

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 20	13 cale	endar year, or tax year beginning 07-01-2013 , 2013, and ending 06-	30-2014		_	
<b>B</b> Che	eck if app	lıcable	C Name of organization OPPORTUNITY VILLAGE ASSOCIATION FOR		D Emplo	yer ider	ntification number
	lress char	_	RETARDED CITIZENS Doing Business As		88-6	003567	7
☐ Nar	ne chang	e	Dolling Dubliness As				
Init	ıal return		Number and street (or P O box if mail is not delivered to street address) Room/s	uıte	E Teleph	one num	ber
Ter	mınated		6050 S BUFFALO DRIVE		(702	880-4	006
☐ Am	ended ret	um	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89113		(702)	, 000-4	000
☐ App	lication p	ending	LAS VLOAS, NV 05115		<b>G</b> Gross	receipts \$	29,099,803
			F Name and address of principal officer	H(a)	Is this a group	return	
			EDWARD GUTHRIE 6050 S BUFFALO DRIVE		subordinates?		┌ Yes 🗸 No
			LAS VEGAS, NV 89113	Н(b)	Are all subord	ınates	☐ Yes ☐ No
				1	ıncluded?		
I Tax	x-exempt	status	✓ 501(c)(3)		If "No," attach	n a list	(see instructions)
J W	ebsite:	► ww	W OPPORTUNITYVILLAGE ORG	H(c)	Group exemp	tion nur	mber ►
K Forn	n of orga	nızatıon	✓ Corporation  Trust  Association  Other ►	<b>L</b> Yea	r of formation 19	954 <b>M</b>	State of legal domicile NV
Pa	rt I	Sum	mary				
Governance	WI YE RE GF PF SE NE CF	ERE DE EARS L EHABII ROWN ROGRA ERVICI EW FRI REATIV	UNITY VILLAGE WAS FOUNDED IN 1954 BY SEVEN DEDICATED ETERMINED TO GIVE THEIR CHILDREN WITH DISABILITIES THE ATER, OPPORTUNITY VILLAGE IS ONE OF THE MOST RECOGNIZLITATION PROGRAMS IN THE UNITED STATES SINCE THESE HUTO BECOME NEVADA'S FAVORITE - THE LARGEST PRIVATE, NOWN, NEARLY 3,000 PEOPLE ANNUALLY THROUGH VOCATIONAL TES, ADVOCACY AND ARTS AND SOCIAL RECREATION HERE, PEENDS, REALIZE FUTURE CAREER PATHS, SEEK INDEPENDENCE VE PASSIONS - ALL THEY WANT IS A CHANCE AT A LIFE WE ALLOA'S LARGEST EMPLOYER OF PEOPLE WITH DISABILITIES - PEOOYABLE WE CALL THEM OVIPS - OP	BEST LIVZED AND JMBLE OF T-FOR-P TRAINING OPLE WIT AND CON TAKE FO	VES POSSIBL RESPECTED RIGINS, OPPO ROFIT COMM G, COMMUNIT TH DISABILIT MUNITY INT R GRANTED	E AND COMMI ORTUN UNITY TY EMP TIES AF EGRAT OPPOF	NOW, ALMOST 60 UNITY ITY VILLAGE HAS HABILITATION LOYMENT, DAY RE ABLE TO FIND TON AND UNLEASH RTUNITY VILLAGE
	_						
Activities &							
È	<b>2</b> Ch	neck th	is box দ if the organization discontinued its operations or disposed	of more t	han 25% of its	net as	sets
₽Ç	3 111	ımber	of voting members of the governing body (Part VI, line 1a)			з	30
•	l		of independent voting members of the governing body (Part VI, line 1a)			4	30
			mber of individuals employed in calendar year 2013 (Part V, line 2a)	-		5	697
	<b>6</b> To	tal nur	mber of volunteers (estimate if necessary)			6	1,046
	<b>7a</b> ⊤o	tal unr	related business revenue from Part VIII, column (C), line 12			7a	0
	<b>b</b> N∈	et unre	lated business taxable income from Form 990-T, line 34			7b	
					Prior Year		Current Year
a)			butions and grants (Part VIII, line 1h)		1,481,		4,656,740
Revenue	1		m service revenue (Part VIII, line 2g)		21,241,		21,478,875
챮	1		ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	1,228,	727	-3,550 1,078,896
	l		evenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	ne	1,220,	000	1,078,890
					24,014,	094	27,210,961
	1		and similar amounts paid (Part IX, column (A), lines 1-3)				0
	l		ts paid to or for members (Part IX, column (A), line 4)				0
83		Salarie 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		18,614,	001	18,613,108
ý Æ	1	,	sional fundraising fees (Part IX, column (A), line 11e)				0
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) 🏴				
ш	1		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,569,	616	9,207,735
	18	Total e	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		27,183,	617	27,820,843
	19	Reveni	ue less expenses Subtract line 18 from line 12	_	-3,169,		-609,882
\$ € € €				Begi	inning of Curre Year	nt	End of Year
30to 250to	20	Totala	assets (Part X, line 16)		35,597,	538	37,592,844
Not Assets or Fund Balances	1		iabilities (Part X, line 26)		2,619,		5,039,594
žĔ	1		sets or fund balances Subtract line 21 from line 20		32,978,		32,553,250
Unde my kr	<b>t III</b> r penalt nowledg	Sign les of p e and b	ature Block perjury, I declare that I have examined this return, including accompa pelief, it is true, correct, and complete Declaration of preparer (other t		edules and sta	atement	ts, and to the best of
		ану КГ 	nowledge				
		****			2014-09-15		
Sign	I .	Signa	ture of officer		Date		
Here	•   <u> </u>		ARD GUTHRIE EXECUTIVE DIRECTOR or print name and title				
			<u> </u>	Date	Charle E	PTIN	
Paid	1			2014-12-01	Check If self-employed	P00292	2787
	ı parer		ırm's name ► HOULDSWORTH RUSSO & COMPANY PC		Firm's EIN 🕨 8	8-03746	23
	Only		ırm's address ► 8675 S EASTERN AVE STE A		Phone no (702	2) 269-99	992
	<b>→</b> y		LAS VEGAS, NV 891232839		1		

Forn	1990 (2013)				Page
Par	Statement of Progra Check if Schedule O cont	am Service Accompl ains a response or note to		II	
1	Briefly describe the organization	n's mission			
DET OPP UNI LAR VOC PEO CON GRA	ORTUNITY VILLAGE WAS FOUN ERMINED TO GIVE THEIR CHIL ORTUNITY VILLAGE IS ONE OF TED STATES SINCE THESE HUIGEST PRIVATE, NOT-FOR-PROFATIONAL TRAINING, COMMUN PLE WITH DISABILITIES ARE A IMUNITY INTEGRATION AND UNTED OPPORTUNITY VILLAGE VIOUSLY CONSIDERED UNEMP	DREN WITH DISABILITII THE MOST RECOGNIZE MBLE ORIGINS, OPPORT FIT COMMUNITY HABILI ITY EMPLOYMENT, DAY BLE TO FIND NEW FRIEN NLEASH CREATIVE PAS IS NEVADA'S LARGEST	ES THE BEST LIVES P D AND RESPECTED O UNITY VILLAGE HAS TATION PROGRAM, N SERVICES, ADVOCA IDS, REALIZE FUTURI SIONS - ALL THEY W, EMPLOYER OF PEOP	POSSIBLE AND NOW, ALMO COMMUNITY REHABILITAT GROWN TO BECOME NEVA NEARLY 3,000 PEOPLE ANN CY AND ARTS AND SOCIA E CAREER PATHS, SEEK IN ANT IS A CHANCE AT A LIF	SST 60 YEARS LATER, ION PROGRAMS IN THI ADA'S FAVORITE - THE IUALLY THROUGH L RECREATION HERE, DEPENDENCE AND FE WE ALL TAKE FOR
2	Did the organization undertake a		rvices during the year	which were not listed on	
	If "Yes," describe these new ser				.   165   110
3	Did the organization cease cond services?		changes in how it con	ducts, any program	
4	If "Yes," describe these change Describe the organization's prog expenses Section 501(c)(3) an the total expenses, and revenue	ram service accomplishm d 501(c)(4) organizations	are required to report		
	(Code ) (Expe	nses \$ 16,062,752	ıncludıng grants of \$	) (Revenue \$	12,782,803 )
	THE EMPLOYMENT RESOURCE CENTE THAT COME FROM EARNING A PAYCH ATTITUDES AND BEHAVIORS THAT ARI PROMOTIONAL BUTTONS, ASSEMBLING DOCUMENT DESTRUCTION SERVICES PRODUCTIVITY	ECK THAT THE REST OF US TAK E NEEDED TO BE SUCCESSFUL II G DIRECT MAIL PIECES, COOKIN	E FOR GRANTED THE PART N ANY JOB BY WORKING ON G THOUSANDS OF COOKIES	TCIPANTS IN THE PROGRAM LEARN I VARIOUS PACKAGING AND ASSEMI S EVERY WEEK AS WELL AS PROVID:	THE WORK RELATED BLY TASKS, MAKING ING DOCUMENT IMAGING AND
	(C. d. ) (Fund	7.121.020		) (0	0.545.072.)
4b	(Code ) (Expe THE SERVICE CONTRACTS PROVIDE O DISABILITIES OPPORTUNITY VILLAGE DISABILITIES THEY CLEAN OVER 4 5 I TO THE AIRMEN AT NELLIS AFB THEY RESTROOM ATTENDANT SERVICES FO PROGRAM MAKE WAGES AT OR ABOVE	OMMUNITY-BASED EMPLOYMEN OPERATES A NUMBER OF "SMAL MILLION SQUARE FEET OF GOVE OPERATE THE POSTAL SERVICE R MCCARRAN INTERNATIONAL A	L BUSINESSES" WHERE OVE RNMENT AND COMMERCIAL CENTER FOR NELLIS AFB A AIRPORT (THE GATEWAY TO	ER 70% OF THE WORKERS ARE PEC . OFFICE SPACE THEY SERVE OVER ND HANDLE ALL SECURE AND NON- ! LAS VEGAS) MOST OF THE INDIVII	PLE WITH SEVERE 350,000 MEALS EVERY YEAR SECURE MAIL THEY PROVIDE DUALS SERVED BY THIS
_	(Codo ) (Funo	nana d 1 150 030	maludus areste of t	) (Dayanya d	1 250 005 )
<b>4</b> c	(Code ) (Expe THE THRIFT STORE PROVIDES TRAINI RETAIL PROCESSING THE PARTICIPAL THE RETAIL OPERATION THE THRIFT THE PREVIOUS STORE LOCATIONS IT SUCH AS WORLD MARKET CENTER AN	NG AND EMPLOYMENT OPPORTU NTS IN THE PROGRAM ARE RESI STORE LOCATION BRINGS MANY FEATURES A SECTION CALLED T	PONSIBLE FOR SORTING, ST ' IMPROVEMENTS BUT IT AL THE "TREASURE TROVE", SH	OCKING, CUSTOMER SERVICE AND SO FEATURES EVERYTHING CUSTO	CASHIERING DUTIES WITHIN MERS HAVE COME TO LOVE AT
	Other program services (Desci	gho in Cahadula O V			
4d	(Expenses \$	including grants of	\$	) (Revenue \$	)
4e	Total program service expenses	<b>s►</b> 24,353,506			

Part TV	Check	list of	Required	<b>Schedules</b>

			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>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $x^{*}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No				
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
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>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No				
27								
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part							
_		28a		No				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
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? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes					

G I	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	. J No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   80		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
I	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
l	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		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>—</b>		
	2. 105, to fine 54 of 55, and the organization meriorin 0000-1.	5c	<u></u>	
ı	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?	6а		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		1
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			.,
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	بّ		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
		90		
	Section 501(c)(7) organizations. Enter  Instruction focal and constal contributions uncluded on Part VIII. Inc. 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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  Enter the amount of reserves the organization is required to maintain by the states	13a		
	In which the organization is licensed to issue qualified health plans			
		   44	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O	14h	i	1

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

36	ction A. Governing Body and Hanagement			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  1a  30			
	year			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in 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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а		15a	Yes	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a 15b	Yes Yes	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official			
b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official			No
b 16a	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15b		No
b 16a b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15b		No
b 16a b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15b		No

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization ▶ROBERT KNEESEL 6050 S BUFFALO DRIVE LAS VEGAS,NV 89113 (702)880-4006

Form 990	(2013	
----------	-------	--

_				_
D	-	$\alpha$	Δ	4
г	a	ч	_	•

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an d r/tru	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per more than one box, unless week (list person is both an officer any hours and a director/trustee)  Reportable compensation from the organization (W-							table sation the tion (W-	(E) Reportable compensation from related organizations (W	-	( <b>F)</b> Estima Imount of compens from t	ted other ation he
		for related organizations below dotted line)			Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed l
												_		
												-		
												-		
1b	Sub-Total							<u> </u>						
C	Total from continuation sheet	s to Part VII, S	ection A	٠.				Þ						
d	Total (add lines 1b and 1c) .						•	Þ		554,428				34,594
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>	chedule J for suc	ch indivi	dual	•	•		•				3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	ation Report co	mpens	ation	for t	he c	alenda	arye	ar ending	with or wi	thin the organizati (B)	on's	tax year (C	
	N	ame and business:	address							Des	cription of services		Compen	

Name and business address Description of services	Compensation
STAFFMARK PO BOX 952386 ST LOUIS MO 63195 STAFFING	474,465
BRADY INDUSTRIES INC 7055 LINDELL ROAD LAS VEGAS NV 89118 SUPPLIES	406,936
DOMA TECHNOLOGIES 2875 SABRE STREET SUITE 500 VIRGINIA BEACH VA 23452 SCANNING	283,100
OMNINET CRAIG LLC 9420 WILSHIRE BLVD BEVERLY HILLS CA 90212 LESSOR	216,406
KIM-BIG JV LP 3333 NEW HYDE PARK RD 100 NEW HYDE PARK NY 11042 LESSOR	174,250

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 ►5

		Check if Schedi	ule O contains a respor	nse or note to any lir	ne in this Part VIII	<u></u>	<u> </u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0 B	1a	Federated cam	paigns 1a					
Ħ Ħ	ь	Membership du	es <b>1b</b>					
30 E	c	Fundraising eve	ents <b>1c</b>	-				
ર્જુ 💆				1,593,667				
∄ ë	d		zations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grant	s (contributions) <b>1e</b>	2,142,582				
tio er S	f	All other contribute	ons, gifts, grants, and <b>1f</b> ot included above	920,491		ĺ		
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	60,490		İ		
Cont	h	Total. Add lines	s 1a-1f	🕨	4,656,740			
				Business Code				
Ĕ	2a	GOVERNMENT PRO	OGRAM SUPPORT	812900	9,564,972	9,564,972		
94 94	ь	SERVICE CONTRAC	CTS	812900	7,692,596	7,692,596		
ē. Ш	c	GENERAL CONTRA	CT SALES	812900	4,221,307	4,221,307		
Z Z	d			012300	1,221,307	1,221,307		<del> </del>
જુ	e							<del>                                     </del>
Program Serwoe Revenue	l _	ΔII other progra	am service revenue					-
Ş	f	An other progra	am service revenue					
	g	Total. Add lines	s 2a-2f	🕨	21,478,875			
	3		ome (ıncludıng dıvıden		51,566			51,566
	_		ar amounts) stment of tax-exempt bond		31,300			31,300
	4			proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) Personal				
		Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,833,726					
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses	1,888,842					
	С	Gain or (loss)	-55,116					
	d	Net gain or (los	ss)		-55,116	-55,116		
	8a	Gross income f						
Other Revenue		events (not including  \$ of contributions reported on line 1c) See Part IV, line 18						
<u>ā</u>	.		a					
捶			penses <b>b</b> (loss) from fundraising	events				
_	C 9a		rom gaming activities	evelits 🏲				+
	<b>3</b> a		ne 19 a					
	ь	Less direct ex	penses <b>b</b>					
	С	Net income or (	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		1,076,305				
	ь	less costofa	oods sold <b>b</b>	_,,				
		_	(loss) from sales of inv	entory 🛌	1,076,305	1,076,305		
		Miscellaneous		Business Code				
	11a	MISCELLANEO		812900	2,591	2,591		
	ь							
	c	_						+
	<sub> </sub>	All other reven	ue					<del>                                     </del>
	e e		s 11a-11d	🕨				<del>                                     </del>
					2,591			<del>                                     </del>
	12	Total revenue.	See Instructions .	►	27,210,961	22,502,655		51,566

## Form 990 (2013) Part IX Statement of Functional Expenses

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	

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	732,695		732,695	
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	14,467,174	13,310,487	1,156,687	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	454,280	405,003	49,277	
9	Other employee benefits	1,579,402	1,433,745	145,657	
10	Payroll taxes	1,379,557	1,193,476	186,081	
11	Fees for services (non-employees)	, ,	, ,	,	
a	Management				
b	Legal	72,511		72,511	
c	Accounting	56,700		56,700	
d	Lobbying	30,100		33,7.33	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Schedule O)	1,317,494	1,151,137	166,357	
12	Advertising and promotion	66,514	66,264	250	
13	Office expenses	1,296,232	1,240,916	55,316	
14	Information technology				
15	Royalties				
16	Occupancy	2,201,118	1,829,657	371,461	
17	Travel	587,471	530,131	57,340	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53,486	14,151	39,335	
20	Interest	15,293	14,751	542	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,390,777	2,110,559	280,218	
23	Insurance	214,715	192,034	22,681	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	INVENTORY USAGE	532,953	532,953		
ь	RECRUITMENT	108,941	89,045	19,896	
С	STAFF TRAINING AND DEVEL	64,955	57,581	7,374	
d	PROVISION FOR BAD DEBTS	53,612	53,612		
е	All other expenses	174,963	128,004	46,959	
25	Total functional expenses. Add lines 1 through 24e	27,820,843	24,353,506	3,467,337	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response or note to any line in the	hıs Pa	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			609,628	1	714,475
	2	Savings and temporary cash investments				2	15,309
	3	Pledges and grants receivable, net				3	2,117,527
	4	Accounts receivable, net			2,116,608	4	2,556,887
	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Passchedule L	of		5		
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and c and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	buting employers		6		
82	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			294,451		220,742
	9	Prepaid expenses and deferred charges			1.660.745		1,513,996
	10a	Land, buildings, and equipment cost or other basis Complete	 10a	44,995,443	, ,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ь	Less accumulated depreciation	10b	16,330,662	29,307,541	10c	28,664,781
	11	Investments—publicly traded securities			1,310,958	11	1,495,140
	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			297,607	15	293,987
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			35,597,538		37,592,844
	17	Accounts payable and accrued expenses			1,861,930	17	1,765,510
	18	Grants payable	, ,	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabilities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, tr				_
qе		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	334,385	23	367,617
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	t X of	Schedule	422.002	25	2 000 407
	26	D			422,962 2,619,277		2,906,467 5,039,594
აი ტ	26	Total liabilities. Add lines 17 through 25			2,019,277	26	5,059,594
or Fund Balance	27	Unrestricted net assets			32,978,261	27	30,435,723
<u>ප</u>	28	Temporarily restricted net assets	•		32,010,201	28	2,117,527
<u> </u>	29	Permanently restricted net assets	•			29	
ŭ	-	Organizations that do not follow SFAS 117 (ASC 958), check he				23	
<u>.</u>		complete lines 30 through 34.	ic F	, and			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As:	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net /	33	Total net assets or fund balances			32,978,261	33	32,553,250
Ż	34	Total liabilities and net assets/fund balances			35,597,538	34	37,592,844
		. ota. Madmiled and her addets/fulla buildines	•	•	1 35,557,556		57,392,044 Form <b>900</b> (2012)

Par	Reconcilliation 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		27,2	210,961
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,8	320,843
3	Revenue less expenses Subtract line 2 from line 1	3			 509,882
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			978,261
5	Net unrealized gains (losses) on investments			184,871	
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		32,!	553,250
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:** 

**EIN:** 88-6003567

Name: OPPORTUNITY VILLAGE ASSOCIATION FOR RETARDED CITIZENS

Form 990, Part VII - Compensation Compensated Employees, and Inde	pendent Cor	Direct itracto	rs		ste	es, k	<b>(ey</b>	Employees, Higl	nest (E)	l
<b>(A)</b> Name and Title	(A) Name and Title A verage hours per week (list any hours			ne b oth		ınless fficer		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ANNE HANSON	2 00	x						0	0	0
MEMBER BARBARA CEGAVSKE MEMBER	2 00	х						0	0	0
BOB FOWLER	2 00	Х						0	0	0
MEMBER MARK DUNN	4 00	Х		х				0	0	0
TREASURER CARL ROWE	4 00	X		×				0	0	0
PAST CHAIR MICHAEL BOLOGNINI	2 00	X						0	0	0
MEMBER RONNIE SLOAN	2 00	×						0	0	0
MEMBER DAN BOOK	2 00							0	0	
MEMBER JASON FRIERSON	2 00	X								0
MEMBER LEE HANEY	2 00	Х						0	0	0
MEMBER NARINE YENOVKIAN	2 00	×						0	0	0
MEMBER GREG MCCURDY	2 00	X						0	0	0
MEMBER HUGH SINNOCK	2 00	X						0	0	0
MEMBER JEREMY AGUERO		Х						0	0	0
1ST VICE CHA	4 00	Х		х				0	0	0
BOBBY BIGELOW  MEMBER	2 00	х						0	0	0
JOHN CANNITO  MEMBER	2 00	Х						0	0	0
KEVIN BETHEL  MEMBER	2 00	х						0	0	0
KIMBERLY MAXSON-RUSHTON MEMBER	2 00	х						0	0	0
LAURI COLLINS SECRETARY	4 00	х		х				0	0	0
LUCY STEWART MEMBER	2 00	х						0	0	0
MARK ANDERSON MEMBER	2 00	х						0	0	0
EVE BREIER MEMBER	2 00	х						0	0	0
JOHN V WHITE	2 00	х						0	0	0
MEMBER PATTY AGUILAR	2 00	х						0	0	0
MEMBER SARAH GUINDY	2 00	х						0	0	0
MEMBER	J		1	<u> </u>			1			<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	more th	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
STEPHEN HAGSTETTE 2ND VICE CHA	4 00	х		х				0	0	0
TERRI PECK	4 00									
CHAIRPERSON		Х		Х				0	0	0
TERRY COTTLE	2 00	х						0	0	0
MEMBER CARLOS SILVA	2 00									
MEMBER	2 00	×						0	0	0
VINCENT ECKELKAMP	2 00	х						0	0	0
MEMBER										
EDWARD GUTHRIE	30 00			х				273,991	0	6,900
EXECUTIVE DI	10 00									
MARK WHITLEY	30 00			x				179,316	0	20,348
FORMER CFO	10 00							,		,
LISA MANNING	30 00			х				0	0	0
CFO	10 00									
LEONARD WILSON	40 00					x		101,121	0	7,346
HR DIRECTOR								, ==	_	, -

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493335002144

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name	of t	he c	rgani	izati	on	
OPPOR	TUNI	TY VI	LLAGE	ASS0	CIATION	FOR
RETARI	OFD 1	CITIZ	FNS			

**Employer identification number** 

KETAI	KDED C	11 IZENS							88-6003		
	rt I			blic Charity Sta						nstructions	
Γhe	organi	zation is	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	oox)		
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(	b)(1)(A)(i).		
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedı	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)	(1)(A)(iii). E	nter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in
	_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6	<u> </u>			•	-			. , .	,, ,, ,		
7	<u>~</u>	_		at normally receives			support from	a governm	ental unit or f	rom the gen	eral public
8	Г			on 170(b)(1)(A)(vi). described in <b>sectior</b>			nplete Part II	: )			
9	$\overline{}$		· ·	at normally receives			•	-	butions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 331,	/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b> !	<b>509(a)(2).</b> (C	omplete Pa	rt III )		
10	Γ	An orga	anızatıon org	ganized and operated	d exclusively	to test for p	public safety	See <b>sectio</b>	n 509(a)(4).		
11	Γ	An orga	anızatıon org	ganized and operated	d exclusively	for the ben	efit of, to perf	orm the fur	nctions of, or t	o carry out	the purposes of
				ly supported organiz						ee <b>section 5</b>	<b>09(a)(3).</b> Check
				bes the type of supp <b>b</b> Type II <b>c</b>							lly into avata d
	_										
е	ı	•	_	ox, I certify that the on managers and otl	_		,		, ,	•	•
			1509(a)(2)	on managers and ou	ner enam one	or more pub	mer, support	cu organiza	icions deseris	ed in section	11 3 3 3 (4)(1) 31
f				received a written de	etermınatıon	from the IR	S that it is a	Type I, Typ	oe II, or Type	III support	ng organizatio <u>n,</u>
			this box	000C has the surre	<b>.</b>						
g			ng persons?	2006, has the organi	ization accep	ited any gnt	or contributi	on nom any	/ or the		
			<b>.</b>	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)	)	Yes No
		and (III	) below, the	governing body of th	e supported	organizatioi	n?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the follown	ng information about	the supporte	ed organizat	ion(s)				
•	i) Nan		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of
	suppoi rganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat		monetary support
O	ryanız	ation		lines 1- 9 above	your gove		ın col (i) o suppor		in the U		Support
				or IRC section	docume	_	Заррог	•	"" נווי נ	J	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
T-4-								1		1	†

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 28,009,356 1,213,169 3,750,373 1,481,427 4,656,740 39,111,065 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 28,009,356 1,213,169 3,750,373 1,481,427 4,656,740 39,111,065 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 39,111,065 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🟲 28,009,356 1,213,169 3,750,373 1,481,427 4,656,740 39,111,065 Amounts from line 4 Gross income from interest, dividends, payments received on 39,485 69,081 79,927 51,566 securities loans, rents, royalties 240,059 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 77,395 30,529 195,097 19,338 2,591 324,950 capital assets (Explain in Part IV) 11 Total support (Add lines 7 39,676,074 through 10) Gross receipts from related activities, etc (see instructions) 12 12 22,557,771 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and  $\operatorname{stop}$  here  $\ldots\ldots\ldots\ldots\ldots$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 98 580 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 98 560 % 16a 33 1/3% support test—2013. 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 b 33 1/3% support test - 2012. 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 - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(1) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or
	17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test					
Return Reference	Explanation				
PART II, LINE 10	MISCELLANEOUS INCOME 324,950				

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493335002144

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

mal Rever	nue Service and its instruct	ions is at <u>www.irs.gov/10mi1990</u> .		Inspection
PPORTU	f the organization UNITY VILLAGE ASSOCIATION FOR D. CITIZENS			loyer identification number
art I	Organizations Maintaining Donor Adv			or <b>Accounts.</b> Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds		(b) Funds and other accounts
Tot	al number at end of year			<b>(-,</b>
Agg	gregate contributions to (during year)			
Agg	gregate grants from (during year)			
Agg	gregate value at end of year			
	the organization inform all donors and donor advisors are the organization's property, subject to the or		onor advi	sed Yes No
use	I the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benef iferring impermissible private benefit?			
art II	Conservation Easements. Complete if	the organization answered "Yes"	to Form	n 990, Part IV, line 7.
Г Г Со	rpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Implete lines 2a through 2d if the organization held a seement on the last day of the tax year	or education)  Preservation of a	a certified	d historic structure
				Held at the End of the Year
Tot	al number of conservation easements		2a	
Tot	al acreage restricted by conservation easements		2b	
Nu	mber of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
	mber of conservation easements included in (c) acq toric structure listed in the National Register	uired after 8/17/06, and not on a	2d	
Nu	mber of conservation easements modified, transferr	ed, released, extinguished, or termina	ted by th	e organization during
the	tax year ▶			
Nu	mber of states where property subject to conservati	on easement is located ►		
Do	es the organization have a written policy regarding to forcement of the conservation easements it holds?			violations, and Yes No
Sta <b>►</b>	iff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easo	ements d	uring the year
A m	nount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemer	nts during	the year
Do	· es each conservation easement reported on line 2(c d section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of so	ection 17	′ 0 (h)(4 )(B)(ı)
bal	Part XIII, describe how the organization reports cor ance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financi		
rt II		s of Art, Historical Treasures	, or Otl	ner Similar Assets.
10W	he organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse vice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rev ts held for public exhibition, educatior	n, or rese	arch ın furtherance of publıc
ıow	he organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse vice, provide the following amounts relating to these	ts held for public exhibition, educatior		
(i)	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
(ii)	Assets included in Form 990, Part X			
Ift	he organization received or held works of art, historiously amounts required to be reported under SFAS			
	venues included in Form 990, Part VIII, line 1	. , , ,		<b>▶</b> \$
Ke/	venues included in Fulli 550, Fall VIII, lille I			F P

**b** Assets included in Form 990, Part X

	Organizations Maintaining Collections of Art	t, His	tori	<u>cal T</u>	<u>reası</u>	<u>ires, or Oth</u>	<u>ner</u>	<u>Similar Asse</u>	ets (co	ntınued)
	Using the organization's acquisition, accession, and other recorcollection items (check all that apply)	rds, cl	neck	any of	the fol	lowing that are	as	ignificant use o	fits	
аГ	Public exhibition	d	Г	Loan	orexc	hange prograr	ns			
ь「	Scholarly research	e	Γ	Othe	r					
c 「	Preservation for future generations									
	Provide a description of the organization's collections and expla Part XIII	ain hov	w the	y furth	er the	organızatıon's	exei	mpt purpose ın		
	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						imila		Yes	□ No
Part		ete ıf	the	orgar	ıızatıo		"Yes			,
	is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X?					or other asset	s no		Yes	┌ No
<b>b</b> 1	f "Yes," explain the arrangement in Part XIII and complete the	e follov	wing t	able						
								Amo	unt	
c	Beginning balance					10	с			
d	Additions during the year					10	<b>d</b>			
e	Distributions during the year					16	e			
f	Ending balance					11	F			
<b>2a</b> [	Did the organization include an amount on Form 990, Part X, lin	e 21?						Г	Yes	┌ No
<b>b</b> ,	If "Yes," explain the arrangement in Part XIII Check here if the	e expl	anatı	on has	been	provided in Pa	rt XI	II		Γ
Part		n ans	wer	ed "Ye						
	(a)Current year	(b	<b>)</b> Prior	year	<b>b (c)</b> ⊺	wo years back (	<b>d)</b> Th	ree years back (e	<b>e)</b> Four ye	ears back
	Beginning of year balance									
	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities and programs									
f ,	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balan	ce (lır	ne 1g	, colun	nn (a))	held as				
a [	Board designated or quasi-endowment ►									
<b>b</b> F	Permanent endowment ▶									
	Femporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
	Are there endowment funds not in the possession of the organiz	ation	that	are hel	danda	admınıstered f	or th	е		
	organization by							[a ()	Yes	No
	(i) unrelated organizations	•	•		•		•	3a(i) 3a(ii)		
	( <b>ii)</b> related organizations	• • •d on 9	Sched	·     · lule R?	• •		٠.	3b	<u> </u>	
	Describe in Part XIII the intended uses of the organization's er				-				<u> </u>	
Part					n ans	wered 'Yes' t	to Fo	orm 990, Part	: IV, lır	ne
	Description of property			Cost or s (inves		( <b>b)</b> Cost or othe basis (other)	er (	(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
	and					450,00	00			450,000
<b>1a</b> La						,				
	uldings	•				34,919,50	ا در	10,222,832	24	4,696,671
<b>b</b> Bu	easehold improvements	٠.				34,919,50	)3	10,222,832	24	4,696,671
<b>b</b> Bu		· .				8,279,44		10,222,832 5,238,127		4,696,671 3,041,313
<b>b</b> Bu <b>c</b> Le <b>d</b> Ed	easehold improvements	· ·					10			

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		+
(2)Closely-held equity interests Other		
o their		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. (	Complete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.	1	T
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
-		Cost of end-of-year market value
		<u> </u>
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. Complete if the organization (a) Description		D, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
(4) 5030	pcron	(b) Book value
Total (Column (h) must squal form 000 Port V and (D) have	15 )	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line <b>Part X</b> Other Liabilities. Complete if the org		
Form 990, Part X, line 25.	janization answered Yes' t	o roith 330, Part IV, lille 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DUE TO THE FOUNDATION	2,549,819	
DEFERRED COMPENSATION		
DELEKKED COMPENSATION	356,648	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,906,467	
2 Liphility for uncertain tay positions In Dart VIII provi	4 - 4 - 4	o organization's financial statements that

Part )		evenue per Audited Financial Statements With Revenue p vered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete If
1		r support per audited financial statements	1	27,533,475
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	ments		
b	Donated services and use of fa	acilities		
c	Recoveries of prior year grants	s		
d	Other (Describe in Part XIII )			
e .	Add lines <b>2a</b> through <b>2d</b> .		2e	338,081
3	Subtract line <b>2e</b> from line <b>1</b> .		3	27,195,394
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	4b 15,567		
c .	Add lines <b>4a</b> and <b>4b</b>		4c	15,567
5	Total revenue Add lines <b>3</b> and	l <b>4c.</b> (This must equal Form 990, Part I, line 12) . . . . .	5	27,210,961
Part X		xpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1		raudited financial statements	1	27,958,486
	•	t not on Form 990, Part IX, line 25		27,530,100
		acilities		
	, <u>-</u>			
			2e	153,210
	<del>-</del>		3	27,805,276
4	Amounts included on Form 99	0, Part IX, line 25, but not on line <b>1:</b>		
		uded on Form 990, Part VIII, line 7b   4a		
<b>b</b> (	Other (Describe in Part XIII )	4b 15,567		
c /	Add lines <b>4a</b> and <b>4b</b>		<b>4</b> c	15,567
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, line 18) . . . . .	5	27,820,843
Part X	Supplemental Inf	ormation		
	, line 4 , Part X, line 2 , Part XI	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
SCHEDU	JLE D, PAGE 3, PART X	OPPORTUNITY VILLAGE IS A NOT-FOR-PROFIT ORGANIZATION AS 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXTAXES ON RELATED INCOME PURSUANT TO THE APPROPRIATE SE REVENUE CODE IN THE PREPARATION OF TAX RETURNS, TAX POS BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOMING ACCORDANCE WITH THE ACCOUNTING STANDARDS, MANAGEMEN REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, OWED NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED AS UPOSITIONS FEDERAL, STATE, AND LOCAL TAX RETURNS GENERAL EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PER YEARS	XEMP CTIO ITIOI DME T T PEF TIONS ULTI NCER LY RE	T FROM INCOME N OF THE INTERNAL NS ARE TAKEN TAX LAWS IN RIODICALLY S AND MAKES MATELY DUE OR RTAIN TAX EMAIN OPEN FOR
SCHEDU LINE 4E	JLE D, PAGE 4, PART XI, 3	CHARITY VEHICLE AUCTION FEES 15,567		
SCHEDU	JLE D, PAGE 4, PART XII, 3	CHARITY VEHICLE AUCTION FEES 15,567		

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493335002144

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization OPPORTUNITY VILLAGE ASSOCIATION FOR RETARDED CITIZENS

**Employer identification number** 

88-6003567

Pai	rt I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at appl	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	aıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)^{\circ}$	rebutt	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)EDWARD GUTHRIE EXECUTIVE DIRECTOR	(i) (ii)	244,202	29,789			6,900	280,891		
(2)MARK WHITLEY FORMER CFO	(i) (ii)	172,628	6,688		14,000	6,348	199,664		

Schedule J (Form 990) 2013

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE	EDWARD GUTHRIE 0 14,000 0

Schedule J (Form 990) 2013

DLN: 93493335002144

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization OPPORTUNITY VILLAGE ASSOCIATION FOR RETARDED CITIZENS

**Employer identification number** 

88-6003567

Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			nts
1	Art—Works of art			J				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles	Х	67	60,490	RESALE VALUE			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►( RIFT STORE)	Х	2,500	1,076,305	FAIR MARKET V	ALUE		
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed F				9		T T	
20	Dumma tha user did the			an and and the Decision Co.	Abana and South		Yes	No
30a	During the year, did the organization r							
	it must hold for at least three years fr				to be used			
	for exempt purposes for the entire hol					30a		Νo
ь	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acco					31	Yes	
32a	Does the organization hire or use thire contributions?	d parties oi	related organizations to s	olicit, process, or sell no	ncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report an aidescribe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Schedule # (101111 550) (2015)					
32b, and 33, and w	<b>formation.</b> Provide the information required by Part I, lines 30b, hether the organization is reporting in Part I, column (b), the number of contributions, the ceived, or a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation				
SCHEDULE M, PAGE 1, PART I, LINE 32B	OPPORTUNITY VILLAGE ARC RECEIVES DONATED VEHICLES ALL DONATED VEHICLES ARE PROCESSED THROUGH THE THRIFT STORE CALL CENTER THE THRIFT STORE DISPATCH WILL RECORD THE NAME OF THE PERSON DONATING THE CAR, INFORMATION ABOUT THE CAR, AND WILL ARRANGE FOR THE CHARITIES' VEHICLE AUCTION (TCVA) TO PICK UP THE DONATED CAR TCVA REMITS THE AMOUNTS COLLECTED ON DONATED CARS TO OPPORTUNITY VILLAGE ARC WHEN THE CAR SELLS, LESS A COMMISSION AND ANY EXPENSES INCURRED IN PICKING UP THE CAR DISPATCH ALSO RECEIVES A DETAILED SALE SHEET WHEN THE CAR SELLS AND IS RESPONSIBLE FOR ISSUING 1098CS FOR ALL SALES OVER 500 EVERY DISPATCH EMPLOYEE IS TRAINED ON PREPARING 1098CS				

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493335002144

Open to Public Inspection

OMB No 1545-0047

Supplemental Information to Form 990 or 990-EZ

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

88-6003567

Employer identification number

Name of the organization OPPORTUNITY VILLAGE ASSOCIATION FOR RETARDED CITIZENS

990 Schedule O, Supplementa	
Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS PROVIDED ACCOUNTING SERVICES AND SERVICES TO ASSIST IN THE OFFICE
FORM 990, PART VI	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, PAGE 6, PART VI, LINE 2	SEE ABOVE
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS MEMBERS
FORM 990, PAGE 6, PART VI, LINE 7A	THE FOLLOWING TYPES OF GENERAL MEMBERSHIP WITH OPPORTUNITY VILLAGE SHALL BE MADE AVAILABLE , VOTING (ONE VOTE PER PERSON), SUSTAINING/FAMILY (ONE VOTE), LIFE (ONE VOTE), CORPORATE
	( ONE VOTE) STAFF SHALL BE EX-OFFICIO MEMBERS ANY ACTION OF THE BOARD MAY BE REVIEWED BY T HE GENERAL MEMBERSHIP ON REQUEST OF ANY MEMBER AT A REGULAR GENERAL MEMBERSHIP MEETING OR AT A SPECIAL MEETING CALLED FOR THAT PURPOSE
FORM 990, PAGE 6, PART VI, LINE	A DRAFT OF THE FORM 990 AND SUPPORTING SCHEDULES IS REVIEWED BY THE AUDIT COMMITTEE
11B	PRIOR TO FILING QUESTIONS, COMMENTS, AND SUGGESTED CHANGES MADE BY THE AUDIT COMMITTEE ARE REVI EWED BY THE CHIEF FINANCIAL OFFICER AND CONTROLLER, AND ADJUSTMENTS ARE MADE WHERE NECESSA RY AFTER CORRECTIONS A FINAL DRAFT IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURE STATEMENTS ARE REQUIRED BY EACH BOARD MEMBER PERIODIC REVIEWS OF RELATE D TRANSACTIONS ARE PERFORMED TO REVIEW COMPENSATION, PROPER RECORDING, AND WHETHER AGREEME NTS AND TRANSACTIONS FURTHER THE ORGANIZATION'S CHARITABLE PURPOSES INVESTIGATIONS ARE PE RFORMED IF THE BOARD/COMMITTEE HAS REASONABLE BELIEF OF FAILURE OF PROPER DISCLOSURE WITH APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IMPLEMENTED AS NECESSARY
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION UTILIZES AN OUTSIDE PROFESSIONAL COMPANY TO PROVIDE SALARY/COMPENSATION I NFORMATION IF BONUSES ARE TO BE PROVIDED, THEY ARE ESTABLISHED BASED ON INDIVIDUAL PERFOR MANCE EVALUATIONS ALL BONUSES MUST BE APPROVED BY THE EXECUTIVE DIRECTOR AND THE BOARD
FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION UTILIZES AN OUTSIDE PROFESSIONAL COMPANY TO PROVIDE SALARY/COMPENSATION I NFORMATION IF BONUSES ARE TO BE PROVIDED, THEY ARE ESTABLISHED BASED ON INDIVIDUAL PERFOR MANCE EVALUATIONS ALL BONUSES MUST BE APPROVED BY THE EXECUTIVE DIRECTOR AND THE BOARD
FORM 990, PAGE 6, PART VI, LINE 19	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	OPPORTUNITY VILLAGE RECEIVES DONATED ITEMS THROUGHOUT THE YEAR AT ITS THRIFT STORE LOCATIO  N DURING THE YEAR ENDED JUNE 30, 2013, GROSS THRIFT STORE SALES WERE 1,076,305, WHICH APP ROXIMATES THE FAIR MARKET VALUE OF THE IN-KIND GOODS RECEIVED
FORM 990, PART XI, LINE 9	CHARITY VEHICLE AUCTION FEES -15,567 CHARITY VEHICLE AUCTION FEES 15,567

**SCHEDULE R** 

OPPORTUNITY VILLAGE ASSOCIATION FOR

(Form 990)

RETARDED CITIZENS

DLN: 93493335002144

2013

OMB No 1545-0047

Open to Public Inspection

88-6003567

## **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. ► See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 

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 Ei	<b>(e)</b> nd-of-year assets	D	<b>(f)</b> irect controlling entity		
Part II Identification of Related Tax-Exempt Organiz	zations Complete if t	he organization an	swered "Yes" or	n Form 990, Pa	art IV,	line 34 because it	had or	ne
or more related tax-exempt organizations during the (a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> 512(l ontrolle
(1) OPPORTUNITY VILLAGE FOUNDATION	CHARITABLE	NV	501C3	7			Yes	_
6050 S BUFFALO DRIVE						N/A		
LAS VEGAS, NV 89113 88-0272831							$\perp$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	1	Cat No 5013	35Y	1		Schedule R (Form	n 990) 2	013

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	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		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging :ner?	(k) Percentag ownersh
					314)			Yes	No	]	Yes	No	
V Identification of Related Org								were	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile entity (C corp, S income of-year assets					of end- -year	d- Percentage Sect ownership (b			(i) Section 512 (b)(13) controlled entity?	
					1				_		Yes		No
					_	+			_				+

chedule	R (Form 990) 2013					Pag	је <b>З</b>
Part \	Transactions With Related Organizations Complete if the or	ganızatıon answered "\	Yes" on Form 990, Part IV	, line 34, 35b, or 36.			
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					⁄es	No
<b>1</b> Durın	g the tax year, did the orgranization engage in any of the following transactions	with one or more related o	rganızatıons lısted ın Parts II	-IV?			
<b>a</b> Re	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled ent	rity		1.	а		No
<b>b</b> Gr	t, grant, or capital contribution to related organization(s)			11	b		No
<b>c</b> Gif	t, grant, or capital contribution from related organization(s)			10	c \	⁄es	
<b>d</b> Lo	ans or loan guarantees to or for related organization(s)			10	d		No
<b>e</b> Lo	ans or loan guarantees by related organization(s)			1	e \	⁄es	
<b>f</b> Di	vidends from related organization(s)			11	f		No
	le of assets to related organization(s)			1	a	_	No
_	rchase of assets from related organization(s)			1	_		No
	change of assets with related organization(s)			1	.i \	/es	
	ase of facilities, equipment, or other assets to related organization(s)			1	<u>i</u>		No
,	ise of facilities, equipment, of other assets to related organization(o)			<del>-</del>	+	_	
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)			1	k 1	res	
	formance of services or membership or fundraising solicitations for related orga	inization(s)		1			No
	formance of services or membership or fundraising solicitations by related orga	` ,		1	m		No
n Sha	iring of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)		1	ln \	res	
	aring of paid employees with related organization(s)			1	0 1	/es	
<b>p</b> Re	ımbursement paıd to related organızatıon(s) for expenses			1	р		No
<b>q</b> Re	ımbursement paıd by related organızatıon(s) for expenses			10	q		No
<b>r</b> Ot	ner transfer of cash or property to related organization(s)			1	r		No
<b>s</b> Ot	her transfer of cash or property from related organization(s)			1:	s \	⁄es	
<b>2</b> If t	he answer to any of the above is "Yes," see the instructions for information on w	who must complete this lin	e, including covered relations	hips and transaction thresholds			
	(a) Name of related organization	(b)	(c)	(d) Method of determining amount involve	ved		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) OPPORTUNITY VILLAGE FOUNDATION	С	434,203	FAIR MARKET VALUE
(2) OPPORTUNITY VILLAGE FOUNDATION	Е	2,549,819	FAIR MARKET VALUE
(3) OPPORTUNITY VILLAGE FOUNDATION	К	83,664	FAIR MARKET VALUE
(4) OPPORTUNITY VILLAGE FOUNDATION	0	407,284	COST
(5) OPPORTUNITY VILLAGE FOUNDATION	N	63,837	FAIR MARKET VALUE
(6) OPPORTUNITY VILLAGE FOUNDATION	I	1,159,464	COST

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

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) Disproprtionate allocations?		(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	OPPORTUNITY VILLAGE FOUNDATION PERFORMS ALL FUNDRAISING ACTIVITIES FOR OPPORTUNITY VILLAGE ARC AS THIS IS AN IN-KIND
	SERVICE, THERE ARE NO EXPENSES LISTED IN SCHEDULE R OR IN PART IX

Schedule R (Form 990) 2013

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 88-6003567

Name: OPPORTUNITY VILLAGE ASSOCIATION FOR

**RETARDED CITIZENS** 

Form 990, Schedule R, Part V - Transactions With Related Organizations

Total 550/ Concade in Taribactions With Related organizations												
(a) Name of other organization	<b>(b)</b> Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved									
OPPORTUNITY VILLAGE FOUNDATION	С	434,203	FAIR MARKET VALUE									
OPPORTUNITY VILLAGE FOUNDATION	E	2,549,819	FAIR MARKET VALUE									
OPPORTUNITY VILLAGE FOUNDATION	К	83,664	FAIR MARKET VALUE									
OPPORTUNITY VILLAGE FOUNDATION	0	407,284	COST									
OPPORTUNITY VILLAGE FOUNDATION	N	63,837	FAIR MARKET VALUE									
OPPORTUNITY VILLAGE FOUNDATION	I	1,159,464	COST									

DLN: 93493335002144

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property)

Attachment

► See separate instructions.

► Attach to your tax return.

Sequence No 179

Name(a) about an raturn				or activity to w		ıs forn	n relates		Identifying number				
Name(s) shown on return OPPORTUNITY VILLAGI	E ASSOCIATION	N FOR	INDIREC	JI DEPRECIAT	ION								
RETARDED CITIZENS									88-6003567				
Part I Election	To Expense (	Certain Pro	perty Un	der Section	179				88-0003307				
	ou have any li					ı con	nplete Part I.		_				
1 Maximum amount (s	see instructions)							1	500,00				
2 Total cost of sectio	n 179 property p	laced in servic	e (see inst	ructions) · ·				2					
3 Threshold cost of se	ection 179 prope	rty before redu	ction in lin	nitation (see ins	tructio	ns)		3	2,000,000				
4 Reduction in limitat	on Subtract line	3 from line 2	Ifzero or l	ess, enter -0-				4					
5 Dollar limitation for	tax year Subtrac	t line 4 from li	ne 1 Ifzei	ro or less, enter	-0- If	marrie	ed						
filing separately, se	e instructions	· · · · ·			• •	• •	· · · · ·	5					
				<b>(b)</b> Cost (bu	ucinacc	IIC A	I		<u> </u>				
6 (a)	Description of pi	roperty		onl		use	(c) Elected	cost					
<b>7</b> Listed property Enter	the amount from	line 29 .				7			  -				
8 Total elected cost of	fsection 179 pro	operty Addam	ounts in c	olumn (c), lines	6 and 7	•		8					
<b>9</b> Tentative deduction	Enter the small	er of line 5 or l	ıne 8 · ·					9					
10 Carryover of disallo	wed deduction fro	om line 13 of yo	our 2012 F	orm 4562 •				10					
11 Business income lin	nitation Enter th	e smaller of bu	siness inc	ome (not less th	nan zero	) or lı	ne 5 (see						
ınstructions) •								11					
12 Section 179 expens			-		nan line	11		12					
13 Carryover of disallower					.▶	13							
Note: Do not use Part													
Part II Special D  14 Special depreciation				•				proper 	ty <b>)</b> (See instructions ) 				
the tax year (see in:	•		-	an iisted proper	ty) piac	. eu III	service during	14					
15 Property subject to	•							15					
16 Other depreciation								16	2,390,77				
	epreciation (I							10	2,390,77				
THE THE PARTY OF T	production (	JO HOC IIICIAC		ction A	20 11136	actio	110.7						
17 MACRS deductions	for assets place	d in service in t	tax years l	peginning before	2013			17					
18 If you are electing t	o group any asse	ts placed in se	rvice durii	ng the tax year i	into one	or mo	ore general						
asset accounts, che	eck here						▶□						
Section B—Ass	ets Placed in	Service Du	iring 20:	13 Tax Year	Using	the	General De	preci	ation System				
	(h) Month and	(c) Bası											
(a) Classification of property	of (b) Month and depreciation (business/investment use only—see instructions) (d) Recovery period (e) Convention (f) M		cion <b>(f)</b> Meth	nod	(g)Depreciation deduction								
19a 3-year property		omy seems	cractions,										
<b>b</b> 5-year property													
<b>c</b> 7-year property													
<b>d</b> 10-year property													
<b>e</b> 15-year property													
f 20-year property	4												
g 25-year property	+			25 yrs	<del>                                     </del>	1 1/4	S/L						
<b>h</b> Residential rental property				27 5 yrs 27 5 yrs	+	1 M 1 M	S/L S/L						
i Nonresidential real													
property													
Secti	on C—Assets Pla	ced in Service [	Ouring 201	3 Tax Year Using	g the A	terna		on Sys	tem				
<b>20a</b> Class life							S/L						
<b>b</b> 12-year				12 yrs			S/L						
c 40-year				40 yrs		1 M	S/L		]				
	ry (see instruc		_			_		24	Π				
21 Listed property Enter				and 20 in!	· ·	سالس		21	-				
22 Total. Add amounts fr	•	_						,,	2 200 77				
here and on the app 23 For assets shown abo	·		-	-		= 11150	.iuctions · ·	22	2,390,77				
nortion of the basis at				. year, enter the	ັ   2	з							

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	<u>: See</u>	the i	nstr	uctio	ns for	<u>limits</u>	for pa	asseng	jer au	itomol	oiles. )	
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Гио	1		24b	If "Yes,"	ıs the e	v idence	written	<del>,</del> Г <sub>уе</sub>	s $\Gamma_{N}$	0	
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		Basis for (busines us			(f) Recov perio	ery	<b>(g)</b> Method, Conventi		Depre	n) ciation/ iction		(i) Elected section 1 cost		
25Special depreciation allo	•		rty placed	in service (	during the	tax yea	r and u	ised m	nore t	han 2!							
50% in a qualified busi	•		hueinaee	IICA						2:	<u>,                                     </u>						
201 Toperty used more	1 1 1 1 1 1 1 1 1 1 1 1 1	%	Dusiness	usc					Т								
		%															
37 Dranarty used 500/		%															
<b>27</b> Property used 50%	oriess in a	quanned bus	iness us	e	1				S	/L -	$\overline{}$						
		%							S,	/L -							
		%			<u> </u>					/L -							
28 Add amounts in co						ne 21,	page	1	2	8							
29 Add amounts in c	olumn (ı), lın					•	<u></u>	•	<u> </u>		<u> </u>		29				
Complete this section	for vehicles		ction B								or relat	ed ne	con				
If you provided vehicles to														se vehi	cles		
30 Total business/in	vestment mi	les driven du	ring the		<b>a)</b> icle 1		b)			c)		d)	-	e)		( <b>f</b> )	
year ( <b>do not</b> ınclu	de commutir	ng miles) .	•	Veni	icie I	ven	icle 2		veni	icle 3	veni	cle 4	veni	cle 5	ven	ıcle 6	
<b>31</b> Total commuting	mıles drıven	during the ve	ar .								<u> </u>						
32 Total other person	nal(noncomn	nutina) miles	drıven					+					1				
33 Total miles driven through 32	•																
34 Was the vehicle a	vaılable for p	personal use		Yes	No	Yes	No	<b> </b>	'es	No	Yes	No	Yes	No	Yes	No	
during off-duty ho	urs? .																
<b>35</b> Was the vehicle u owner or related p	•	y by a more tl	nan 5%														
<b>36</b> Is another vehicle	available fo	or personal us	e? .														
<b>Section</b> Answer these question 5% owners or related	ns to determ	•	et an exc												<b>not</b> mo	re thar	
<b>37</b> Do you maintain a employees?	written poli	cy statement	that prof	nibits all	personal • •	use of	vehic	cles,	ınclı	uding co	mmutır • •	ng, by	your · · ·	<u> </u>	'es	No	
<b>38</b> Do you maintain a employees? See t																	
39 Do you treat all us																	
<b>40</b> Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatic	n fror	n yol	urem	nployees	about	the u	se of				
<b>41</b> Do you meet the r				automobi	le demor	nstratio	on use	 e?(S	ee ir	structio	ns )						
Note: If your answ	ver to 37, 38	3, 39, 40, or 4	· ·1 ıs "Ye:	s." do no	t comple	te Sec	tion B	tor t	he c	overed v	, vehicle	S					
	rtization			<u>,                                      </u>	•												
(a) Description of c		( <b>b)</b> Date amortizatio begins	n	A mort a mo	ızable		C	(d) Code ectioi		A mort	e) ization od or intage			<b>(f)</b> ortizati his ye	zation for		
<b>42</b> A mortization of co	sts that her		ur 2013	tax vear	(see ins	tructio	ns \			Perce	ca gc	<u> </u>					
		,e aaiiiig yo	1		,555 1113	T	,			T							
										1							
43 A mortization of co	sts that beg	gan before you	ır 2013 t	ax year							43						
44 Total. Add amoun	ts ın column	(f) See the i	nstructio	ns for wh	ere to re	port					44						