

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 9	90-EZ (2014)		C	$\mathcal{U} \mathcal{J} \mathcal{U}$		Page 2
Par		or Part II)				rage, E
ı aı	Check if the organization used Schedule		ny question in this I	Part II		I7
	Chook ii the digamzation adea conedato	O to respond to a		(A) Beginning of year	· · ·	(B) End of year
22	Cash, savings, and investments			14,059	22	91,191
23	Land and buildings			60,923		92,347
24	Other assets (describe in Schedule O)			20,000		20,000
25	Total assets			94,982		203,538
26	Total liabilities (describe in Schedule O)			19,188		12,696
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	75,794		190,842
Part		<u> </u>				100,012
	Check if the organization used Schedule	•		•		Expenses
What			s of self-managed mid			quired for section
	ribe the organization's program service accomplis					(c)(3) and 501(c)(4) anizations; optional for
	easured by expenses. In a clear and concise m				othe	•
	ons benefited, and other relevant information for ea			,		
28	(Describe OVE program here) The M154104	of OVE	s to create			
	seff-manyed communitie					
	for nearly in need of ho	25196	·	27-17-6-5		
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ 🗇	28a	33,326
29	(This is CVC and now a matting of Lutherson)					

	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗀	29a	2,258
30						,3
			***************************************			β.
						d .
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	a
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	a
32						
-02	Total program service expenses (add lines 28a t	through 31a)		🕨	32	35,584
Pari	IV List of Officers, Directors, Trustees, and Key	Employees (list eac	n one even if not comp	ensated-see the in		30,00.
		Employees (list eac	n one even if not comp	ensated-see the in		30,00.
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	V Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this (c) Reportable	pensated—see the in Part IV	stru	ctions for Part IV)
	IV List of Officers, Directors, Trustees, and Key	O to respond to a (b) Average hours per week	n one even if not comp ny question in this	pensated—see the in Part IV	stru	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	V Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this (c) Reportable compensation	pensated — see the in Part IV (d) Health benefits, contributions to employe	stru	ctions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ed to list Board of Directors as of the end of 2014)	O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	stru	ctions for Part IV)
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SCHEDULE A (Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Opportunity Village Eugene

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-0801991

• •							
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c	organization is not a private founda	ition because it i	s: (For lines 1 through	11, chec	k only or	ne box.)	
1	☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.						
а	☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B .						
b							
С	☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d	☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
е	☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						
f g							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you docur	ir governing		(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)		• • • • • •					·
(D)							
(E)							
Total							

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

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

Section A Public Support

	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 1	Gifts, grants, contributions, and	(a) 2010	(0) 2011	(6) 2012	(4) 2013	(e) 2014	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	О	0	4954	96433	146478	247865
2	Tax revenues levied for the						· · · · · · · · · · · · · · · · · · ·
_	organization's benefit and either paid			:			
	to or expended on its behalf	o	0	0	0	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	2000	5352	7352
4	Total. Add lines 1 through 3				98433	151830	255217
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						10000
6	Public support. Subtract line 5 from line 4.						245217
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						,
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar				40		077
	sources	0	0	0	10	27	37
9	Net income from unrelated business						
	activities, whether or not the business					ا	•
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	0	0	o	0	ol	0
	(Explain in Part VI.)		U	0		0	37
11	Total support. Add lines 7 through 10	/a a a in atmost a		L1		40	0
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for thorganization, check this box and stop her	-					_
Saati	on C. Computation of Public Suppor						> 🗷
14	Public support percentage for 2014 (line 6			1 column (f)	***	14	<u></u> %
15						15	
16a	Public support percentage from 2013 Schedule A, Part II, line 14						
	box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test-2013. If the organ	ization did not	t check a box	on line 13 or	16a, and line	15 is 33 ¹ /3%	
-	check this box and stop here. The organi						. ▶ □
172	10%-facts-and-circumstances test—20	•	•	• • • • •		a or 16h and l	_
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization			•	•		. ▶ □
b	10%-facts-and-circumstances test—20	13. If the orga	nization did no	ot check a box	on line 13 16	a. 16b. or 17a	_
~	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization				-		. ▶ □
18	Private foundation. If the organization did	d not check a b	oox on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see —
	instructions						▶ □