILL DRAFT REQUESTS THAT MIGHT HARM THE PEOPLE SERVED AT OV.

THE LOBBYING CONSULTANT WILL PROVIDE ADVICE AND CONSULTATION ON SUCH ITEMS AS LEGISLATIVE PROPOSALS, REGULATORY INITIATIVES, AND BUDGET RECOMMENDATIONS. IN COORDINATION WITH OTHER REPRESENTATIVES OF THOSE WITH INTELLECTUAL DISABILITIES, THE CONSULTANT WILL MONITOR BUDGET PROPOSALS, REGULATIONS AND KEY PIECES OF LEGISLATION, AND ADVISE OV ON RECOMMENDED

Part IV Supplemental Information (continued)

POSITIONS AND ACTIONS.

THE CONSULTANT WILL REPRESENT OV AS DIRECTED BEFORE LEGISLATIVE COMMITTEES, REGULATORS AND REGULATORY BOARDS, EXECUTIVE BRANCH OFFICIALS, AND INDIVIDUAL LEGISLATORS. AS DIRECTED BY OV, THE CONSULTANT WILL TESTIFY BEFORE PERTINENT LEGISLATIVE COMMITTEES AND REGULATORY BOARDS. FURTHER, THE CONSULTANT WILL ADVOCATE FOR OV IN MEETINGS WITH LEGISLATORS, REGULATORS AND KEY EXECUTIVE BRANCH OFFICIALS.

THE CONSULTANT WILL PROVIDE ONGOING REPORTS ON REGULATORY PROPOSALS, AND PERTINENT POLITICAL DEVELOPMENTS. ON A REGULAR BASIS, THE CONSULTANT WILL PROVIDE WRITTEN UPDATES TO OV ON PERTINENT ISSUES SUCH AS BUDGET PROPOSALS, LEGISLATIVE INITIATIVES, AND POLITICAL CHANGES RELATED TO OV'S ISSUES.

THE CONSULTANT WILL MANAGE RELATIONSHIPS WITH ALL KEY POLICY MAKERS, INCLUDING LEGISLATORS, LEGISLATIVE STAFF, REGULATORS AND PERTINENT EXECUTIVE BRANCH OFFICIALS.

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

OPPORTUNITY VILLAGE

88-6003567

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	350,000	1,321,898		1,671,898
b Buildings		77,298,507	30,724,448	46,574,059
c Leasehold improvements				
d Equipment		10,866,338	9,293,491	1,572,847
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				49,818,804

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	952,011
(3) FINANCE LEASE LIABILITIES	396,717
(4) DEFERRED COMPENSATION	349,328
(5) DEPOSITS	50,450
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,748,506

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	33,659,152
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	508,216
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	508,216
3	Subtract line 2e from line 1	3	33,150,936
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,351
c	Add lines 4a and 4b	4c	7,351
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,158,287

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	37,425,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	508,216
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	508,216
3	Subtract line 2e from line 1	3	36,917,019
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,351
c	Add lines 4a and 4b	4c	7,351
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	36,924,370

Part XIII Supplemental Information

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
CHARITY VEHICLE AUCTION FEES \$ **7,351**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
CHARITY VEHICLE AUCTION FEES \$ **7,351**

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

Part I Questions Regarding Compensation

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

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

Part III Supplemental Information

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

Area with horizontal dotted lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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

Attach to Form 990.

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

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	15	24,632	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	100	54,152	FAIR MARKET VALUE
26 Other (THRIFT STORE)	X	2500	1,329,385	FAIR MARKET VALUE
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
OPPORTUNITY VILLAGE RECEIVES DONATED VEHICLES. ALL DONATED VEHICLES ARE
PROCESSED THROUGH THE THRIFT STORE CALL CENTER. THE THRIFT STORE DISPATCH
WILL RECORD THE NAME OF THE PERSON DONATING THE CAR, INFORMATION ABOUT THE
CAR, AND WILL ARRANGE FOR CARZ 1 LV TO PICK UP THE DONATED CAR. CARZ 1 LV
REMITTS THE AMOUNTS COLLECTED ON DONATED CARS TO OPPORTUNITY VILLAGE
WHEN THE CAR SELLS, LESS A COMMISSION AND ANY EXPENSES INCURRED IN PICKING
UP THE CAR. DISPATCH ALSO RECEIVES A DETAILED SALE SHEET WHEN THE CAR SELLS
AND IS RESPONSIBLE FOR ISSUING 1098CS FOR ALL SALES OVER \$500. EVERY
DISPATCH EMPLOYEE IS TRAINED ON PREPARING 1098CS.

SCHEDULE O
(Form 990)
(Rev. December 2024)

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

FORM 990 - ORGANIZATION'S MISSION

AS THE LARGEST PRIVATE, NOT-FOR-PROFIT COMMUNITY HABILITATION PROGRAM IN NEVADA, OPPORTUNITY VILLAGE SERVES PEOPLE WITH INTELLECTUAL, DEVELOPMENTAL, AND RELATED DISABILITIES BY PROVIDING DAY HABILITATION, VOCATIONAL TRAINING, COMMUNITY EMPLOYMENT, ADVOCACY, ARTS, AND SOCIAL RECREATION. HERE, PEOPLE WE SERVE ARE ABLE TO FIND NEW FRIENDS, REALIZE FUTURE CAREER PATHS, SEEK INDEPENDENCE AND COMMUNITY INTERACTIONS AND UNLEASH CREATIVE PASSIONS.

FORM 990, PART I, LINE 6

VOLUNTEERS ASSIST WITH VARIOUS OFFICE FUNCTIONS AND PROVIDE SUPPORT WITH EDUCATIONAL AND VOCATIONAL TRAINING PROGRAMS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

SERVICE CONTRACTS

SERVICE CONTRACTS PROVIDE COMMUNITY-BASED EMPLOYMENT AND TRAINING OPPORTUNITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES. OPPORTUNITY VILLAGE OPERATES A NUMBER OF "SMALL BUSINESSES" WHERE OVER 60% OF THE WORKERS ARE PEOPLE WITH DISABILITIES. THEY CLEAN OVER 4.5MILLION SQUARE FEET OF GOVERNMENT AND COMMERCIAL OFFICE SPACE AND APPROXIMATELY 8 MILLION SQUARE FEET OF PARKING LOT SPACE. THEY OPERATE THE POSTAL SERVICE CENTER FOR NELLIS AFB AND HANDLE ALL SECURE AND NON-SECURE MAIL, WHICH AMOUNTS TO 218,000 PIECES PER YEAR. THEY ALSO PROVIDE FOOD SERVICE SANITATION AND CASHIERING AT THE CROSSWINDS DINING FACILITY AT NELLIS AFB, WHICH THEY SERVE OVER 4,000 MEALS PER WEEK. THE INDIVIDUALS SERVED BY THIS PROGRAM EARN AT OR ABOVE THE FEDERAL MINIMUM WAGE AND ARE ELIGIBLE FOR HEALTH INSURANCE BENEFITS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

RESIDENTIAL SERVICES

BETTY'S VILLAGE IS AN INCLUSIVE, WELCOMING, AND UNIQUE COMMUNITY WHERE INDIVIDUALS OF ALL DIFFERENT ABILITIES WILL LIVE, RECREATE, AND GROW IN AN INTEGRATED NEIGHBORHOOD WITH FRIENDS AND NEIGHBORS. BETTY'S VILLAGE IS A COMMUNITY WHERE RESIDENTS CONNECT WITH EACH OTHER AND DEVELOP NATURAL SUPPORTS TO LIVE ACTIVE AND ENGAGING LIVES, AND REACH THEIR FULL POTENTIAL. BUILT ON 6.7 ACRES, BETTY'S VILLAGE IS DESIGNED WITH A COMBINATION OF ONE AND TWO BEDROOM APARTMENTS AND TWO FOUR BEDROOM HOMES. INDIVIDUALS CAN LIVE INDEPENDENTLY, SEMI-INDEPENDENTLY, OR RECEIVE SUPPORTED LIVING ASSISTANCE THROUGH A PROVIDER ORGANIZATION OF THEIR CHOICE. EACH UNIT IS DESIGNED TO FACE INWARD WITH A COVERED FRONT PATIO TO PROMOTE SOCIAL INTERACTION, GETTING TO KNOW YOUR NEIGHBORS, AND CREATING NATURAL SUPPORTS FOR RESIDENTS. AMENITIES INSIDE THE UNITS INCLUDE FULL SIZE KITCHEN APPLIANCES AND WASHERS AND DRYERS. ALL GROUND FLOOR UNITS ARE WHEELCHAIR ACCESSIBLE. IN ADDITION, THE COMMUNITY HAS 6 UNITS THAT ARE FULLY ADA ACCESSIBLE INCLUDING ACCESSIBLE APPLIANCES, LOWER COUNTER TOPS, AND PULL OUT SHELVING.

BETTY'S VILLAGE INCLUDES A CLUBHOUSE WHERE RESIDENTS CAN COME TO SOCIALIZE, RELAX, EXERCISE, AND MAKE NEW FRIENDS. THE CLUBHOUSE PROVIDES AN EXERCISE ROOM, GAME ROOM, RESIDENT LOUNGE, QUIET CONTEMPLATIVE ROOM, AND A HOBBY ROOM. A MULTIPURPOSE ROOM PROVIDES ADDITIONAL SPACE FOR LARGER GATHERINGS

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SUCH AS BIRTHDAY PARTIES, MOVIE NIGHTS AND WATCH PARTIES. THE BETTY'S VILLAGE CONCIERGE TEAM PROVIDES A MONTHLY ACTIVITY CALENDAR AND SUPPORTS RESIDENTS TO ENGAGE IN COMMUNITY ACTIVITIES DAILY. THE CONCIERGE TEAM IS EAGER TO LINK RESIDENTS WITH COMMUNITY RESOURCES THAT WILL EXPAND THEIR INTERESTS AND PARTICIPATION WITH ACTIVITIES SUCH AS ATTENDING CHURCH, HOBBY GROUPS, AND TRANSPORTATION.

LOCATED ON A PUBLIC TRANSPORTATION ROUTE IN A RISING RESIDENTIAL NEIGHBORHOOD, BETTY'S VILLAGE PROVIDES RESIDENTS WITH DIRECT ACCESS TO THEIR SURROUNDING COMMUNITY THAT IS CLOSE TO SHOPPING (PERSONAL AND GROCERIES), EATING ESTABLISHMENTS, AND SERVICES INCLUDING BUT NOT LIMITED TO: HAIR SALONS, BANKS, LIBRARY, ENTERTAINMENT, AND HEALTH SERVICES. BETTY'S VILLAGE PROMOTES ALL RESIDENTS TO ENGAGE IN COMMUNITY ACTIVITIES AND LOCAL EVENTS.

FOR MANY RESIDENTS, MOVING INTO BETTY'S VILLAGE PROVIDES THEM WITH THE OPPORTUNITY TO LIVE ON THEIR OWN FOR THE FIRST TIME, INCREASE THEIR INDEPENDENT LIVING SKILLS, AND TO LIVE CLOSE TO THEIR FRIENDS AND PEERS. BETTY'S VILLAGE PROVIDES A SAFE ENVIRONMENT WHERE FAMILIES ARE SECURE IN KNOWING THAT THEIR LOVED ONE IS IN A SUPPORTIVE ENVIRONMENT THAT ACCEPTS THEM AS PEOPLE FIRST, AND WILL ENCOURAGE THEM TO GROW AND LEARN. THE PROMISE OF BETTY'S VILLAGE IS TO PROMOTE THE ACCOMPLISHMENTS OF ALL RESIDENTS AND TO CELEBRATE THEIR GROWTH AND PROGRESS. RESIDENTS WILL FEEL CONFIDENT IN THEIR ABILITIES AND SEE THEMSELVES LIVING MORE INDEPENDENT LIVES.

SUPPORTED LIVING ARRANGEMENT (SLA) INTERMITTENT SERVICES:
THE SUPPORTED LIVING ARRANGEMENT (SLA) INTERMITTENT PROGRAM PROVIDES RESIDENTIAL SUPPORT TO INDIVIDUALS WHO REQUEST ASSISTANCE TO ENHANCE THEIR LIVING SKILLS TO LIVE INDEPENDENTLY IN THE LEAST RESTRICTIVE ENVIRONMENT. THESE SERVICES TAKE PLACE IN THE FAMILY HOME OR THE INDIVIDUAL'S APARTMENT. ACTIVITIES AND TRAINING ARE ALSO PROVIDED IN THE COMMUNITY. DIRECT SUPPORT PROFESSIONALS WORK 1:1 WITH THE INDIVIDUALS TEACHING THEM SKILLS INCLUDING BUT NOT LIMITED TO: HOUSEKEEPING, LAUNDRY, COOKING, MONEY MANAGEMENT, SHOPPING, MEDICAL APPOINTMENTS/MEDICATION MANAGEMENT, COMMUNITY OUTINGS, AND SOCIALIZATION.

INTENSIVE SUPPORTED LIVING ARRANGEMENT (ISLA):
OPPORTUNITY VILLAGE IS EXCITED TO START SERVICES IN THE ISLA 24/7 CARE FOR UP TO (4) INDIVIDUALS THAT LIVE IN A HOME IN THE COMMUNITY. SERVICES ARE EXPECTED TO START IN FY25. ISLA SUPPORTS WILL INCLUDE BUT IS NOT LIMITED TO: TEACHING INDEPENDENT LIVING SKILLS IN COOKING, HOUSEKEEPING, MONEY MANAGEMENT, COMMUNITY INTEGRATION, MEDICAL AND HEALTH SUPPORTS, MEDICATION ADMINISTRATION, REPRESENTATIVE PAYEE SERVICES FOR SOCIAL SECURITY MONIES, AND TRANSPORTATION SERVICES. COMMUNITY INTEGRATION AND DEVELOPING INDEPENDENT LIVING SKILLS ARE THE FOCUS OF THE PROGRAM. NURSING SERVICES MAY BE INCLUDED IN THE SUPPORT SERVICES AS PLANNED/NEEDED.

BEHAVIOR SUPPORT SERVICES (BSP):
OPPORTUNITY VILLAGE IS AN APPROVED PROVIDER OF BEHAVIOR SUPPORT SERVICES (BSP). BSP IS A CONSULTATIVE SERVICE, WITH THE PROCESS OF OBSERVING AND ASSESSING THE BEHAVIOR, DEVELOPING A POSITIVE SUPPORT PLAN, AND TRAINING ALL STAFF TO SUPPORT, DECREASE, AND MAINTAIN THE MALADAPTIVE BEHAVIOR. BSP SERVICES HAVE BEEN PROVIDED IN CAMPUS BASED PROGRAMS, JOB DEVELOPMENT SITES, AND EMPLOYMENT SITES.

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APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES:

APPLIED BEHAVIOR ANALYSIS SERVES YOUTH FROM AGES 3 TO 18 WITH AUTISM SPECTRUM DISORDER. THROUGH EVIDENCE BASED, OUTCOME DRIVEN APPLIED BEHAVIORAL ANALYSIS, OPPORTUNITY VILLAGE'S BOARD CERTIFIED BEHAVIORAL ANALYST SUPERVISES REGISTERED BEHAVIOR TECHNICIANS (RBTS) IN THE DELIVERY OF THERAPEUTIC SERVICES IN CLINICAL SETTINGS AND IN PRIVATE RESIDENCES TO REACH DESIRED OUTCOMES.

ADDITIONAL PROGRAM DESCRIPTIONS

DAY HABILITATION:

PRIDE (PEOPLE'S RIGHTS TO INDEPENDENCE, DIGNITY AND EQUALITY) IS A DAY SERVICE AND THERAPEUTIC RESPITE PROGRAM WHICH SERVES MEN AND WOMEN WITH PROFOUND PHYSICAL AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES WHO REQUIRE CONSTANT CARE. THE PROGRAM PROVIDES INDIVIDUALIZED ACTIVITIES FOR PARTICIPANTS TO ENHANCE THEIR QUALITY OF LIFE BY ADHERING TO A CURRICULUM FOCUSED ON ENHANCING LIFE SKILLS, SOCIAL INTERACTIONS, FUNCTIONAL COMMUNICATION, AND HOBBIES. THE PROGRAM ALSO INCORPORATES SENSORY PROCESSING ACTIVITIES INTO PROGRAMMING THROUGHOUT THE DAY. NURSING SERVICES ARE PROVIDED AS PRESCRIBED BY A PHYSICIAN TO INDIVIDUALS ENROLLED IN THE PRIDE PROGRAM.

DAY HABILITATION IS A PROGRAM DESIGNED FOR MEN AND WOMEN WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES WHO HAVE INTENSIVE AND SPECIFIC SUPPORT NEEDS. THE PROGRAM FOCUSES ON A CURRICULUM THAT ENHANCES INDEPENDENT LIFE SKILLS, VOCATIONAL TRAINING, AND MEANINGFUL HOBBIES. THIS PROGRAM HAS GROWN ROOTS IN THE LOCAL COMMUNITY, AND PARTICIPANTS CAN ROUTINELY BE FOUND VOLUNTEERING AT OTHER NON-PROFITS THROUGHOUT TOWN. IN ADDITION TO VOLUNTEERING. ACTIVITIES SUCH AS BOWLING, EXERCISE CLASSES, MEDITATION, MUSIC APPRECIATION, GARDENING, HEALTHY EATING HABITS, AND MORE ARE OFFERED REGULARLY BOTH ON AND OFF CAMPUS.

VOCATIONAL TRAINING PROGRAMS:

ENTRY PROGRAM IS A COMMUNITY-INTEGRATED "ON-THE-JOB" TRAINING PROGRAM CONDUCTED AT A PARTNER JOB SITE WITH DAILY INSTRUCTION. WHILE TRAINING AT THE COMMUNITY PARTNER'S JOB SITE, EACH PARTICIPANT IS PROVIDED WITH INDIVIDUALIZED INSTRUCTION, JOB COACHING AND WORK EXPERIENCE. ENTRY IS MADE POSSIBLE THROUGH COLLABORATION BETWEEN OPPORTUNITY VILLAGE, THE DESERT REGIONAL CENTER, THE PRIVATE BUSINESSES PROVIDING THE PROGRAM HOST SITE. ENTRY TAKES PLACE AT VARIOUS SITES THROUGHOUT THE COMMUNITY AND CAN LAST FOR 6 TO 24 MONTHS. THE GOAL IS FOR PARTICIPANTS TO MOVE ON TO COMPETITIVE EMPLOYMENT IN OV OR COMMUNITY JOBS.

PATHWAY TO WORK (PTW) IS A COMMUNITY-INTEGRATED "ON-THE-JOB" TRAINING PROGRAM CONDUCTED AT A PARTNER JOB SITE WITH DAILY INSTRUCTION. WHILE TRAINING AT THE COMMUNITY PARTNER'S JOB SITE, EACH PATHWAY TO WORK PARTICIPANT IS PROVIDED WITH INDIVIDUALIZED INSTRUCTION, JOB COACHING AND WORK EXPERIENCE. PTW IS MADE POSSIBLE THROUGH COLLABORATION BETWEEN OPPORTUNITY VILLAGE, THE DESERT REGIONAL CENTER, THE BUREAU OF VOCATIONAL REHABILITATION, AND OUR COMMUNITY BUSINESS PARTNERS. PTW TAKES PLACE AT VARIOUS SITES THROUGHOUT THE COMMUNITY AND LASTS FOR THREE TO SIX MONTHS.

JOB DISCOVERY PROGRAMS ARE A PARTNERSHIP BETWEEN THE CLARK COUNTY SCHOOL DISTRICT (CCSD) AND OPPORTUNITY VILLAGE. THE PROGRAMS ARE OPERATED AT UNIQUE NOT-FOR-PROFIT SITES THROUGHOUT THE COMMUNITY. THE PARTNERSHIP WAS FORMED TO PROVIDE INTENSIVE VOCATIONAL TRAINING IN A NATURAL WORKING

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ENVIRONMENT TO CCSD STUDENTS WHO REQUIRE ADDITIONAL VOCATIONAL TRAINING TO BECOME SUCCESSFULLY EMPLOYED. THE JOB DISCOVERY PROGRAM (JDP) IS PRIMARILY FOCUSED ON SOFT VOCATIONAL SKILLS SUCH AS; MOCK INTERVIEWING, RESUME WRITING, DRESS CODE, WORKING AS A GROUP AND INDEPENDENTLY, APPROPRIATE WORKPLACE INTERACTIVE AND COMMUNICATION WITH COWORKERS, SUPERVISOR AND CUSTOMERS, THE IMPORTANCE OF PUNCTUALITY AND ATTENDANCE, TIME MANAGEMENT AND ADAPTABILITY.

JOB DEVELOPMENT SERVICES INCLUDES PLACEMENT, RETENTION AND MONITORING (R&M) AND FOLLOW ALONG. PLACEMENT CONSISTS OF FINDING JOBS FOR INDIVIDUAL'S! INCLUDES JOB SEARCHING, FILLING OUT APPLICATIONS, GOING TO INTERVIEWS, AND ALL NEW HIRE APPOINTMENTS AND ORIENTATION. RETENTION MONITORING IS AN ON THE JOB COACH! JOB COACHES CHECK IN WITH THE INDIVIDUAL AND MAKE SURE THEY ARE SUCCESSFUL AT THEIR JOB. CHECK INS HAPPEN ONCE A WEEK TO ONCE A MONTH. R&M SERVICES LAST 90 DAYS. INDIVIDUALS NEED A VR FOR THIS SERVICE. FOLLOW ALONG IS CONTINUED JOB COACHING SUPPORT AND CAN LAST AS LONG AS THE INDIVIDUAL NEED THE SERVICE. INDIVIDUALS NEED A DRC FOR THIS SERVICE. DAY PREVOCATIONAL IS COMMUNITY BASED, ON-THE-JOB TRAINING PROGRAM WITH A FOCUS ON COMMUNITY VOLUNTEERISM AS THE VENUE FOR PREVOCATIONAL TRAINING. PARTICIPANTS EXPERIENCE CLASSROOM TIME DEDICATED TO LEARNING THE SOFT AND HARD SKILLS NEEDED IN FUTURE EMPLOYMENT, AND THEN UTILIZE THOSE SKILLS IN REAL-WORLD SETTINGS THROUGH VOLUNTEERISM IN A VARIETY OF WORK SETTINGS. PREVOCATIONAL PROGRAM - PREVOCATIONAL TRAINEES WORK ON BUILDING SKILLS IN A VARIETY OF AREAS, AND ARE MEANT TO HELP PREPARE THEM FOR COMMUNITY EMPLOYMENT. TRAINING AREAS INCLUDE PREVOCATIONAL SKILLS, SOCIAL SKILLS, SKILLS FOR INDEPENDENCE, ENRICHMENT, AND PAID WORK EXPERIENCES. IN THIS STRUCTURE, PARTICIPANTS WORK ON BOTH HARD AND SOFT SKILLS RELATED TO EMPLOYMENT, IDENTIFY AREAS OF SKILLS AND INTEREST, AND EARN WAGES.

FINE AND PERFORMING ARTS:

THE FINE & PERFORMING ARTS PROGRAM SERVES INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN MUSIC, DANCE, THEATER AND VISUAL ARTS. THE PROGRAM WAS DESIGNED TO INCREASE INDIVIDUALS' AWARENESS OF THE ARTS, SUPPORT THEIR CREATIVE PASSIONS AND OFFER INDIVIDUALIZED AND GROUP TRAINING. THE PROGRAM PROMOTES SELF-EXPRESSION, SOCIAL INTERACTION AND DEVELOPS PEER RELATIONSHIPS. PARTICIPANTS HAVE THE OPPORTUNITY TO SHOWCASE THEIR VISUAL ARTWORK FOR EXHIBITION AND SALE, AND TO PERFORM ON THE STAGE AT OPPORTUNITY VILLAGE AND COMMUNITY EVENTS THROUGHOUT THE YEAR.

NEIGHBORHOOD CLUB - DISTRIBUTED ACCESS AND INVOLVEMENT LOCATIONS:

PREMISE

-THE CONTINUUM OF CLIENT SERVICES IS DEFICIENT AN INTERMEDIATE APPROACH, SLOTTED BETWEEN INTENSELY SUPPORTIVE CAMPUS-BASED STRUCTURES AND THE MORE INDEPENDENT JOB DISCOVERY PROGRAM, PATHWAY TO WORK, AND SERVICE CONTRACTS TRAINING AND EMPLOYMENT OPTIONS

-REVENUE GROWTH IN RETAIL, DOCUMENT MANAGEMENT, MAIL CENTER, AND OTHER OV BUSINESS LINES REQUIRES INCREASED COMMUNITY PRESENCE, AWARENESS, AND CUSTOMER CONVENIENCE

ADVANTAGES

-PERSONS SERVED ACCESS NEARBY SERVICES AND GROWTH OPPORTUNITIES (E.G. YMCA, LIBRARY, PARK, GROCERY STORES, TRAINING/EMPLOYMENT LOCATIONS, ETC.) WHILE MAINTAINING SMALL GROUP ACTIVITY ACCOMMODATIONS AND STAFFING SUPPORTS

-REDUCE TRAVEL TIME AND COST TO ACCESS COMMUNITY SUPPORTS WITHIN

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88-6003567**CONSTRAINED PROGRAM DAY****-PROVIDE ADVANCED PROGRESSIVE PROGRAMMING STRUCTURE WITH GREATER CMS ALIGNMENT****-IMPROVE PERSONS SERVED AND STAFF CONVENIENCE WITH GREATER LOCATION/WORKSITE OPTIONS - AND SERVICES (E.G. PROXIMITY TO RESIDENCE, TRANSIT ROUTES, SCHOOLS, CHILD CARE CENTERS, ETC.)****-IMPROVE FLEXIBILITY FOR CYCLICAL RELOCATION NEEDS BASED ON DEMOGRAPHIC SHIFTS****-INCORPORATION OF ATTENDED OV BUSINESS LINES OF RETAIL (DROP-OFF SITE WITH SORT BY HOURLY-PAY PERSONS SERVED), DOCUMENT MANAGEMENT (DROP-OFF), AND OTHERS ENHANCES OPERATIONAL SUSTAINABILITY, BROADENS COMMUNITY AWARENESS, AND IMPROVES ACCESS FOR CUSTOMERS AND DONORS****-LEVERAGE ADDITIONAL LOCATIONS FOR VOLUNTEERS, ASSESSMENTS, SUPPORTIVE EMPLOYMENT, AND OTHER PROGRAM GROWTH****-ENHANCE RD AND MARKETING REACH (E.G. SANTA RUN REGISTRATION AND PICK-UP) YOUTH SERVICES:****APPLIED BEHAVIOR ANALYSIS SERVICES IS A PROGRAM SERVING YOUTH FROM AGES 3 TO 18 WITH AUTISM SPECTRUM DISORDER. THROUGH EVIDENCE BASED, OUTCOME DRIVEN APPLIED BEHAVIORAL ANALYSIS, OPPORTUNITY VILLAGE'S BOARD CERTIFIED BEHAVIORAL ANALYST SUPERVISES DELIVERY OF THERAPEUTIC SERVICES IN CLINICAL SETTINGS AND IN PRIVATE RESIDENCES TO REACH OUTCOMES.****VERY IMPORTANT ARTS (VIA) SERVES SPECIAL NEEDS STUDENTS THROUGHOUT THE CLARK COUNTY SCHOOL DISTRICT FROM AGES 6 TO 17. REACHING OVER 1,800 IN FY20, OPPORTUNITY VILLAGE MENTORS IN MUSIC AND MOVEMENT HELP IMPROVE UPON STUDENT'S FINE MOTOR SKILLS, SOCIAL SKILLS, AND PERSONAL CONFIDENCE.****PRE-EMPLOYMENT TRAINING SERVICES (PRE-ETS) SERVES TRANSITION STUDENTS AGES 14-21 BY BRIDGING THE GAP BETWEEN DISABILITY AND SELF-SUFFICIENCY. PRE-ETS TEACHES WITHIN FIVE MAIN SUBJECT AREAS: JOB EXPLORATION, POST-SECONDARY EDUCATION, WORKPLACE READINESS TRAINING, SELF-ADVOCACY, AND WORK-BASED LEARNING EXPERIENCES. CLASSES ARE TAUGHT WITHIN CCSD SPECIAL EDUCATION CLASSROOMS BY A PRE-ETS MENTOR, WITH REFERRALS MADE THROUGH THE BUREAU OF VOCATIONAL REHABILITATION.****PRACTICAL ASSESSMENT EXPLORATION SYSTEM (PAES) LAB IS AN EXPERIENTIAL LEARNING OPPORTUNITY FOR TRANSITION-AGE YOUTH, WHILE ALSO BEING A RESOURCE FOR ADULT JOBS AND DAY TRAINING PROGRAMMING. THROUGH THE PAES LAB, PARTICIPANTS ARE ASSESSED IN FIVE MAIN CAREER AREAS: BUSINESS/MARKETING, COMPUTER/TECHNOLOGY, CONSTRUCTION/INDUSTRIAL, CONSUMER/SERVICE, AND PROCESSING/PRODUCTION. EACH CAREER AREA HAS A NUMBER OF HANDS-ON TASKS THAT ARE COMPLETED VIA A LEVELED SYSTEM TO HELP DETERMINE AREAS OF INTEREST AND ABILITY RELATED TO FUTURE CAREER PATHS.****FORM 990, PART VI - ADDITIONAL INFORMATION****OFFICERS OF THE ORGANIZATION ARE ALL MEMBERS OF THE SOUTHERN NEVADA BUSINESS COMMUNITY. AS SUCH, THEY HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER IN THE ORDINARY COURSE OF BUSINESS.****FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
SEE ABOVE****FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

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THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THE GENERAL MEMBERSHIP IS COMPRISED OF THE BOARD OF DIRECTORS AND THE MEMBERS OF ANY EX-OFFICIO ADVISORY BOARD. EACH BOARD MEMBER SHALL HAVE EQUAL REPRESENTATION (ONE PERSON, ONE VOTE). ALL EX-OFFICIO ADVISORY BOARD MEMBERS ARE NON-VOTING MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT OF THE FORM 990 AND SUPPORTING SCHEDULES IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. QUESTIONS, COMMENTS AND SUGGESTED CHANGES MADE BY THE AUDIT COMMITTEE ARE REVIEWED BY THE VICE PRESIDENT OF FINANCE AND CONTROLLER, AND ADJUSTMENTS ARE MADE WHERE NECESSARY. AFTER CORRECTIONS, A FINAL DRAFT IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUAL DISCLOSURE STATEMENTS ARE REQUIRED BY EACH BOARD MEMBER. PERIODIC REVIEWS OF RELATED TRANSACTIONS ARE PERFORMED TO REVIEW COMPENSATION, PROPER RECORDING, AND WHETHER AGREEMENTS AND TRANSACTIONS FURTHER THE ORGANIZATION'S CHARITABLE PURPOSES. INVESTIGATIONS ARE PERFORMED IF THE BOARD/COMMITTEE HAS REASONABLE BELIEF OF FAILURE OF PROPER DISCLOSURE WITH APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IMPLEMENTED AS NECESSARY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE ORGANIZATION UTILIZES AN OUTSIDE PROFESSIONAL COMPANY TO PROVIDE SALARY/COMPENSATION INFORMATION. IF BONUSES ARE TO BE PROVIDED, THEY ARE ESTABLISHED BASED ON INDIVIDUAL PERFORMANCE EVALUATIONS. COMPENSATION AND BONUSES MUST BE APPROVED BY THE EXECUTIVE COMMITTEE AND THE WAGE AND COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ORGANIZATION UTILIZES AN OUTSIDE PROFESSIONAL COMPANY TO PROVIDE SALARY/COMPENSATION INFORMATION. IF BONUSES ARE TO BE PROVIDED, THEY ARE ESTABLISHED BASED ON INDIVIDUAL PERFORMANCE EVALUATIONS. COMPENSATION AND BONUSES MUST BE APPROVED BY THE EXECUTIVE COMMITTEE AND THE WAGE AND COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST. THE FINANCIAL STATEMENTS AND 990 ARE PROVIDED TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990, PART VIII - ADDITIONAL INFORMATION
OPPORTUNITY VILLAGE RECEIVES DONATED ITEMS THROUGHOUT THE YEAR AT ITS RETAIL STORE AND VARIOUS DONATION CENTERS/TRAILERS THROUGHOUT THE COMMUNITY. GROSS RETAIL STORE SALES APPROXIMATE THE FAIR MARKET VALUE OF THE IN-KIND GOODS RECEIVED.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
CHARITY VEHICLE AUCTION FEES \$ -7,351

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CHARITY VEHICLE AUCTION FEES

\$ 7,351

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Related Organizations and Unrelated Partnerships

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

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	OPPORTUNITY VILLAGE FOUNDATION 6050 S. BUFFALO DRIVE LAS VEGAS NV 89113 88-0272831	CHARITABLE	NV	501C3	7	N/A		X
(2)							
(3)							
(4)							
(5)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)									
(2)									
(3)									
(4)									

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

		(a)	(b)	(c)	(d)
		Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
(1)		OPPORTUNITY VILLAGE FOUNDATION	C	430,168	CASH
(2)		OPPORTUNITY VILLAGE FOUNDATION	O	1,688,543	SALARY COST
(3)		OPPORTUNITY VILLAGE FOUNDATION	N	84,039	FMV RENT
(4)		OPPORTUNITY VILLAGE FOUNDATION	N	519,324	OVERHEAD COST
(5)		OPPORTUNITY VILLAGE FOUNDATION	C	7,174,113	FORGIVEN DEBT
(6)		OPPORTUNITY VILLAGE FOUNDATION	R	4,967,294	FEDERAL GRANT PASS-THRU

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)	X	
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		

		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
(1)		OPPORTUNITY VILLAGE FOUNDATION	R	3,121,387	PASS THRU DONATIONS
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
					Yes	No			Yes	No		Yes	No		
(1)					Yes	No								
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Fixed Assets	1/01/06	14,396,117			14,396,117	7 MO S/L	14,396,117	0
2	2009 net additions	7/01/08	713,006			713,006	7 MO S/L	713,006	0
3	2010 net additions	7/01/09	27,333,773			27,333,773	0 -- Memo	1,082,359	0
4	2011 net additions	6/30/11	-981,389			-981,389	0 -- Memo	0	0
5	2012 net additions	6/30/12	1,200,439			1,200,439	0 -- Memo	30,780	0
6	2013 net additions	6/30/13	890,229			890,229	0 -- Memo	400,899	0
7	2014 net additions	6/30/14	1,443,268			1,443,268	0 -- Memo	1,443,268	0
	Total Other Depreciation		<u>44,995,443</u>			<u>44,995,443</u>		<u>18,066,429</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>44,995,443</u>			<u>44,995,443</u>		<u>18,066,429</u>	<u>0</u>
	Grand Totals		44,995,443			44,995,443		18,066,429	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>44,995,443</u>			<u>44,995,443</u>		<u>18,066,429</u>	<u>0</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Fixed Assets	1/01/06	0			0	0 HY	0	0
2	2009 net additions	7/01/08	0			0	0 HY	0	0
3	2010 net additions	7/01/09	0			0	0 HY	0	0
4	2011 net additions	6/30/11	-981,389			-981,389	0 -- Memo	0	0
5	2012 net additions	6/30/12	0			0	0 HY	0	0
6	2013 net additions	6/30/13	0			0	0 HY	0	0
7	2014 net additions	6/30/14	0			0	0 HY	0	0
	Total Other Depreciation		<u>-981,389</u>			<u>-981,389</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>-981,389</u>			<u>-981,389</u>		<u>0</u>	<u>0</u>
	Grand Totals		-981,389			-981,389		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>-981,389</u>			<u>-981,389</u>		<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Fixed Assets	1/01/06	14,396,117	0	0
2	2009 net additions	7/01/08	713,006	0	0
3	2010 net additions	7/01/09	27,333,773	0	0
4	2011 net additions	6/30/11	-981,389	0	0
5	2012 net additions	6/30/12	1,200,439	0	0
6	2013 net additions	6/30/13	890,229	0	0
7	2014 net additions	6/30/14	1,443,268	0	0
	Total Other Depreciation		<u>44,995,443</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>44,995,443</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>44,995,443</u>	<u>0</u>	<u>0</u>

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name

Taxpayer Identification Number

OPPORTUNITY VILLAGE

88-6003567

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	9,104,155	8,359,197	-744,958
	2. Membership dues and assessments			
	3. Government contributions and grants	1,379,290	357,672	-1,021,618
	4. Program service revenue	24,688,348	22,917,743	-1,770,605
	5. Investment income	13,577	34,071	20,494
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	919	21,942	21,023
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	1,475,293	1,347,248	-128,045
	11. Other revenue	212,221	120,414	-91,807
	12. Total revenue. Add lines 1 through 11	36,873,803	33,158,287	-3,715,516
Expenses	13. Grants and similar amounts paid	574,000		-574,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	1,412,047	1,394,555	-17,492
	16. Salaries, other compensation, and employee benefits	24,815,742	24,762,677	-53,065
	17. Professional fundraising fees	5,081	7,351	2,270
	18. Other professional fees	1,961,704	1,700,812	-260,892
	19. Occupancy, rent, utilities, and maintenance	2,906,188	3,019,080	112,892
	20. Depreciation and Depletion	3,358,898	3,358,890	-8
	21. Other expenses	2,417,951	2,681,005	263,054
	22. Total expenses. Add lines 13 through 21	37,451,611	36,924,370	-527,241
	23. Excess or (Deficit). Subtract line 22 from line 12	-577,808	-3,766,083	-3,188,275
Other Information	24. Total exempt revenue	36,873,803	33,158,287	-3,715,516
	25. Total unrelated revenue			
	26. Total excludable revenue	26,390,358	24,441,418	-1,948,940
	27. Total assets	63,416,769	59,053,929	-4,362,840
	28. Total liabilities	5,041,786	4,445,029	-596,757
	29. Retained earnings	58,374,983	54,608,900	-3,766,083
	30. Number of voting members of governing body	21	21	
	31. Number of independent voting members of governing body	21	21	
	32. Number of employees	865	842	
	33. Number of volunteers	7292	5122	

Form 990	Tax Return History	2024
Name OPPORTUNITY VILLAGE		Employer Identification Number 88-6003567

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	18,073,128	40,366,302	8,278,100	10,483,445	8,716,869	
Membership dues						
Program service revenue	18,003,219	18,156,344	21,182,432	24,688,348	22,917,743	
Capital gain or loss	-98,506	-7,933		919	21,942	
Investment income				13,577	34,071	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	1,554,467	1,605,857	1,526,355	1,687,514	1,467,662	
Total revenue	37,532,308	60,120,570	30,986,887	36,873,803	33,158,287	
Grants and similar amounts paid				574,000		
Benefits paid to or for members						
Compensation of officers, etc.	858,821	1,049,190	1,318,565	1,412,047	1,394,555	
Other compensation	19,422,112	19,725,700	21,586,096	24,815,742	24,762,677	
Professional fees	3,447,065	1,742,748	1,897,322	1,966,785	1,708,163	
Occupancy costs	1,888,132	2,469,978	3,243,794	2,906,188	3,019,080	
Depreciation and depletion	1,916,266	3,284,698	3,412,420	3,358,898	3,358,890	
Other expenses	1,312,018	1,802,747	1,996,127	2,417,951	2,681,005	
Total expenses	28,844,414	30,075,061	33,454,324	37,451,611	36,924,370	
Excess or (Deficit)	8,687,894	30,045,509	-2,467,437	-577,808	-3,766,083	
Total exempt revenue						
Total unrelated revenue	37,532,308	60,120,570	30,986,887	36,873,803	33,158,287	
Total excludable revenue	19,459,180	19,754,268	22,708,787	26,390,358	24,441,418	
Total Assets	40,131,201	64,889,988	64,243,857	63,416,769	59,053,929	
Total Liabilities	8,756,482	3,469,760	5,291,066	5,041,786	4,445,029	
Net Fund Balances	31,374,719	61,420,228	58,952,791	58,374,983	54,608,900	