

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2023
Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

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 <p align="center">OPPORTUNITY VILLAGE</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">6050 S. BUFFALO DRIVE</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">LAS VEGAS NV 89113</p>	D Employer identification number <p align="center">88-6003567</p> E Telephone number <p align="center">702-880-4006</p> G Gross receipts\$ 36,875,984
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F Name and address of principal officer: <p>ROBERT BROWN 6050 S BUFFALO DR LAS VEGAS NV 89113</p>	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
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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	J Website: WWW.OPPORTUNITYVILLAGE.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1954	M State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">OPPORTUNITY VILLAGE'S MISSION IS TO SERVE PEOPLE OF NEVADA WITH INTELLECTUAL DISABILITIES, TO ENHANCE THEIR LIVES AND THE LIVES OF THEIR FAMILIES.</p>																									
	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)	3 21																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21																								
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 865																								
	6 Total number of volunteers (estimate if necessary)	6 7292																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																								
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Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">8,278,100</td> <td align="right">10,483,445</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">21,182,432</td> <td align="right">24,688,348</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td align="right">14,496</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">1,526,355</td> <td align="right">1,687,514</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">30,986,887</td> <td align="right">36,873,803</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	8,278,100	10,483,445	9 Program service revenue (Part VIII, line 2g)	21,182,432	24,688,348	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,496	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,526,355	1,687,514	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,986,887	36,873,803						
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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 <p align="center">ROBERT BROWN</p> Type or print name and title <p align="center">PRESIDENT & CEO</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>JESSICA P SAYLES</p> Preparer's signature <p>JESSICA P SAYLES</p> Date <p>01/22/25</p> Check <input type="checkbox"/> if self-employed PTIN <p>P01530213</p> Firm's name <p>HOULDSWORTH, RUSSO & COMPANY, P.C</p> Firm's EIN <p>88-0374623</p> Firm's address <p>8675 S EASTERN AVE STE A LAS VEGAS, NV 89123</p> Phone no. <p>702-269-9992</p>	

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

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 \$ **20,026,503** including grants of\$) (Revenue \$ **15,143,498**)

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 \$ **7,768,934** including grants of\$) (Revenue \$ **8,331,671**)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **1,574,449** including grants of\$) (Revenue \$ **326,982**)

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 \$ **2,743,866** including grants of\$ **574,000**) (Revenue \$ **886,197**)

4e Total program service expenses **32,113,752**

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			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
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			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
28c			X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			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	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
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
36			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
37			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	
38		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		
1a			44
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	865		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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 [X]

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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	574,000	574,000		
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	1,412,047	475,621	936,426	
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	20,306,489	18,241,992	2,064,497	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	223,977	134,007	89,970	
9 Other employee benefits	2,612,513	2,228,092	384,421	
10 Payroll taxes	1,672,763	1,349,645	323,118	
11 Fees for services (nonemployees):				
a Management				
b Legal	5,073	986	4,087	
c Accounting	63,300		63,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	5,081			5,081
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.)	1,893,331	1,420,763	472,568	
12 Advertising and promotion	14,134	10,727	3,407	
13 Office expenses	794,594	715,058	79,536	
14 Information technology				
15 Royalties				
16 Occupancy	2,906,188	2,619,285	286,903	
17 Travel	731,794	705,598	26,196	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,481	13,934	86,547	
20 Interest	69,028	47,178	21,850	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,358,898	3,053,273	305,625	
23 Insurance	448,496	396,802	51,694	
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	126,935	51,069	75,866	
b BAD DEBT	55,878	4,978	50,900	
c UNIFORMS	43,212	40,993	2,219	
d CUSTOMER RELATIONS	33,399	29,751	3,648	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,451,611	32,113,752	5,332,778	5,081
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	875,622	1	1,864,617
	2 Savings and temporary cash investments	75,778	2	124,037
	3 Pledges and grants receivable, net	2,327,666	3	3,068,408
	4 Accounts receivable, net	2,965,125	4	3,388,421
	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	226,360	8	236,255
	9 Prepaid expenses and deferred charges	359,197	9	404,472
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 89,355,443		
	b Less: accumulated depreciation	10b 37,141,315	55,292,663	10c 52,214,128
	11 Investments—publicly traded securities	209,063	11	249,462
	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	1,912,383	15	1,866,969
16 Total assets. Add lines 1 through 15 (must equal line 33)	64,243,857	16	63,416,769	
Liabilities	17 Accounts payable and accrued expenses	2,606,491	17	2,793,340
	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	473,632	24	216,278
	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	2,210,943	25	2,032,168
	26 Total liabilities. Add lines 17 through 25	5,291,066	26	5,041,786
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	55,549,681	27	55,195,924
	28 Net assets with donor restrictions	3,403,110	28	3,179,059
	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	58,952,791	32	58,374,983	
33 Total liabilities and net assets/fund balances	64,243,857	33	63,416,769	

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	36,873,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,451,611
3	Revenue less expenses. Subtract line 2 from line 1	3	-577,808
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,952,791
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	58,374,983

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	X	

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	0.50									
(12) MEMBER	0.00	X						0	0	0
(29) ANDREW WALSH	0.50									
(13) MEMBER	0.00	X						0	0	0
(30) JOHN WHITE	0.50									
(14) MEMBER	0.00	X						0	0	0
(31) JESSICA LUCERO	0.50									
(15) MEMBER	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)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

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

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

Schedule A (Form 990) 2023

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 109,718,805
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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 96.22%. Row 15: Public support percentage from 2022 Schedule A, Part II, line 14 15 97.17%.

16a 33 1/3% support test — 2023. 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 [X]
b 33 1/3% support test — 2022. 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
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2022. 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
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

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. 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 — 2022. 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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)

Table with 2 columns: Section D - Distributions and Current Year. Rows 1-10 detailing amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2023, and (iii) Distributable Amount for 2023. Rows 1-8 detailing distribution allocations and carryovers.

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

\$ 186,282

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization OPPORTUNITY VILLAGE	Employer identification number 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	US DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING 200 CONSTITUTION AVE. NW WASHINGTON DC 20210	\$ 366,624	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OPPORTUNITY VILLAGE FOUNDATION 6300 OAKLEY BLVD LAS VEGAS NV 89146	\$ 7,864,702	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF LAS VEGAS 495 S MAIN ST LAS VEGAS NV 89101	\$ 574,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF NORTH LAS VEGAS 2250 LAS VEGAS BLVD NORTH SUITE 350 NORTH LAS VEGAS NV 89030	\$ 252,897	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF NEVADA CHRISTMAS TREE FUND 401 S CARSON ST CARSON CITY NV 89701	\$ 250,000	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.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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

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

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

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

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

Name of organization OPPORTUNITY VILLAGE Employer identification number 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 employer identification number (EIN) 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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

Schedule C (Form 990) 2023

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	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.		
If the amount on line 1e, column (a) or (b) is:	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) 2020	(b) 2021	(c) 2022	(d) 2023	(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)).

Table with 3 columns: Description, (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, and direct contact with legislators.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues being nondeductible, lobbying expenditures under \$2,000, and carryover of lobbying and political campaign activity.

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."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include questions about dues from members, nondeductible lobbying and political expenditures (current year, carryover, total), and taxable amount of lobbying and political expenditures.

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, monitoring details, and compliance questions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 on 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?		
(ii) Related organizations?		
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		76,862,174	27,951,080	48,911,094
c Leasehold improvements				
d Equipment		10,821,371	9,190,235	1,631,136
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				52,214,128

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	1,087,279
(3) FINANCE LEASE LIABILITIES	522,190
(4) DEFERRED COMPENSATION	373,499
(5) DEPOSITS	49,200
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,032,168

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	37,256,039
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	387,317
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	387,317
3	Subtract line 2e from line 1	3	36,868,722
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	5,081
c	Add lines 4a and 4b	4c	5,081
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	36,873,803

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	37,833,847
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	387,317
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	387,317
3	Subtract line 2e from line 1	3	37,446,530
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	5,081
c	Add lines 4a and 4b	4c	5,081
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,451,611

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 \$ **5,081**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

CHARITY VEHICLE AUCTION FEES \$ **5,081**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OPPORTUNITY VILLAGE FOUNDATION 6300 OAKLEY BLVD LAS VEGAS NV 89146	88-0272831	3	574,000				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

REPORTS ARE PERIODICALLY REQUESTED FROM RECIPIENTS TO MONITOR THE USE OF GRANT FUNDS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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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

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

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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 SUCH AS BIRTHDAY PARTIES, MOVIE NIGHTS AND WATCH PARTIES. THE BETTY'S VILLAGE CONCIERGE TEAM PROVIDES A MONTHLY ACTIVITY CALENDAR AND SUPPORTS

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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

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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.

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

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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

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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 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!

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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.

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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 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

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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.

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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

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

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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

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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 \$ -5,081

CHARITY VEHICLE AUCTION FEES \$ 5,081

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

OPPORTUNITY VILLAGE

Employer identification number

88-6003567

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 88-0272831 LAS VEGAS NV 89113	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.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
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)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPPORTUNITY VILLAGE FOUNDATION	C	253,883	CASH
(2) OPPORTUNITY VILLAGE FOUNDATION	O	1,660,571	SALARY COST
(3) OPPORTUNITY VILLAGE FOUNDATION	N	84,039	FMV RENT
(4) OPPORTUNITY VILLAGE FOUNDATION	N	463,289	OVERHEAD COST
(5) OPPORTUNITY VILLAGE FOUNDATION	C	7,526,780	FORGIVEN DEBT
(6) OPPORTUNITY VILLAGE FOUNDATION	C	574,000	FEDERAL GRANT PASS-THRU

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)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24		

Name: **OPPORTUNITY VILLAGE** Taxpayer Identification Number: **88-6003567**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	7,478,925	9,104,155	1,625,230
	2. Membership dues and assessments			
	3. Government contributions and grants	799,175	1,379,290	580,115
	4. Program service revenue	21,182,432	24,688,348	3,505,916
	5. Investment income		13,577	13,577
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		919	919
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	1,362,949	1,475,293	112,344
	11. Other revenue	163,406	212,221	48,815
	12. Total revenue. Add lines 1 through 11	30,986,887	36,873,803	5,886,916
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.	1,318,565	1,412,047	93,482
	16. Salaries, other compensation, and employee benefits	21,586,096	24,815,742	3,229,646
	17. Professional fundraising fees	31,227	5,081	-26,146
	18. Other professional fees	1,866,095	1,961,704	95,609
	19. Occupancy, rent, utilities, and maintenance	3,243,794	2,906,188	-337,606
	20. Depreciation and Depletion	3,412,420	3,358,898	-53,522
	21. Other expenses	1,996,127	2,417,951	421,824
	22. Total expenses. Add lines 13 through 21	33,454,324	37,451,611	3,997,287
	23. Excess or (Deficit). Subtract line 22 from line 12	-2,467,437	-577,808	1,889,629
Other Information	24. Total exempt revenue	30,986,887	36,873,803	5,886,916
	25. Total unrelated revenue			
	26. Total excludable revenue	22,708,787	26,390,358	3,681,571
	27. Total assets	64,243,857	63,416,769	-827,088
	28. Total liabilities	5,291,066	5,041,786	-249,280
	29. Retained earnings	58,952,791	58,374,983	-577,808
	30. Number of voting members of governing body	23	21	
31. Number of independent voting members of governing body	23	21		
32. Number of employees	765	865		
33. Number of volunteers	4186	7292		

Form 990	Tax Return History	2023
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Name OPPORTUNITY VILLAGE	Employer Identification Number 88-6003567
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	2,282,302	18,073,128	40,366,302	8,278,100	10,483,445	
Membership dues						
Program service revenue	22,829,277	18,003,219	18,156,344	21,182,432	24,688,348	
Capital gain or loss	1,518	-98,506	-7,933		919	
Investment income					13,577	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	1,594,475	1,554,467	1,605,857	1,526,355	1,687,514	
Total revenue	26,707,572	37,532,308	60,120,570	30,986,887	36,873,803	
Grants and similar amounts paid					574,000	
Benefits paid to or for members						
Compensation of officers, etc.	877,558	858,821	1,049,190	1,318,565	1,412,047	
Other compensation	24,800,754	19,422,112	19,725,700	21,586,096	24,815,742	
Professional fees	1,719,192	3,447,065	1,742,748	1,897,322	1,966,785	
Occupancy costs	1,972,925	1,888,132	2,469,978	3,243,794	2,906,188	
Depreciation and depletion	1,853,727	1,916,266	3,284,698	3,412,420	3,358,898	
Other expenses	2,034,539	1,312,018	1,802,747	1,996,127	2,417,951	
Total expenses	33,258,695	28,844,414	30,075,061	33,454,324	37,451,611	
Excess or (Deficit)	-6,551,123	8,687,894	30,045,509	-2,467,437	-577,808	
Total exempt revenue	26,707,572	37,532,308	60,120,570	30,986,887	36,873,803	
Total unrelated revenue						
Total excludable revenue	24,425,270	19,459,180	19,754,268	22,708,787	26,390,358	
Total Assets	31,191,705	40,131,201	64,889,988	64,243,857	63,416,769	
Total Liabilities	8,504,880	8,756,482	3,469,760	5,291,066	5,041,786	
Net Fund Balances	22,686,825	31,374,719	61,420,228	58,952,791	58,374,983	