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.

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

2017 Open to Public Inspection

OMB No. 1545-0047

A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change ONEVILLAGE PARTNERS, INC. Name change 27-3473943 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (612)879 - 75902104 STEVENS AVENUE SOUTH termin-ated 701,825. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MINNEAPOLIS, MN 55404 H(a) Is this a group return Applica-F Name and address of principal officer: NICKI HANGSLEBEN for subordinates? Yes X No 2104 STEVENS AVENUE SOUTH, MINNEAPOLIS, MN Yes H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ONEVILLAGEPARTNERS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2011 M State of legal domicile: MN Part I Summary 1 Briefly describe the organization's mission or most significant activities: ONEVILLAGE PARTNERS INSPIRES AND Activities & Governance EOUIPS PEOPLE TO TRANSFORM THEIR LIVES AND COMMUNITIES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 41 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 610,376 669,391. Revenue Program service revenue (Part VIII, line 2g) 22,000 32,399. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -8. 35. -12.334.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 110 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 632,478 689,491. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 366,316, 398,727. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) > 79,483. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 241,180 301,718. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 607,496 700,445. 24,982 -10,954.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 462,952 727,929. Total assets (Part X, line 16) 22,451 21,867. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 440,501 706,062. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11-00/0 Signature of officer Sign 6-7-18 NICKI HANGSLEBEN, TREASURER Here Type or print name and title Print/Type preparer's name Predarer's signature Sif-employed Paid KAREN GRIES P00078514 Preparer Firm's name CLIFTONLARSONALLEN Firm's EIN 41-0746749 SUITE 300 Use Only Firm's address 220 SOUTH SIXTH STREET, MINNEAPOLIS, MN 55402 Phone no. 612-376-4500 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

	990 (2017) ONEVILLAGE PARTNERS, INC. 27-34/3943 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ONEVILLAGE PARTNERS INSPIRES AND EQUIPS PEOPLE TO TRANSFORM THEIR
	LIVES AND COMMUNITIES. WORKING IN ONE OF THE WORLD'S MOST RESOURCE
	POOR COUNTRIES SIERRA LEONE, WEST AFRICA, WE PARTNER WITH LOCAL
	COMMUNITIES TO IMPLEMENT THEIR OWN, SELF-DESIGNED DEVELOPMENT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	(Code:) (Expenses \$ 449,221. including grants of \$ 0.) (Revenue \$ 32,399.)
4a	· · · · · · · · · · · · · · · · · · ·
	COMMUNITY ACTION PROGRAM (ACT) & NURTURING OPPORTUNITIES FOR WOMEN
	(NOW)
	ONEVILLAGE PARTNERS' COMMUNITY ACTION PROGRAM TRAINS VOLUNTEER LEADERS
	TO EFFECTIVELY MOBILIZE THEIR COMMUNITIES. THROUGH THIS PROGRAM,
	ONEVILLAGE PARTNERS TRAINS COMMUNITY LEADERS WHO WORK WITH THEIR
	VILLAGES TO IDENTIFY THEIR MOST PRESSING PROBLEMS, AND THEN DESIGN AND
	IMPLEMENT PROJECTS THAT ADDRESS THESE PROBLEMS. COMMUNITIES DEVELOP
	LEADERS, COHESION AND MOBILIZATION SKILLS, AND ALONG THE WAY THEY ALSO
	GAIN MEASURABLE PROGRESS IN HEALTH, EDUCATION, INCOME AND LIVELIHOODS,
	OR OTHER AREAS THAT THEY HAVE CHOSEN TO ADDRESS.
	IN 2017, ONEVILLAGE PARTNERS EXPANDED OUR REACH, IMPACTING MORE THAN
4b	(Code:) (Expenses \$
	ADVOCACY AND OUTREACH:
	ONEVILLAGE PARTNERS' ADVOCACY AND OUTREACH ENGAGES A BROAD RANGE OF
	STAKEHOLDERS IN UNDERSTANDING THE BENEFITS OF COMMUNITY-LED DEVELOPMENT
	APPROACHES TO INTERNATIONAL DEVELOPMENT, AND THE REASONS FOR ITS
	EFFECTIVENESS. THIS INCLUDES PUBLIC OUTREACH, EDUCATIONAL BLOG POSTS,
	AND PUBLICATION REGARDING COMMUNITY-LED DEVELOPMENT AND ONEVILLAGE
	PARTNERS' MODEL, AS WELL AS PROVIDING OPPORTUNITIES FOR SUPPORTERS TO
	RAISE AWARENESS, ENGAGE IN PRODUCTIVE DIALOGUE, VOLUNTEER, DONATE OR
	INFLUENCE OTHERS WITHIN INTERNATIONAL DEVELOPMENT TO SUPPORT
	COMMUNITY-LED SOLUTIONS. IN 2017, ONEVILLAGE PARTNERS WAS AN ACTIVE
	PARTICIPANT IN AND PRESENTER FOR THE MOVEMENT FOR COMMUNITY-LED
	DEVELOPMENT, FACILITATED BY THE HUNGER PROJECT AS AN OUTLET FOR
4c	(Code:) (Expenses \$
4.d	Other program services (Describe in Schedule O.)
···	
<i>A</i> ~	
46	Total program service expenses ► 544,755. Form 990 (2017)
	Form 990 (2017)

Form 990 (2017) ONEVILLAGE PARTNERS, INC. Part IV Checklist of Required Schedules

		<u></u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
. 7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		<u>X</u>
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?	ا ر		v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> </u>
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	A VALCES ACTES		261.62944466
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			4.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	445	х	
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		_		_

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Form 990 (2017) ONEVILLAGE PARTNER
Part IV Checklist of Required Schedules (continued)

	Onociale of rioquitor concurred		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\overline{}$
	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	***********		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	and the second s			
~	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		х
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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	31666 34667		
	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 IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

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1 (41)	Check if Schedule O contains a response or note to any line in this Part V					
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	d reporta	able gaming			
	(gambling) winnings to prize winners?			1c	in factors, as	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	. 2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)	.,,			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedu	ıle O 🏢		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	al accou	ınt)?	4a	X	ļ
b	If "Yes," enter the name of the foreign country: ► SIERRA LEONE					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	ıl Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction	?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib					
	were not tax deductible?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6b		
7	Organizations that may receive deductible contributions under section 170(c).					-14-17
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	services	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was re	quired			
	to file Form 8282?			7c		X
d.	If "Yes," indicate the number of Forms 8282 filed during the year	. 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?	***************************************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by tl	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	. 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	. 10b				
	Section 501(c)(12) organizations. Enter:	,	-			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)				Services:	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				1949 (196) 1949 (196)	
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	. 13b				
b				1808000	1	1000
			<u> </u>		Same.	
С	Enter the amount of reserves on hand	13c		14a		Х

Form 990 (2017) ONEVILLAGE PARTNERS, INC. 27-3473943 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			[7
	Check if Schedule O contains a response or note to any line in this Part VI	********		X
Sec	tion A. Governing Body and Management			
		Tales and	Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	4		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Ja		_ 21_
b		7b		х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	100		
8		8a	X	***************************************
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00	- 22	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
	tion b. I diffice (mis decaid) is requests information about policies not required by the internal notation decay.		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	5
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?	, distrib		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	ggiraga i r	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	THE STATE OF		
	taxable entity during the year?	16a	20045310	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Segment of the second	3000	10000000
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN		.lo	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	H C	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)	d fina-	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	и ипап	ual	
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20				
	CLIFTONLARSONALLEN - 612-376-4500 220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402			
	220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402			

Form **990** (2017)

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
really and the	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
•	week	offic	cer ar	d a d	irecto	or/trus	tee)	from	from related	other
•	(list any	ctor						the	organizations	compensation
	hours for	Ē.				맖		organization	(W-2/1099-MISC)	from the
	related	tee 0	ustee			EI SE		(W-2/1099-MISC)	•	organization
	organizations	E E	nal tr		loyee	E -				and related
•	below	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	=	III S	₹	χe.	불통	훈			
(1) JEFF HALL	15.00							_		•
BOARD CHAIR		X		X		<u> </u>		0.	0.	0.
(2) JOSEPH GREEN	1.00	1						_	_	
BOARD SECRETARY		X		X	ļ	<u> </u>		0.	0.	0.
(3) NICKI HANGSLEBEN	1.00								_	_
BOARD TREASURER		X		X		<u> </u>		0.	0.	0.
(4) DOROTHY DAHLENBURG	4.00							•		_
BOARD TREASURER - FORMER		X	<u> </u>	X	<u> </u>	_		0.	0.	0.
(5) SONJA BROWN	1.00								_	_
DIRECTOR		X			<u> </u>			0.	0.	0.
(6) LYNN DAVIS	1.00	_						_		
DIRECTOR		X			<u> </u>		ļ	0.	0.	0.
(7) MIKE ELLIOTT	1.00							_		
DIRECTOR		X			<u> </u>	ļ		0.	0.	0.
(8) BRAD ENGLESMA	1.00	1								
DIRECTOR		X		ļ.,	ļ	_	ļ	0.	0.	0.
(9) DAVID ETZWILER	1.00							_		
DIRECTOR		X	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(10) DR. PAUL JOHNSON	1.00	1						_		
DIRECTOR		X					<u>L</u>	0.	0.	0.
(11) RENEE PARDELLO	1.00									_
DIRECTOR		X		ļ		<u> </u>	ļ	0.	0.	0.
(12) EMILIA SMITH	1.00				ĺ					
DIRECTOR		X		_		ļ		0.	0.	0.
(13) LINDA SVITAK	1.00									_
DIRECTOR		X			ļ	<u> </u>	$ldsymbol{f eta}$	0.	0.	0.
(14) CAROL TRUESDELL	1.00									
DIRECTOR		X		<u> </u>		\perp	ļ	0.	0.	0.
(15) JILL LALONDE	40.00								_	
EXECUTIVE DIRECTOR		_		X	_		ļ	79,197.	0.	328.
		4								
		ļ	<u> </u>	1		ļ.,	<u> </u>			
		-								
				1	L	<u></u>				
										Form 990 (2017)

Form 990 (2017)

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- 100	(A) Name and title	(B) Average hours per week (list any	(do box offic	(C) Positio (do not check mon box, unless persor officer and a direc			ion fore than one son is both an ector/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
						-					
									-		
											
С	Sub-total Total from continuation sheets to Part V	II, Section A						>	79,197.	0	. 0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization								79,197. eceived more than \$100	0,000 of reportable	328.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-						Yes No
4	For any individual listed on line 1a, is the standard related organizations greater than \$15	ım of reportab 0,000? <i>If</i> "Yes,	le co	mple mple	ensa ete S	atior Sche	n and eduk	d otl ∋ <i>J1</i>	ner compensation from for such individual	the organization	4 X
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con tion B. Independent Contractors					_			_		. 5 X
1	Complete this table for your five highest co the organization. Report compensation for										nsation from
	(A) Name and business	address	N	INC	<u> </u>				(B) Description of s	services	(C) Compensation
									· ·		
				<u>-</u>							
	Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	l above) who received n	nore than	
	\$100,000 of compensation from the organi						0				Form 990 (2017)

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ONEVILLAGE PARTNERS, INC. 27-3473943 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under Related or Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b 429,962. Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 239,429. similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 669,391 Total. Add lines 1a-1f Business Code 32,399. 32,399. Program Service Revenue 2 a PROGRAM FEES 900099 f All other program service revenue 32,399. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 35 35. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$429,962. of contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses b -12.334.-12,334c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

689,491

399

TNO

d All other revenue

e Total. Add lines 11a 11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses **(B)** Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 62,825. 7,952. 8,748. 79,525. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 236,000 24,871 28,417. Other salaries and wages 182,712. Pension plan accruals and contributions (include 408. 240. 168. section 401(k) and 403(b) employer contributions) 63,668. 59,108. 2,756. 1,804. Other employee benefits 10,707. 4.374. 4,045. 19,126. Payroll taxes 10 11 Fees for services (non-employees): Management Legal b 36,952. 9,823. 24,549. 2,580. Accounting ď Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 21,088. 3,048 11,141. 35,277. column (A) amount, list line 11g expenses on Sch O.) 261. 251. 10. Advertising and promotion 12 26,774. 1,772. 2,931. 31,477. Office expenses 13 5,817. 1,215. 1,156. Information technology 8,188. 14 Royalties 15 8,287 4,657 1,089. 2,541. Occupancy _____ 16 59,855. 62,358. 825. 1,678. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 14,266. Conferences, conventions, and meetings 6,460. 789. 7,017. 19 20 Payments to affiliates 21 5,256. 894. 1.562. 2,800. Depreciation, depletion, and amortization 22 2,436. 1,028. 1,079. 329. 23 Insurance Other expenses, Itemize expenses not covered 24 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.) 55,793. 55,793. CONSTRUCTION MATERIALS 27,329. 27,329. EQUIPMENT 8,939. 4,311. 421. 4,207. c BANK FEES & FOREIGN CUR 4,899. 3,177. 902. 820. d MISCELLANEOUS EXPENSE e All other expenses 544,755. 76.207. 79,483. 700,445. Total functional expenses. Add lines 1 through 24e 25 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)

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			269,711.	1	216,230.
	2	Savings and temporary cash investments			165,357.	2	213,900.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			12,119.	4	286,005.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect		17			
<u> 10</u>		employees' beneficiary organizations (see instr).		1		6	
Assets	7	Notes and loans receivable, net			· · · · ·	7	
¥	8	Inventories for sale or use				8	
	9				0.	9	1,283.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,517.			
	b	Less: accumulated depreciation			15,765.	10c	10,511.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			462,952.	16	727,929.
	17	Accounts payable and accrued expenses	22,451.	17	21,867.		
	18	Grants payable	l "		18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
v	22	Loans and other payables to current and former				1201200	
Liabilities		key employees, highest compensated employee					
폁		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			•		
		Schedule D		·		25	'
	26	Total liabilities. Add lines 17 through 25			22,451.	26	21,867.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and			
. 0		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets			440,501.	27	437,737.
<u>a</u>	28	Temporarily restricted net assets				28	268,325.
a B	29					29	
ڃ		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			440,501.	33	706,062.
	34	Total liabilities and net assets/fund balances			462,952.	34	727,929.

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	CONTROL DADWINDS TWO	77 217	2012	П	40		
	990 (2017) ONEVILLAGE PARTNERS, INC.	27-347	3943	Pag	ge 12		
ra	t XI Reconciliation of Net Assets				\mathbf{x}		
	Check if Schedule O contains a response or note to any line in this Part XI				سما		
_	7 () () () () () () () () () (68	9,4	Q 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	2		0, 4			
2	Total expenses (must equal Part IX, column (A), line 25)	3			54.		
3	Revenue less expenses. Subtract line 2 from line 1			0,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44	J,J	01.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	0.5		15.		
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ı					
	column (B))	10	70	6,0	<u>62.</u>		
Pa	t XII Financial Statements and Reporting				Γ 1		
	Check if Schedule O contains a response or note to any line in this Part XII				X		
			10.00.000	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		Villa.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:	-					
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
-	review, or compilation of its financial statements and selection of an independent accountant?		. 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						

Act and OMB Circular A-133?

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

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Form 990 (2017)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization ONEVILLAGE PARTNERS, INC. 27-3473943 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (ii) EIN (iii) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ONEVILLAGE PARTNERS, INC. 27-3473943 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	340,321.	484,937.	549,554.	610,376.	669,391.	2,654,579.
2	Tax revenues levied for the organ-				A SAN TANAN		
	ization's benefit and either paid to		-				
	or expended on its behalf			-			
3	The value of services or facilities			•		,	
	furnished by a governmental unit to				A-1		
	the organization without charge						
4	Total. Add lines 1 through 3	340,321.	484,937.	549,554.	610,376.	669,391.	2,654,579.
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,				610000000000000000000000000000000000000		
	column (f)						44,180.
	Public support. Subtract line 5 from line 4.						2,610,399,
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	340,321.	484,937.	549,554.	610,376.	669,391.	2,654,579.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,947.		34.	44.	35.	2,060.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	٠					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						2,656,639.
	Gross receipts from related activities		,	***************************************		12	
13	First five years. If the Form 990 is fo	· ·	•				
Sec	organization, check this box and <mark>stor</mark> ction C. Computation of Publ	ic Support Pe	rcentage				>
				-1 (5)		44	00 26 %
	Public support percentage for 2017 (14	98.26 % 97.36 %
	Public support percentage from 2016 33 1/3% support test - 2017. If the						
102		_					
	stop here. The organization qualifies 33 1/3% support test - 2016. If the						
L	- -	-					· —
- 47a	and stop here. The organization qual 10% -facts-and-circumstances tes						
17a		•			, ,		,
	and if the organization meets the "facts-and-circumstances"			-	=	_	····-
	10% -facts-and-circumstances tes						
ú	more, and if the organization meets to	_					1070 OI
	organization meets the "facts-and-cire		·		•		▶ □
12	Private foundation, If the organization						
	iodinarion ii dio organizatte	did not oncore a	257 011 1110 10, 10	<u>., , . / ,</u>		edule A (Form 990	
							 , 11

Schedule A (Form 990 or 990-EZ) 2017 ONEVILLAGE PARTNERS, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	ciow, picado comp	noto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) zo io	12/ 1131	(0)	\ _		<u> </u>
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						·
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					·	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			*****			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	, and a second s					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	1			T	,	
	ndar year (or fiscal year beginning in) ➤	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
	First five years. If the Form 990 is for check this box and stop here		***************************************		•		·
	ction C. Computation of Publ						
	Public support percentage for 2017 (15	%
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inve					T .= I	
	Investment income percentage for 20					17	
	Investment income percentage from					18	7 :+
1 9 a	33 1/3% support tests - 2017. If the						. 🗀
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the	•		• •	-		
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u>></u>

TNC

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	-		
ŀ	2 3a		
	3b 3c		
•	4a		
	4b		
	4c		
	5a 5b		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b	2000 (2000) 2000 (2000) 2000 (2000)	

	dule A (Form 990 or 990 EZ) 2017 ONEVILLAGE PARTNERS, INC.	27-34/394	<u>ئ Pa</u>	<u>age 5</u>
۲a	rt IV Supporting Organizations (continued)		\	
4.4	Healtha arganization accepted a gift or contribution from any of the following paragraps?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	disember	Marking.
L	A family member of a person described in (a) above?	11b		
		110		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	IIC		L
	don 5. Typo I capporting organization		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1000		
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11	<u> </u>	L
Sec	tion D. All Type III Supporting Organizations		1	Π.
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		a properties	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1 111111111	386000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	(1)		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ilrener.	- governor
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	, -		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	12.000 (10.000) 12.000 (10.000)		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		159/05/07
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	i	i

1b

1c 1đ

2

3

4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	·	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7		ly interi	rated Type III supporting organiz	ration (see

Schedule A (Form 990 or 990-EZ) 2017

1

3

4

5

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):

Subtract line 2 from line 1d

instructions).

c Fair market value of other non-exempt-use assets

Acquisition indebtedness applicable to non-exempt-use assets

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Part VI	(Form 990 or 990-EZ) 2017 ONEVILLAGE PARTNERS, INC. 27-3473943 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

ON	EVILLAGE PARTNERS, INC.	27-3473943			
Organization type (check o					
Filers of:	Section:				
Form 990 or 990-EZ	Sol(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1) any one contributo	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\Box\$					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

ONEVILLAGE	PARTNERS	, INC

27-3473943

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>45,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$32,751.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 30,837.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 22,614.	Person X Payroll

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Employer identification number

	ONEVILLAGE	PARTNERS	, INC.
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27-3473943

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>17,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ONEVIL	LAGE	PARTNERS,	INC

27-3473943

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(-)		3	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Employer identification number

t III	Exclusively religious, charitable, etc., cont	ributions to organizations described i	27-3473943 n section 501(c)(7), (8), or (10) that total more than \$1,000 fo
24/1945/004	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	wolumne (a) through (a) and the tollow	ing line entry. For organizations
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or it al space is needed.	ess for the year. (Cittle this into. viice.)
lo.			
n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•			
-			
_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. m	(h) Durmana of aift	(c) Use of gift	(d) Description of how gift is held
t I	(b) Purpose of gift	(c) Ose of grit	(d) Description of now gitt to note
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1_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
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lo. m	(h) Purnose of gift	(c) Use of gift	(d) Description of how gift is held
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
n	(b) Purpose of gift		
n	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	
n		(e) Transfer of gift	
n	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	
n		(e) Transfer of gift	
n		(e) Transfer of gift	
n		(e) Transfer of gift	
n ti		(e) Transfer of gift	
n til	Transferee's name, address, a	(e) Transfer of gift	
n til		(e) Transfer of gift	Relationship of transferor to transferee
n t 1	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
n t 1	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
n t 1	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
n t 1	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
n t 1	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
n t 1	Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
lo. mttl	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
n ti	Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
n ti	Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held

TNC.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

	ONEVILLAGE PARTNERS, INC.		27-3473943
Pai		r Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	s (1	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised fun	ds
Ŭ	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund		
٥	for charitable purposes and not for the benefit of the donor or donor advisor, or for any othe		
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	om oco, r arriv,	
1		n of a hietorically	important land area
		n of a certified his	-
	Preservation of open space	n or a certified m	stone structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	encorrection accoment on the last
2		i the form of a co	Held at the End of the Tax Year
_	day of the tax year.		
			2a
b			2b
C .			2c
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a history and the state of the state o		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ited by the organ	lization during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	_	
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo	rcing conservation	on easements during the year
_			· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation ea	sements during the year
		4708 \(4\)	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	-	
	include, if applicable, the text of the footnote to the organization's financial statements that	describes the org	janization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasure	e or Other	Similar Assats
1 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	es, or other t	ollina Assets.
			- 1 t - 1 t t t t
Та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve		
	historical treasures, or other similar assets held for public exhibition, education, or research	in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b			· ·
	treasures, or other similar assets held for public exhibition, education, or research in furthers	ince of public sei	rvice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these i		
а	Revenue included on Form 990, Part VIII, line 1		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017

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		AGE PARTNE								Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Ti	reasures, c	or Othe	er Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following tha	ıt are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	τ	ı 🔲	Loan or exc	change progra	ams				
b	Scholarly research	e	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizati	on's exer	mpt purp	ose in Parl	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?			<u> </u>	Yes	No
Par	t IV Escrow and Custodial Arran					-			line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		_						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
		•	_						Amount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									一一
Pai										
<u> </u>		(a) Current year	3	rior year	(c) Two yea			vears back	(e) Four	vears back
1a	Beginning of year balance				1		* · · · · · · · · · · · · · · · · · · ·			
b	Contributions									
Č	Net investment earnings, gains, and losses									
ч	Grants or scholarships									
u	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
-										
g	End of year balance Provide the estimated percentage of the cur		oo /line 1	a column f	a)) hold ac:					
2	Board designated or quasi-endowment	•	ب عالله عد %	y, column (a)) Helu as.				•	
a	Permanent endowment	%	70							
b	Temporarily restricted endowment									
С	——————————————————————————————————————	% 								
_	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neio a	and administe	erea for tr	ne organi	zation	Г	<u> </u>
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza				?				3b	
4 Do	Describe in Part XIII the intended uses of the		owment	funds.						
Fai	t VI Land, Buildings, and Equipm		0 0-40	/ Gan dd a	O F 00/	3 D-4 V	E 10			
	Complete if the organization answere			1	· ·					
	Description of property	(a) Cost or o			t or other (other)		ccumulate		(d) Book	value
		basis (investi	ment)	Dasis	(otner)	ueı	oreciation	inerantino		
	Land	1						9,495,4956		
	Buildings									
	Leasehold improvements			ļ .)		10 ^	0.6		
	Equipment				27,517.		17,0	00.	Τ(),511.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Parl	X, colui	nn (B), line	10c.)			. ▶	1(),511.

Schedule D (Form 990) 2017

Part VII	Investments - Other Securities.				
() Dennis	Complete if the organization answered "Yes" of				d-of-year market value
	ption of security or category (including name of security)	(b) Book value	(c) Metriod o	valuation. Cost of en	u-or-year market value
	ial derivatives				
(2) Closely (3) Other	r-held equity interests				
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	I Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method o	f valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					·
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	3				
	Complete if the organization answered "Yes" (e 11d. See Form 99	0, Part X, line 15.	(F) Book value
	(a) L	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				,	
(8)					
(9)	the state of Ferrance Co. Best V and (B) lines	. 1E \			
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.		44446.0	000 D 1 V I' - 0	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Fo (b) Book value	onn 990, Pan X, line 2	ા
1.	(a) Description of liability		(D) BOOK VAIDE		
	deral income taxes				
(2)				\dashv	
(3)				\dashv	
(4)				\dashv	
(5)					
(6)				\dashv	
(7)					
(8)					
(9)		051		\dashv	
	lumn (b) must equal Form 990, Part X, col. (B) line		La 4la a		that rangets the
	y for uncertain tax positions. In Part XIII, provide				
organiz	zation's liability for uncertain tax positions under	TIN 48 (ASC /40), Chec	A HERE II THE TEXT OF	THE TOURIOUS HAS DEEL	i provided in Part Alli

Schedule D (Form 990) 2017

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Part XIII Supplemental Information.

FUNDRAISER EXPENSES

FUNDRAISER EXPENSES

732054 10-09-17

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(Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region of offi	ONEVILLAGE PA				27-347394	
the granteackers. Does the organization maintain records to substantiate the amount of its grants and other assistance?			ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	es" on
The grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Nu			- maintain racer	do to outpetantiate the amount of its ar	ante and other assistance	
United States. A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region of license in the region of offices in the region. (b) Number of contractors in the region of service is a program service, investments, greate in service, investments, greate of service specific type of service(s) in the region. SUB-SAHARAN APRICA 2 32 PROGRAM SERVICES PROGRAM AD INDIVIDUAL OF STATE OF THE ACTION PROGRAM AND INDIVIDUAL OF STATE OF THE ACTION PROGRAM OF THE ACTION PR						Yes No
(a) Region (b) Number of offices in the region offices in the region offices in the region offices in the region of the region o		Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the
offices in the region in the r	3 Activities per Region	n. (The following Parl	t I, line 3 table ca			
AND NURTURING OPFORTUNITIES FOR WOMEN 544,755	(a) Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and investments
3 a Sub-total 2 32 544.755 b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CUD CAUADAN APDICA		37	DDOGDAM GEDVICEG	AND NURTURING OPPORTUNITIES FOR WOMEN	544 755
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SUB-SAHARAN AFRICA		32	FROGRAM SERVICES	FROGRAM	344,733.
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·				
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			To the state of th			
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-				
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·					
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 a Sub-total	2	32			544.755.
c Totals (add lines 3a	b Total from continua	ition	0			0.
and 3b) 2 32 32 32 33 34 35 35 36 36 36 37 37 38 38 38 38 38 38	c Totals (add lines 3a	a	32			544,755.

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ONEVILLAGE PARTNERS,

Schedule F (Form 990) 2017 ONEVILLAGE PARTNERS, INC.

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

27-3473943

Page 3

ONEVILLAGE PARTNERS, INC.

Schedule F (Form 990) 2017 ONEVILLAGE PARTNERS, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(g) Description of valuation of valuation of valuation of cook, FMV, appraisal, other)					
(f) Amount of noncash noncash assistance					
of (e) Manner of cash disbursement					
(c) Number of (d) Amount of recipients cash grant					
e of grant or assistance (b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2017

Fair	roreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
•	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	[X No
	(see Instructions for Form 8621)	Yes	LALI NO
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
	The second term of the second the second term of th	50	

Schedule F (Form 990) 2017

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Employer identification number Name of the organization 27-3473943 ONEVILLAGE PARTNERS, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

	6	Volunteer labor		No No	☐ No	No No		
	7	Direct expense summary. A	dd lines 2 througl	h 5 in column (d)			►	
	8	Net gaming income summa	ry. Subtract line 7	from line 1, colu	mn (d)	***************************************		
a	ls t	ter the state(s) in which the content the content to the organization licensed to content to the	conduct gaming a	ctivities in each o			Ye	s No
		ere any of the organization's q Yes," explain;			ed, or terminated during t	the tax year?	Ye	s No
320	82 09	9-13-17		-		Schedu	ule G (Form 990 or 9	90-EZ) 2017

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 13 Indicate the percentage of gaming activity conducted in: 13 Indicate the percentage of gaming activity conducted in: 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ 16 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	Yes No
to administer charitable gaming? 13	9
Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility It Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	9
a The organization's facility b An outside facility 13a 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ç
b An outside facility	ç
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Itsa Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ C If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	Yes No
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	
Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$	
Address Gaming manager information: Name Gaming manager compensation \$\\$\\$\\$\\$	
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$	
Name ► Gaming manager compensation ► \$	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	162 140
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9,	9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
732083 09-13-17 Schedule G (Form 990 o	

Schedule G (Form 990 or 990-EZ)	ONEVILLAGE PARTNERS,	INC.	27-3473943 Page 4
Part IV Supplemental Info	ONEVILLAGE PARTNERS, rmation (continued)		
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Schedule G (Form 990 or 990-EZ)

TNC.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

ONEVILLAGE PARTNERS, INC. 127-3473943
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SIERRA LEONE, WEST AFRICA, WE PARTNER WITH RURAL COMMUNITIES TO 1)
TRAIN, EMPOWER, AND MOBILIZE LEADERS TO DESIGN PROJECTS THAT ADDRESS
THEIR COMMUNITY'S MOST PRESSING, SELF-IDENTIFIED PROBLEMS, AND 2)
CREATE NEW OPPORTUNITIES FOR WOMEN THROUGH ECONOMIC EMPOWERMENT AND
FINANCIAL LITERACY TRAINING. WE BELIEVE THAT LETTING COMMUNITIES LEAD,
RATHER THAN TELLING THEM WHAT THEY NEED, CREATES DIGNITY AND LEADS TO
EQUITABLE AND SUSTAINABLE DEVELOPMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROJECTS. OUR PROCESS NOT ONLY CREATES REAL, HOLISTIC DEVELOPMENT IN
TERMS OF HEALTH, EDUCATION AND INCOME, BUT ALSO BUILDS LEADERS SOCIAL
COHESION, AND SELF-SUFFICIENCY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
18,000 LIVES THROUGH A VARIETY OF COMMUNITY-DESIGNED INITIATIVES. FOR
EXAMPLE, WE PARTNERED WITH THE COMMUNITIES OF MAKKA AND MADINA, BOTH OF
WHICH DESIGNED AND IMPLEMENTED SANITATION AND HYGIENE PROJECTS. LATRINE
COVERAGE INCREASED FROM 21% OVERALL TO 100%. SIX MONTHS AFTER
IMPLEMENTATION, HOUSEHOLDS IN MAKKA HAVE REPORTED A 70% DECREASE IN
DIARRHEA CASES, AND IN MADINA, THEY HAVE REPORTED A 78% DROP IN
DIARRHEA CASES. IN MAMBOMA, THE COMMUNITY UNITED TO CONSTRUCT THE
SKILLS TRAINING CENTER, MAMBOMA THEN HELD TWO TRAININGS, WHERE THE
OLDER GENERATION ACTIVELY SHARED MARKETABLE SKILLS WITH THE YOUNG
ADULTS. THE TRAININGS FOCUSED ON PRODUCING SOAP AND GARI (A POPULAR
AND AND A WARREST AND A CANADA AND AND AND AND AND AND AND AND AN

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

LOCAL SNACK), WHICH INSTANTLY ENABLED UNEMPLOYED YOUTHS TO MAKE AN

Schedule O (Form 990 or 990-EZ) (2017)

INDEPENDENT INCOME. WITH YOUNG ADULTS NOW HELPING TO BOOST THE LOCAL

ECONOMY, THEY ARE MORE HIGHLY REGARDED BY THE COMMUNITY AS A WHOLE.

ALSO DURING 2017, ONEVILLAGE PARTNERS COMPLETED OUR SECOND MOST SIGNIFICANT CHANGE (MSC) EVALUATION, WHICH IS A METHODOLOGY THAT USES PARTICIPANT STORIES TO INFORM OUTCOMES OF OUR WORK. MSC HAS PROVEN TO BE A QUALITATIVE COMPLIMENT TO THE MORE TRADITIONAL QUANTITATIVE DATA WE ARE ALREADY GATHERING. WE WERE ESPECIALLY EXCITED TO IMPLEMENT THIS AS THE PARTICIPATORY APPROACH ALIGNS WITH OUR ORGANIZATIONAL VALUES, ALLOWING PARTICIPANTS TO GAIN SOMETHING FROM THE EVALUATION PROCESS AND PUTTING THEIR EXPERIENCES FRONT AND CENTER, AND SHARING THE IMPACTS AND STORIES WITH ALL STAKEHOLDERS. WE ALSO DEVELOPED A "HOW TO" GUIDE FOR OTHER ORGANIZATIONS INTERESTED IN THE APPROACH.

NURTURING OPPORTUNITIES FOR WOMEN (NOW)

BECAUSE EXISTING FINANCIAL LITERACY PROGRAMS ASSUME A CERTAIN LEVEL OF LITERACY OR LANGUAGE COMPREHENSION, ONEVILLAGE PARTNERS DEVELOPED A PICTURE-BASED CURRICULUM, DRAWN BY A LOCAL ARTIST. THE CURRICULUM TEACHES PARTICIPANTS BASIC FINANCIAL PRINCIPLES, PLANNING, AND DECISION-MAKING SO THAT THEY CAN MANAGE FINANCES THROUGHOUT THE YEAR TO REACH THEIR GOALS. IN 2017, THE SECOND COHORT OF WOMEN PARTICIPATED IN THE NOW PROGRAM. 96% OF PARTICIPANTS MET THEIR FIRST GOAL (MOST FREQUENTLY FOR CHILDREN'S EDUCATION) AND 80% OF WOMEN SET AND WERE WORKING TOWARDS A SECOND GOAL. ADDITIONALLY, 98% OF WOMEN IN NOW REPORTED INCREASED PUBLIC PARTICIPATION AND 98% OF PARTICIPANTS REPORTED INCREASED DECISION MAKING ABILITY AND WERE ABLE TO PROVIDE AN EXAMPLE OF A DECISION THEY MADE SINCE STARTING THE PROGRAM.

MEETS WITH MEMBERS OF THE BOARD TO DISCUSS SALARY.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ONEVILLAGE PARTNERS, INC.	Employer identification number 27-3473943
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST IN WRITING.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGES IN ACCOUNTING METHOD FROM CASH TO ACCRUAL	276,515.
PODM 000 DADE VII LINE 1.	
FORM 990, PART XII, LINE 1:	SOLINIMINIO MO MUE
THE ORGANIZATION CHANGED FROM THE CASH METHOD OF ACC	
ACCRUAL METHOD OF ACCOUNTING IN 2017.	
	· .