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.



АГ	or th	e 2021 calendar year, or tax year beginning and	ending			
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number	
X	Addre	ONEVILLAGE PARTNERS				
	Name			27-347394	43	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	PO BOX 26055		(612) 879-7590		
	termii ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,063,483.	
	Amen	MINNEAPOLIS, MN 55420		H(a) Is this a group re	turn	
	Applie distance	F Name and address of principal officer: GREG CROWE		for subordinates	? Yes X No	
	pendi	^{ng} SAME AS C ABOVE				
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) d	or 🗌 527	If "No," attach a	list. See instructions	
		te: ► HTTP://ONEVILLAGEPARTNERS.ORG/		H(c) Group exemption		
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2011 N	State of legal domicile: MN	
Pa	art I	Summary				
Ø	1	Briefly describe the organization's mission or most significant activities: ONEV		PARTNERS CA	TALYZES	
Governance		COMMUNITY-LED TRANSFORMATION IN RURAL AFR	ICA.			
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			17	
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			17	
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			6	
viti	6	Total number of volunteers (estimate if necessary)		6	25	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		659,651.	1,059,847.	
enu	9	Program service revenue (Part VIII, line 2g)		832.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		278.	413.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		710.	-21,822.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		661,471.	1,038,438.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		476,598.	458,120.	
en Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 64,65				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		230,763.	258,141.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		707,361.	716,261.	
	19	Revenue less expenses. Subtract line 18 from line 12		-45,890.	322,177.	
s or			Be	ginning of Current Year	End of Year	
Assets Balanc	20	Total assets (Part X, line 16)		974,514.	1,296,043.	
it As	1	Total liabilities (Part X, line 26)		43,129.	42,827.	
Inet	22	Net assets or fund balances. Subtract line 21 from line 20		931,385.	1,253,216.	
Pa	art II	Signature Block				

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

Sign Here	Signature of officer GREG CROWE, TREASURER Type or print name and title	Date			
	Print/Type preparer's name Preparer's signature	Date Check PTIN			
Paid	MATT PILLSBURY MATT PILLSBURY	05/13/22 self-employed P01565609			
Preparer	Firm's name CARPENTER, EVERT & ASSOCIATES, LTD.	Firm's EIN ▶ 41-1534805			
Use Only	Firm's address 7760 FRANCE AVE S, SUITE 940				
	BLOOMINGTON, MN 55435	Phone no. (952) 831-0085			
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)1.2				

	990 (2021) ONEVILLAGE PARTNERS	27-3473943	Page 2
Par	rt III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	WORKING IN SIERRA LEONE, ONEVILLAGE PARTNERS' MISSI		
	COMMUNITY-LED TRANSFORMATION. WE PARTNER WITH RURAL		
	DEVELOP SUSTAINABLE SOLUTIONS TO THEIR MOST PRESSING		
	CHALLENGES. OUR PROGRAMS EMPOWER VOLUNTEER-LEADERS '	TO EFFECTIVELY	
2	Did the organization undertake any significant program services during the year which were not listed		
	prior Form 990 or 990-EZ?	Yes 🗌	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	is to others, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$581, 186. including grants of \$	_) (Revenue \$	0.
	COMMUNITY ACTION	_ /	
	THE COMMUNITY ACTION PROGRAM GUIDES COMMUNITIES TO 2	ASSESS AND	
	PRIORITIZE THEIR CHALLENGES AND DEFINE AND ACHIEVE		R
	DEVELOPMENT. A GROUP OF WOMEN AND MEN VOLUNTEER-LEAD		
	DESIGN, IMPLEMENT, AND MONITOR PROJECTS THAT PROMOT		
	VISION FOR THEIR COMMUNITY. VOLUNTEER-LEADERS ATTEND		
	LED BY ONEVILLAGE PARTNERS, WHICH USE INTERACTIVE TO		
	ACCESSIBLE TO ALL COMMUNITY MEMBERS REGARDLESS OF T	-	_ 0
	LITERACY. COMMUNITY MEMBERS IMPLEMENT UP TO THREE D		S
	WHICH IMPROVE THE COLLECTIVE WELLBEING OF THE COMMUN		<u> </u>
	IN 2021, ONEVILLAGE PARTNERS EXPANDED OUR REACH TO		4
	COMMUNITIES, IMPACTING NEARLY 29,000 LIVES THROUGH		-
41.			
	(Code:) (Expenses \$ including grants of \$ NURTURING OPPORTUNITIES FOR WOMEN (NOW):) (Revenue \$	
	THE NURTURING OPPORTUNITIES FOR WOMEN (NOW) PROGRAM	TO AN ACCEGOTELE	
	TWO-PHASE PROGRAM THAT STRENGTHENS HOUSEHOLD FINANCE		
	BUSINESS MANAGEMENT SKILLS. NOW: STRENGTHENING HOUSE		7 NT
	ENTIRELY PICTURE-BASED TRAINING PROGRAM THAT EMPOWER		11
	FINANCIAL PLANNING, DECISION-MAKING, AND PUBLIC SPE		
	PARTICIPANTS ARE TRAINED ON BASIC FINANCIAL PRINCIP		
	SAVING AND TRACKING THEIR RESOURCES, AND COMMUNICAT		
	ACHIEVE PERSONAL FINANCIAL GOALS. THE CURRICULUM IS		
	PICTURE-BASED, SO LEARNING IS ACCESSIBLE TO ALL, REC		
	LEVEL OF LITERACY. AT KEY POINTS IN THE PROGRAM FIN		
	DECISION-MAKING IS DISCUSSED WITH HUSBANDS AND MALE	FAMILY MEMBERS,	
		_) (Revenue \$	
	LEAD: LEADERSHIP ENGAGEMENT AND DEVELOPMENT		
	IN RESPONSE TO COMMUNITY AND PARTICIPANT FEEDBACK, I	LEAD WAS CREATED FO	OR
	COMMUNITIES THAT HAVE COMPLETED AT LEAST TWO CYCLES	OF PROJECTS DURING	G
	COMMUNITY ACTION. IN THE PROGRAM, A GROUP OF WOMEN	AND MEN	
	VOLUNTEER-LEADERS ENHANCE THEIR LEADERSHIP SKILLS A	ND ARE TRAINED IN	
	PROJECT DESIGN, MANAGEMENT, AND PROPOSAL WRITING. T	HIS COHORT USES	
	THEIR TRAINING TO WORK COLLABORATIVELY WITH THE COM	MUNITY TO IDENTIFY	А
	DEVELOPMENT PROJECT AND WRITE A PROPOSAL IN A COMPE		
	FUNDING, AWARDED BY ONEVILLAGE PARTNERS. AFTER A RIG		
	PROCESS, CHOSEN PROPOSALS ARE FUNDED, AND COMMUNITY		
	THESE PROJECTS IN COLLABORATION WITH EXPERTS AND LOG		
	THE PROGRAM CREATES CIVIC ENGAGEMENT PLATFORMS FOR		
44	Other program services (Describe on Schedule O.)		
+u		Y	
	(Expenses \$ including grants of \$) (Revenue \$)	
4.0	Total program convice expenses \mathbf{N} 581 186		
4e	Total program service expenses ► 581,186.	- 00	0 (000
	Total program service expenses 581,186. 2 12-09-21 SEE SCHEDULE O FOR CONTINUAT	Form 99	0 (202

Form	990	(2021)

Form 990 (2021) ONEVILLAGE PARTNERS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	3 12-09-21	⊢orm	330 ((2021)

132003 12-09-21

Form	990	(2021)
	330	(2021)

 Form 990 (2021)
 ONEVILLAGE
 PARTNERS

 Part IV
 Checklist of Required Schedules (continued)

1 01	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
~	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	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?			
0-	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	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQU	 (2021)
132004	12-09-21 1 6	rorm	330	(2021)

Form	990 (2021) ONEVILLAGE PARTNERS 27-3473 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	943	Р	_{age} 5
r ai			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	
24	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	L
b	If "Yes," enter the name of the foreign country FIERRA LEONE			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization rife rorm boss as required?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
120007	If "Yes," complete Form 6069. 12-09-21 17	Form	990	(2021)
	$\frac{12.09-21}{12.02.00} \frac{11}{115669} = \frac{1}{2000} \frac{1}{0000} \frac{1}{0000} = \frac{1}{0000} \frac{1}{00000} = \frac{1}{00000} \frac{1}{000000} = \frac{1}{00000000000000000000000000000000000$	1011		(2021) ECC

115668_1

12200513 310390 115668

Form 9	990 (2	2021)
--------	--------	-------

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

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

X

Sec	tion A. Governing Body and Management					
_		1.	1		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	17	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		17			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2	Х	
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3			•	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		tiled?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
- 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	<u> </u>
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				- 23	
C	on Schedule O how this was done	,		12c	х	
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	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MN , NY	1.000	T (Fol ()(0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	I (section 501(c)(3)	s only)	availai	ole
	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)	~				
19	LX Own website LX Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the second documents.		,	finan		
19	statements available to the public during the tax year.	a milot C	i interest policy, and	i in idi l	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records			
	CLIFTONLARSONALLEN - (612) 376-4500					
	220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN	55	402			
132006	j 12-09-21			Form	990	(2021)
	18					. /

2021.03041 ONEVILLAGE PARTNERS

115668_1

Form 990 (2021) ONEVILLAGE PARTNERS	27-3473943	Page 7					
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 compens	sation.					

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		Vold	st con /ee	_	1099-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JILL LALONDE	40.00			0	¥	<u> </u>	ш			
EXECUTIVE DIRECTOR		1		х				86,691.	Ο.	2,700.
(2) JEFF HALL	6.00									
DIRECTOR		x						0.	Ο.	0.
(3) LINDA SVITAK	1.00									
DIRECTOR		x						0.	Ο.	0.
(4) RAMYA RAUF	1.00									
DIRECTOR		x						0.	Ο.	0.
(5) MIKE HENLEY	1.00									
DIRECTOR		x						0.	Ο.	0.
(6) DAVID ETZWILER	1.00									
DIRECTOR		х						0.	Ο.	0.
(7) PETER JANZEN	3.00									
CHAIR		Х		х				0.	Ο.	0.
(8) RENEE PARDELLO	2.00									
DIRECTOR		Х						0.	Ο.	0.
(9) EMILIA SMITH	1.00									
DIRECTOR		X						0.	Ο.	0.
(10) JESSICA COOK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVE HORAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SHETU ROSE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) ROSEANNE HOPE	2.00									
DIRECTOR		Х						0.	0.	0.
(14) KATHLEEN BURZYCKI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVE SWANSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(16) ANDREW KAMARA	1.00									
DIRECTOR		Х						0.	0.	0.
(17) GREG CROWE	1.00									
TREASURER		Х		Х				0.	0.	0.
132007 12-09-21										Form 990 (2021)

19

132007 12-09-21

Form 990 (2021)

Form											Page 8		
Par			oloy	ees,			ghes	t C		, ,			
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estin amou	F) nated unt of ner	
		hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)		from organi and re	the ization elated zations
(18)	NICOLE LEIMER	1.00	_		0	×	1 0						
DIRE	CTOR		Х						0.		0.		0.
											-		
											+		
											\square		
											+		
											+		
							\square						
	Subtotal								86,691.		0.	2,	700.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0. 0.	0.2,700.	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	I		
	compensation from the organization											Y	0 es No
3	Did the organization list any former officer,	-		•	•			Ŭ	• • •	•			v
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su										-	3	<u> </u>
_	and related organizations greater than \$150										-	4	<u> </u>
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com										- 1	5	x
Sec	tion B. Independent Contractors		5010	51 50		JEIS	011 .				<u>··· </u>	0	
1	Complete this table for your five highest con the organization. Report compensation for t										nsatio	on from	
	(A)								(B)			(C)	
Name and business address NONE Description of services O								Co	mpensa	ation			
								_					
2	Total number of independent contractors (ir	ncludina but na	ot lin	nitec	to	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	•			-	(,				

Form **990** (2021)

132008 12-09-21

			021) ONEVILLAGE PARTNER	RS			27-3473	943 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response or note to	o any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 5	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
, D D D			Fundraising events 1c 398,	565.				
ar A			Related organizations 1d					
s, o Inil		е	Government grants (contributions) 1e					
r Si		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above If 661,2	282.				
utro Do	5	-	Noncash contributions included in lines 1a-1f					
<u>ם כ</u>	i	h	Total. Add lines 1a-1f		1,059,847.			
			Busines	s Code				
vice	2							
Serv Ue	5	b						
E C C		c d						
Program Service Revenue		e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f	🕨				
	3		Investment income (including dividends, interest, and					
			other similar amounts)	🕨	413.			413.
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
			(i) Real (ii) Per	rsonal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities					
	l '	a	assets other than inventory 7a					
		b	Less: cost or other basis					
ē		~	and sales expenses 7b					
venue		с	Gain or (loss)					
Rev			Net gain or (loss)	🕨				
Other	8	а	Gross income from fundraising events (not					
₿			including \$ 398,565. of					
			contributions reported on line 1c). See					
			Part IV, line 18	0.				
			Less: direct expenses 8b 25, (045.	25 045			
			Net income or (loss) from fundraising events	🕨	-25,045.			-25,045.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns	🟴				
		~	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	🕨				
ω		-	Busines	s Code	_	_		
e sou	11	а	OTHER INCOME		3,223.	3,223.		
lané		b						
Miscellaneous Revenue		C						
Mis]		All other revenue	<u> </u>	3,223.			
	12	e	Total. Add lines 11a-11d		<u> </u>	3,223.	0.	-24,632.
13200)9 12-1	09-:			_,,			Form 990 (2021)

115668_1

2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.0 0.01	71 601	0 606	
	trustees, and key employees	86,691.	71,681.	8,686.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 (10		00 201	
7	Other salaries and wages	277,610.	233,567.	28,301.	
8	Pension plan accruals and contributions (include	F 0 F 0	C 514		
	section 401(k) and 403(b) employer contributions)	7,878.	6,514.	789.	
9	Other employee benefits		47,751.	5,787.	
10	Payroll taxes	24,603.	19,289.	2,337.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	36,505.	28,620.	3,468.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(°				
	column (A), amount, list line 11g expenses on Sch 0.)	25,949.	20,345.	2,464.	
12	Advertising and promotion				
13	Office expenses	111,226.	87,201.	10,567.	
14	Information technology				
15	Royalties				
16	Occupancy	8,650.	6,782.	821.	
17	Travel	48,543.	38,058.	4,611.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,250.	5,684.	689.	
23	Insurance	3,862.	3,028.	367.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLENOUS	11,778.	9,234.	1,119.	
b	FACILITY AND EQUIPMENT	4,378.	3,432.	416.	
c	~~~~		,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	716,261.	581,186.	70,422.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		,		

Form 990 (2021) Part IX Statement of Functional Expenses

1

2

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic

7b, 8b, 9b, and 10b of Part VIII.

ONEVILLAGE PARTNERS

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

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

(A) Total expenses

27-3473943 Page 10

(C) Management and general expenses

(B) Program service expenses

(D) Fundraising expenses

6,324.

15,742.

575. 7,800. 2,977.

4,417.

3,140.

13,458.

1,047. 5,874

> 877. 467.

1,425. 530.

64,653.

132010 12-09-21

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

22 2021.03041 ONEVILLAGE PARTNERS

115668_1

Form 990 (2021)

Form 990 (2021)

Part X Balance Sheet

ONEVILLAGE PARTNERS

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

		Check if Schedule O contains a response or not	e to any		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			348,334.	1	840,496.
	2	Savings and temporary cash investments			306,166.	2	50,090.
	2				269,289.	2	271,324.
	4	Pledges and grants receivable, netAccounts receivable, net			205,205.	4	271,521.
	- 5	Loans and other receivables from any current or					
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				5	
	U	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	7,075.
ets	7 8	Inventories for sale or use				8	1,015.
Assets	9				9,257.	9	15,761.
		Land, buildings, and equipment: cost or other			5,257.	9	15,701.
	104	basis. Complete Part VI of Schedule D	102	92,263.			
	h	Less: accumulated depreciation	100 10b	41,861.	21,682.	10c	50,402.
	11	Investments - publicly traded securities	19,786.	11	60,895.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			974,514.	16	1,296,043.
	17	Accounts payable and accrued expenses			43,129.	17	42,827.
	18	Grants payable	,	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lida		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			43,129.	26	42,827.
		Organizations that follow FASB ASC 958, che	ck here	► X			
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			733,104.	27	1,000,889.
Bal	28	Net assets with donor restrictions			198,281.	28	252,327.
pu		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🗌			
ΓĽ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		L		29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances		L	931,385.	32	1,253,216.
-	33	Total liabilities and net assets/fund balances			974,514.	33	1,296,043.

27-3473943 Page 11

Form 990 (2021)

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VII, column (A), line 25) 2 3 322, 177. 4 931, 385. 5 Net unrealized gains (losses) on investments 5 6 -346. 6 0 7 Investment expenses 8 7 9 Other changes in met assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 9 Other changes in met assets or fund balances (explain on Schedule O) 9 Other changes in met assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yees No C	Form	990 (2021) ONEVILLAGE PARTNERS	27-	-3473943	Pag	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 1,038,438. 2 Total expenses (must equal Part IX, column (A), line 25) 2 716,261. 3 Revenue less expenses. Subtract line 2 from line 1 3 322,177. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 931,385. 5 Net unrealized gains (losses) on investments 6	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 716, 261. 3 Revenue less expenses. Subtract line 2 from line 1 3 3222, 177. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 931, 385. 5 Net unrealized gains (losses) on investments 5 -346. 6 0bnated services and use of facilities 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII 1, 253, 216. Check if Schedule 0 contains a response or note to any line in this Part XII 1 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 on Schedule O. 2a X If Yees, " check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
2 Total expenses (must equal Part IX, column (A), line 25) 2 716, 261. 3 Revenue less expenses. Subtract line 2 from line 1 3 3222, 177. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 931, 385. 5 Net unrealized gains (losses) on investments 5 -346. 6 0bnated services and use of facilities 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII 1, 253, 216. Check if Schedule 0 contains a response or note to any line in this Part XII 1 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 on Schedule O. 2a X If Yees, " check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both						
3 Revenue less expenses. Subtract line 2 from line 1 3 322,177. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 931,385. 5 Net unrealized gains (losses) on investments 5 -346. 6 6 6 7 8 7 8 9 0. 9 0. 9 0. 10 1,253,216. 8 Part XII Financial Statements and Reporting 1 Check if Schedule O contains a response or note to any line in this Part XII 1 1,253,216. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 fit he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 2a X 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 931,385. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 8 7 8 9 0. 9 0. 9 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 -346. 6 6 6 7 8 6 8 7 7 8 8 9 9 0. 9 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 9 0. 10 1, 253, 216. 10 1, 253, 216. 11 Accounting method used to prepare the Form 900: Cash X Accrual Other 16 the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or r	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII 10 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII 10 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII 10 1, 253, 216. 2a Wasset or function with the theorem of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X 12 2a X 16 'Yes," check a box below to indicate whether the financial statements	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	931		
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Mer the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Were the organization's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3	5	Net unrealized gains (losses) on investments	5		- 3	<u>46.</u>
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Mer the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Were the organization's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Check if Schedule O contains a response or note to any line in this Part XII 1 1 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 on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Part XII Financial Statements and Reporting 10 1, 253, 216. Part XII Financial Statements and Reporting 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 0 If the organization's financial statements compiled or reviewed by an independent accountant? 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X I Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were a	8		8			
column (B) 10 1,253,216. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check if Schedule O 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check all on Schedule O 2a X Image: Check all on Schedule O Yes No 2a X Image: Check all on Schedule O Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Desparate basis Consolidated basis, or both: Zeb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zeb X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant? Zeb X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to underg	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis c If "Yes," the che audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If "Yes," to ine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection pro		column (B))	10	1,253	3 , 2:	16.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X <tr< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>					Yes	No
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 on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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 basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b<	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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 basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 2c X consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 2c X consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 2c X consolidated basis Consolidated basis Both consolidated and separate basis 2c X consolidation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization unde	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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 basis, consolidated basis, or both: X Image: Consolidated basis		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consolidated basis Image: Consolidated b	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b 4						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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 on Schedule O and describe any steps taken to undergo such audits 3b		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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 on Schedule O and describe any steps taken to undergo such audits	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits. 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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 on Schedule O and describe any steps taken to undergo such audits 3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Aud	lit		
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 on Schedule O and describe any steps taken to undergo such audits 3b						<u>X</u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of the organization	
--------------------------	--

Nan	lame of the organization								identification number	
Do	et 1		ILLAGE PAR						7-3473943	
	rt I	Reason for Public (ee instruction	S.		
	organ	ization is not a private found		•		,				
1		A church, convention of ch				on 170(b)(1	l)(A)(i).			
2		A school described in section								
3		A hospital or a cooperative								
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exem		•	. ,					
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•				_	
12		An organization organized a	•		•			•	• •	
		more publicly supported or	-						check the box on	
_		lines 12a through 12d that	• •					-		
а		Type I. A supporting orga		-	• • • •	-				
		the supported organization			majority c	of the direc	tors or trustee	es of the sl	ipporting	
L.		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o organization(s). You mus			ame perso	ns that co	ntroi or manaç	je ine supp	Joned	
с		Type III functionally inte			in connect	tion with	and functional	lv integrate	nd with	
Ū	L	its supported organization						ly integrate		
d		Type III non-functionally		-				ted organiz	zation(s)	
	L	that is not functionally int						-		
		requirement (see instructi			•					
е		Check this box if the orga	,	•				II. Type III		
		functionally integrated, or						., .,		
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0					
g	Prov	vide the following informatior								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Tet										
Tota							1		1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

25

Schedule A (Form 990) 2021

ONEVILLAGE PARTNERS

 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	669,391.	857,753.	993,855.	745,011.	1059847.	4325857.
2	Tax revenues levied for the organ-						
	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						
	the organization without charge						
4	Total. Add lines 1 through 3	669,391.	857,753.	993,855.	745,011.	1059847.	4325857.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4325857.
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	669,391.	857,753.	993,855.	745,011.	1059847.	4325857.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35.	150.	386.	303.	346.	1,220.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4327077.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	102,546.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.97 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>98.68 %</u>
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and st	t op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

12200513 310390 115668

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			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 bus-						
_	iness 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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
_	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I			column (f))		15	%
Sec	Public support percentage from 2020 ction D. Computation of Inves	stment Income	Percentage			16	%
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2021. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	-	-				▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	23 01-04-22		27	1		Sched	lule A (Form 990) 2021

Yes No

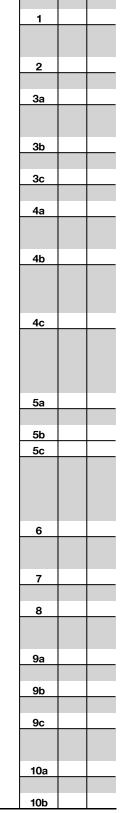
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 line 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.)

132024 01-04-21



Schedule A (Form 990) 2021

28

Schedule A	(Form 990) 2021	ONEV	/ILLAGE
Part IV	Supporting	Organizations	(continued)

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.				

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

SUDEIVIS	- u. or control	ieu liie suppl	JI LII IQ UI QAHIZA	
Section C.	Týpe II Su	pporting C	Drganizatio	ons

 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
 Image: Control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support

Section D. A	II Type III	Supporting	Organizations				

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a 2a 2b 2b 2b 3a 3a 3b 3b 5chedule A (Form 990) 2021

132025 01-04-22

Schedule A (Form 990) 2021	
----------------------------	--

Schedule A (Form 990) 2021 ONEVILLAGE PARTNERS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

132026 01-04-22

27-347<u>3943 Page 7</u>

	dule A (Form 990) 2021 ONEVILLAGE PA			2	7-3473943 Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	[10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A		
Part VI	Supplemental	Info

	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Pa	de the explanations required by Part II, line c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Parl art IV, Section E, lines 1c, 2a, 2b, 3a, and 3t ection E, lines 2, 5, and 6. Also complete th	t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V,
			.
32028 01-04-2	22	32	Schedule A (Form 990) 202

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service

Nam	of the organization ONEVILLAGE PARTNER	S	E	mployer identification number 27-3473943
Pa			or Accou	
	organization answered "Yes" on Form 990, Part IV, li	ine 6.		
		(a) Donor advised funds	(b) F	unds 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	n writing that the assets held in donor advised	d funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring	
Do				
Pa			art IV, line	1.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recre			lly important land area
	Protection of natural habitat	Preservation of a	a certified	historic structure
0	Preservation of open space	lified concernation contribution in the form of		untion accompant on the last
2	Complete lines 2a through 2d if the organization held a qual day of the tax year.	lined conservation contribution in the form of		Held at the End of the Tax Year
~			28	
a b	Total number of conservation easements Total acreage restricted by conservation easements			
c c	Number of conservation easements on a certified historic st	tructure included in (a)		
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			
	year ►	, 3, ,	5	5
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvation ea	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conservation	on easeme	ents during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abo	• • • • • • • • • • • • • • • • • • • •		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	thote to the organization's financial statemen	its that de	escribes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	er Simi	lar Assets
1 41	Complete if the organization answered "Yes" on Forr			
10	If the organization elected, as permitted under FASB ASC 9		d balanco	shoot works
Ia	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 9			et works of
	art, historical treasures, or other similar assets held for publi			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	···· · · · · · · · · · · · · · · · · ·			• \$
2	If the organization received or held works of art, historical tro			
	the following amounts required to be reported under FASB /			
а	Revenue included on Form 990. Part VIII. line 1	C		► \$

132051 10-28-21

b Assets included in Form 990, Part X

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

33 2021.03041 ONEVILLAGE PARTNERS

Schedule D (Form 990) 2021

\$

Sche		AGE PARTNE						27-34			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, or	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, his	storical trea	sures, or othe	er similar a	issets		-		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered "	'Yes" on F	⁻ orm 990,	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contribution	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
	Ending balance						1f		7		1
	Did the organization include an amount on Fo						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete in				orm 990, Part (c) Two year			ooro book	(e) Four	vooro	book
4.	Parianian (annu balanca	(a) Current year	(0) -	rior year		IS DACK (Cais Dack	(e) Four	years i	Jack
	Beginning of year balance	27,369.									
	Contributions	27,305.									
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
	End of year balance	27,369.									
2	Provide the estimated percentage of the curr		e (line 1a	n column (a)) held as:						
a	Board designated or quasi-endowment	1	%	y, oolannin (a	<i>,,,</i> 11010 00.						
	Permanent endowment		_/*								
		/~ %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	-	ation tha	t are held a	nd administer	ed for the	organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?					Зb		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	. ,	cumulate reciation	d	(d) Book	value	9
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment			9	2,263.		41,86	51.	50),40)2.
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		<u>X. colun</u>	nn (B). line 1	0c.)				50),40)2.
								Schedule	D (Form	990)	2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of yoar market value
		(c) Method of Valuation. Cost of end	-or-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11d Cap Form 000 Dart V line 15	
	Description		
.,	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6)			
(7)			
(7)			
(7) (8) (9)	9 15.)	►	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	►	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			(b) Book value
(7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
 (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) 			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
 (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) 			(b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche	dule D (Form 990) 2021 ONEVILLAGE PARTNERS			27-3	3473943	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,063	,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-346.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	25,045.			
е	Add lines 2a through 2d			2e	24 1,038	<u>,699.</u>
3	Subtract line 2e from line 1			3	1,038,	<u>,438.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,038	,438.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per l	Return	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	741	,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	т т				
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Other losses			_		
d	Other (Describe in Part XIII.)	2d	25,045.			
е	Add lines 2a through 2d			2e	25	<u>,045.</u> ,261.
3	Subtract line 2e from line 1			3	716	,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	т т				
а	Investment expenses not included on Form 990, Part VIII, line 7b			- 1		
b	Other (Describe in Part XIII.)	4b				0
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	716	,261.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

OVP HAS RECEIVED NOTIFICATION THAT I	T QUALIFIES AS A TAX EXEMPT
ORGANIZATION UNDER SECTION 501(C)(3)	OF THE INTERNAL REVENUE CODE BECAUSE
OVP IS DESCRIBED IN SECTION 509(A)(1) AND SECTION 170 (B)(1)(A)(VI) AND
CORRESPONDING PROVISION OF STATE LAW	AND, ACCORDINGLY, IS NOT SUBJECT TO
FEDERAL OR STATE INCOME TAXES. OVP H	AS ADOPTED ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES, ASC 740-10. OVP'S	POLICY IS TO EVALUATE UNCERTAIN TAX
POSITIONS, AT LEAST ANNUALLY, FOR TH	E POTENTIAL FOR INCOME TAX EXPOSURE
FROM UNRELATED BUSINESS INCOME OR FR	OM LOSS OF NONPROFIT STATUS. OVP
CONTINUES TO OPERATE CONSISTENT WITH	ITS ORIGINAL EXEMPTION APPLICATION
AND EACH YEAR TAKES THE NECESSARY AC	TIONS TO MAINTAIN ITS EXEMPT STATUS.
OVP HAS BEEN CLASSIFIED AS AN ORGANI	ZATION THAT IS NOT A PRIVATE
132054 10-28-21	Schedule D (Form 990) 2021 3 6
12200513 310390 115668 2	021.03041 ONEVILLAGE PARTNERS 115668_1

Schedule D (Form 990)		ONEVILLAG		RS		27-3	473943	Page 5
Part XIII Suppler	mental Inforr	nation _{(continued}	d)					
FOUNDATION U	JNDER THE	INTERNAL	REVENUE	CODE AND	CHARITABLE	CONTRIB	UTIONS	вү
DONORS ARE 1	TAX DEDUC	TIBLE. IN	COMPLIA	NCE WITH	ITS EXEMPT	STATUS,	THE	
ORGANIZATION	I ANNUALL	Y FILES A	RETURN (OF ORGANI	ZATION EXEM	PT FROM	INCOME	

TAX (FORM 990).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

Schedule D (Form 990) 2021

132055 10-28-21

Name	e of the organization					Employer identifie	cation number		
ONE	VILLAGE PART	NERS				27-347394	3		
Par			ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on		
	 Form 990, Part IV								
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,								
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No								
2	-	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the		
•	United States.	a fallau ina Daut							
3	(a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total		
		offices	employees,	(by type) (such as, fundraising, pro-	• •	gram service,	expenditures		
		in the region		gram services, investments, grants to	describe	specific type	for and investments		
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region		
SUB-	SAHARAN AFRICA -								
ANGO	LA, BENIN,								
BOTS	WANA, BURKINA				COMMUNITY-L	ED			
FASO	,	3		PROGRAM SERVICES	DEVELOPMENT	PROJECTS	0.		
3 a	Subtotal	3	0				0.		
b	Total from continuation								
	sheets to Part I	0	0				0.		
С	Totals (add lines 3a								
	and 3b)	3	0				0.		

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.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	ns listed above that are r	ecognized as charities by the t	foreign country, I	recognized as a tax			
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee of	or counsel has provided a sect	ion 501(c)(3) equ	vivalency letter			
3 Enter total number of	other organizations o	r entities				🕨		<u> </u>

27-3473943

Schedule F (Form 990) 2021

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

40

27-3473943

Schedule F (Form 990) 2021

ONEVILLAGE PARTNERS

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	ONEVILLAGE	PARTNERS
----------------------------	------------	----------

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

132075 12-20-21	42	Schedule F (Form 990) 2021

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury		Attach to Form 990	-		-			Open to Public
Internal Revenue Service	► Go		Inspection					
Name of the organization	ONEVILL	AGE PARTNERS					27-3473	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	contrib	▶ utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedule	e G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

					(b) Event #2 PARTNER	(c) Other events	(d) Total events (add col. (a) through
			RE	BREAKFAST		1	col. (c))
				(event type)	(event type)	(total number)	
עבעבוותם	1	Gross receipts		139,335.	210,535.	48,695.	398,565
	2	Less: Contributions		139,335.	210,535.	48,695.	398,565
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs		1,500.	1,500.	5,721.	8,721
	7	Food and beverages		1,910.	2,755.		4,665
_	8	Entertainment		4,500.	5,045.	1,144.	10,689
	9	Other direct expenses		329.	521.	120.	970
·			line 3, d	column (d)	990, Part IV, line 19, or	►	
ar	11	Net income summary. Subtract line 10 from I	line 3, d	column (d)			25,045 -25,045 (d) Total gaming (add col. (a) through col. (c
	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	line 3, d	column (d) rred "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-25,045
	11 11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, d	column (d) rred "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-25,045
	11 t I 1 2	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, d	column (d) rred "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-25,045
	11 t I 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, d	column (d) rred "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-25,045
	11 t I 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, d	column (d) rred "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-25,045
	11 1 2 3 4 5	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, d answe	column (d) rred "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-25,045
	11 1 2 3 4 5 6	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Valuated labor		<u>column (d)</u> red "Yes" on Form (a) Bingo Yes % No	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	-25,045
	11 1 2 3 4 5 6 7	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in c	<u>column (d)</u> red "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Column (d)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	-25,045
	11 1 2 3 4 5 6 7 8	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	h 5 in c	column (d) red "Yes" on Form (a) Bingo Yes% No column (d) line 1, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	-25,045

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	ONEVILLAGE	PARTNERS	27-3473943 Page 3
11	Does the organization conduct ga	ming activities with nor	members?	Yes No
			ust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			
13	Indicate the percentage of gaming			
а	The organization's facility			
			the organization's gaming/special events books and reco	
	Name 🕨			
	Address 🕨			
			rom whom the organization receives gaming revenue?	
b	If "Yes," enter the amount of gam	ing revenue received by	the organization \blacktriangleright \$ and the an	nount
	of gaming revenue retained by the	e third party 🕨 \$		
С	If "Yes," enter name and address	of the third party:		
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation	\$		
	Description of services provided	•		
		_		
	Director/officer	Employee	Independent contractor	
	Mandatory distributions:			
а	Is the organization required under	state law to make cha	itable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b		•	v to be distributed to other exempt organizations or spent	t in the
De	organization's own exempt activit			
Fa			explanations required by Part I, line 2b, columns (iii) and (/); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provid	e any additional information. See instructions.	
_				
1000	20.40.04.04			Sobodulo C (Form 000) 000
13208	3 10-21-21		45	Schedule G (Form 990) 202

Part IV	Supplemental Information	(continued)		
			Schedule G	(Form 990)

132084 11-18-21

12200513 310390 115668

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-3473943

ONEVILLAGE PARTNERS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESS THESE CHALLENGES AND CREATE NEW OPPORTUNITIES FOR WOMEN'S

ECONOMIC EMPOWERMENT. USING A PARTICIPATORY MODEL AND PICTURE-BASED

TOOLS, WE TRAIN VOLUNTEER-LEADERS TO ACT AS CHANGE AGENTS, MOBILIZING

THEIR COMMUNITIES TO COLLECTIVELY IDENTIFY LONG-TERM GOALS AND

COLLABORATE TO ACHIEVE THEM. WE ACCOMPLISH THIS WORK THROUGH PROGRAMS

THAT BUILD CAPACITY, WITH A PARTICULAR FOCUS ON INCLUSIVE LEADERSHIP,

WOMEN AND GENDER EQUITY, SOCIAL COHESION, AND LONG-TERM RESILIENCY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY-DESIGNED INITIATIVES. SINCE JUST 2015, WE HAVE PARTNERED

WITH COMMUNITIES TO BUILD 480 LATRINES AND 639 HANDWASHING STATIONS IN

KAILAHUN DISTRICT, AND WITH IT WE HAVE SEEN AN AVERAGE OF A 73%

REDUCTION IN DIARRHEAL OCCURRENCE. THIS IS IN ADDITION TO COMMUNITY-LED

PROJECTS SPANNING EDUCATION, AGRICULTURE, HEALTH, AND INCOME-GENERATING

ACTIVITIES.

FORM 990, PART III, LINE 4B, **PROGRAM SERVICE ACCOMPLISHMENTS:** WITH THE AIM OF SHIFTING BELIEFS ABOUT GENDER ROLES IN THE HOME AND THE COMMUNITY. IN 2021 118 WOMEN GRADUATED FROM THE NOW: STRENGTHENING HOUSEHOLD FINANCES PROGRAM. FOLLOWING GRADUATION, PARTICIPANTS SHOWED 150% INCREASE IN PUBLIC SPEAKING AND COLLECTIVELY SAVED NEARLY \$10,000 TO PUT TOWARDS EMERGENCY SAVINGS FUNDS. IMPROVING INCOME THROUGH BUSINESS SKILLS WAS FORMED BASED ON NOW: COMMUNITY REQUEST AND PARTICIPANT FEEDBACK. BUILDING ON SKILLS LEARNED STRENGTHENING HOUSEHOLD FINANCES, WOMEN ARE TRAINED TО IN NOW: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization ONEVILLAGE PARTNERS	Employer identification number 27-3473943
SUCCESSFULLY RUN A PROFITABLE BUSINESS. PARTICIPANTS ACTIV	ELY PROBLEM
SOLVE AND LEARN THE TOOLS NECESSARY TO DEVELOP A SUCCESSFU	L BUSINESS,
HOW TO EFFECTIVELY INCREASE PROFIT, AND HOW TO CONFIDENTLY	COMMUNICATE
THEIR BUSINESS IDEAS. PARTICIPANTS USE PICTURE-BASED WORKB	OOKS, WHICH
PROVIDE THE FRAMEWORK FOR THE PARTICIPANTS TO RECORD AND T	RACK INCOME
AND EXPENSES, ASSESS RISK, AND CALCULATE PROFIT. IN 2021,	100 WOMEN
GRADUATED FROM THE NOW: IMPROVING INCOME THROUGH BUSINESS	SKILLS
PROGRAM.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
COLLABORATION AND RESULTS IN SUSTAINABLE, EFFECTIVE DEVELO	PMENT.
SINCE THE PILOT BEGAN IN 2020, 96 INDIVIDUALS HAVE BEEN TR	AINED ON
PROPOSAL WRITING AND PROJECT MANAGEMENT, RESULTING IN A RE	HABILITATED
HEALTH CLINIC AND YOUTH TRAINING CENTER, IN ADDITION TO X	COMMUNITY
PROJECTS UNDER CONSTRUCTION, INCLUDING A PRIMARY SCHOOL, S	ECONDARY
SCHOOL, AND REHABILITATION OF A MATERNITY CENTER.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
COVID-19 RESPONSE	
AT THE ONSET OF THE PANDEMIC, ONEVILLAGE PARTNERS BEGAN TO	PIVOT
PROGRAMMING TO FOCUS ON EDUCATION AND MITIGATION ACTIVITIE	S IN
COLLABORATION WITH OUR PARTNER COMMUNITIES AND LOCAL GOVER	NMENT.
RESPONDING TO NEEDS EXPRESSED BY OUR PARTNERS, WE DELIVERE	D FOOD AND
WATER, MASKS, AND HANDWASHING STATIONS TO INDIVIDUALS AND	COMMUNITIES.
PROGRAM STAFF FACILITATED NUMEROUS TRAINING SESSIONS ON PR	EVENTION AND
MITIGATION OF THE VIRUS WITH OUR COMMUNITY PARTNERS, WHO I	N-TURN SHARED
THE INFORMATION WITH COMMUNITY GROUPS, REACHING 28,000+ IN	DIVIDUALS. WE

 LED THE REHABILITATION OF A LOCAL HOSPITAL TO PROVIDE AN IMMEDIATELY

 132212 11-11-21
 Schedule O (Form 990) 2021

48

2021.03041 ONEVILLAGE PARTNERS

115668_1

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
ONEVILLAGE PARTNERS	27-3473943
ACCESSIBLE AND DIGNIFIED SPACE TO ACCOMMODATE QUARANTINED	PERSONS FROM
OUR PARTNER COMMUNITIES AND BEYOND. ALONGSIDE SAVE THE CHI	LDREN, WE
ALSO CO-LED THE COORDINATION OF THE NGO RESPONSE IN THE DI	STRICT IN
WHICH WE OPERATE. BY EMPOWERING AND MOBILIZING LOCAL COMMU	NITY MEMBERS
TO PRIORITIZE THEIR HEALTH AND SAFETY, WE CONTINUED TO REM	AIN TRUE TO
OUR VALUES AND FOCUS ON COMMUNITY-LED DEVELOPMENT.	

FORM 990, PART VI, SECTION A, LINE 2:

JEFF HALL, AND DAVID ETZWILER - FAMILY RELATIONSHIP; JEFF HALL, JESS COOK,

DAVE HORAN - SHARED BUSINESS INVESTMENT OUTSIDE OF ONEVILLAGE PARTNERS

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED WITH QUORUM OF THE BOARD VIA A

TELEPHONE/EMAIL/IN-PERSON MEETING IN MAY.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CHAIR CONVENES THE EXECUTIVE COMMITTEE TO REVIEW PERFORMANCE AND

INDUSTRY STANDARDS BEFORE MAKING A RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST IN WRITING

132212 11-11-21

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

ONEVILLAGE PARTNERS PO BOX 26055 MINNEAPOLIS, MN 55426

> NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

> > FORM CHAR500

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

ONEVILLAGE PARTNERS PO BOX 26055 MINNEAPOLIS, MN 55426

PREPARED BY:

CARPENTER, EVERT & ASSOCIATES, LTD. 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435

AMOUNT OF TAX:

BALANCE DUE OF \$25

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

MAY 16, 2022

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informati	on										
For Fiscal Year Beginning	(mm/dd/yyyy) 01/01/	2021 and Ending (r	nm/dd/yyyy) <u>1</u>	2/31/202	21						
Check if Applicable: X Address Change	Name of Organization: ONEVILLAGE PAR	TNERS		E	mployer Identification Number (EIN): $27 - 3473943$						
Name Change	Name Change Mailing Address: NY Registration Number: Initial Filing PO BOX 26055 VY Registration Number:										
Final Filing City / State / ZIP: Telephone: Amended Filing MINNEAPOLIS, MN 55426 612 879-7590											
Reg ID Pending	Website: HTTP://ONEVILL		G/	E	mail: JILL@ONEVILLAGEPART						
Check your organization's registration category:				Confi	rm your Registration Category in the ties Registry at <u>www.CharitiesNYS.com</u> .						
2. Certification											
See instructions for certifi two signatories.	cation requirements. Improper	r certification is a violation of	of law that may	be subject to pe	enalties. The certification requires						
	enalties of perjury that we revi e true, correct and complete in										
President or Authorized	Officer:										
	Signature			Print Name and CROWE	d Title Date						
Chief Financial Officer or			TREAS								
	Signature			Print Name and	d Title Date						
3. Annual Reporting	Exemption										
categories (DUAL filers) th additional attachments ar schedules and attachmen	hat apply to your registration, o	complete only parts 1, 2, an an exemption or are a DU/	d 3, and submi AL filer that clai	t the certified Cl ms only one exe	emption, you must file applicable						
	5,000 <u>and</u> the organization did ns during the fiscal year.	d not engage a professiona	fund raiser (PF	R) or fund raisin	ng counsel (FRC) to solicit						
	<u>iling exemption:</u> Gross receipt fiscal year.	s did not exceed \$25,000 a	nd the market v	value of assets o	did not exceed \$25,000 at any time						
4. Schedules and A	ttachments										
See the following page for a checklist of schedules and attachments to complete your filing.	for fund i	our organization use a prof raising activity in NY State? he organization receive gov	If yes, complet	te Schedule 4a.	ng counsel or commercial co-venturer ete Schedule 4b.						
5. Fee											
See the checklist on the next page to calculate you fee(s). Indicate fee(s) you are submitting here:	r 7A filing fee: \$ 25.	EPTL filing fee:	Total fee:	м	lake a single check or money order payable to: "Department of Law"						
5											

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

2

168451 01-10-22 **1019**

2021.03041 ONEVILLAGE PARTNERS

CHAR500

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000 X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.

If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

 $_$ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

12200513 310390 115668

2021.03041 ONEVILLAGE PARTNERS

3

115668 1

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

ONEVILL20210001

Filing Name ONEVILLAGE PARTNERS

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. ____ Other (please provide explanation below)

123151 05-20-21

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2021

Amended

Part I F	iler information		ONEV	/ILL	20210	0001							
2 Type of filer													
a 🗌 Indivi	dual b 🗌 Partnership c	X Corpo	oration o	1 🗌	Consolid	lated e	Fid	uciary or c	other - Ente	er type			
3 U.S. Taxpay	/er Identification Number 3a	TIN type	4 Forei	gn ider	ntification	(Comp	lete only if i	item 3 is no	t applicable	/ I	5 Individual's date of birth		
2734739		SSN/ITIN	a Type:	:	Passport	t 🗌	Foreign T		Other	MM/E	D/YYYY		
If filer has no U.S. Identification X EIN number complete item 4 b Number c Country of Issue													
	or organization name AGE PARTNERS					7 Fi	irst name			8 Middle init	al 8a Suffix		
9 Mailing add	ress (number, street, and apt	t. or suite no).)							L			
PO BOX	26055												
10 City	20033	1	1 State	12 ZI	P/Postal	Code	13 Coun	itry					
MINNEAP	OLIS		MN	554	26		USA						
Yes	e filer have signature authori	ty over but r s al accoun	no financia	al intere Comp. F ned se unt 16	est in 25 d Part IV, ite eparate	or more ms 34 tl ely	financial hrough 43 f	accounts? for each per	son on who	se behalf the filer has			
17 Name of fin ZENITH	ancial institution in which aco אוו ג ק	count is held	1										
-	mber or other designation		address (r 20 RA				suite no.)	of financia	I institutior	n in which account	is held		
20 City FREETOW	N	21 State, if	f known	2	2 Foreig	n posta	l code, if l	known 23		LEONE			
Signature	44a Check here X if	this report is	s complete	ed by a	third pa	rty prep	arer and o	complete t	he third pa	arty preparer sectio	n.		
44 Filer signatu The report w signe	ure 45 Filer tit vill be electronically d when filed	le, if not rep	orting a pe	ersonal	l account					46 Date (MM/DD/ This date will au FBAR is electro	YYYY) co-fill when the nically signed		
Third Party Preparer Use Only	47 Preparer's last name PILLSBURY 52 Contact phone no. (952) 831-0085	· · ·	Firm's na	'ER,		self	-employed	51 TIN 1 P0156 54 Firm 41-15		51a TIN type SSN/ITIN 54a TIN type	X PTIN Foreign X EIN Foreign		
	55 Mailing address (numb 7760 FRANCE AV					INGT		57 State MN	58 ZIP/	Postal Code	59 Country US		

123141 04-01-21

Pa	FORM 114													
Co	Complete a Separate Block for Each Account Owned Separately													
1	Filing for calendar year	3-4 Check appropria	ate l	dentification Number	6	6 Last Name or Organization Name								
		X Taxpayer Iden												
	2021	Foreign Identi		tion Number n number here:	C	NEVILLAGE	PARTNE	RS						
		273473943	alio	n number here.										
	7													
15	Maximum value of acc	count during calendar ye	ear	15a Amount Unknown	16	Type of account a	X Bank b	Securities c	Other - Enter type below					
17	17 Name of Financial Institution in which account is held ZENITH BANK													
18	Account number or ot 4070200347		19	Mailing Address (Nur 18-20 RAV			of financial ins	titution in which account i	s held					
20	City FREETOWN		21	State, if known		22 ZIP/Postal Code,	if known	23 Country SIERRA LEC	ONE					
15	Maximum value of acc	count during calendar ye	ear	15a Amount Unknown	16	Type of account a	🗌 Bank b	Securities c] Other - Enter type below					
17	Name of Financial Inst	titution in which accoun	t is ł	held	•									
18	Account number or ot	her designation	19	Mailing Address (Nur	nber,	Street, Suite Number)	of financial ins	titution in which account i	s held					
20	City		21	State, if known		22 ZIP/Postal Code,	if known	23 Country	Country					
15	Maximum value of acc	count during calendar ye	ear	15a Amount Unknown	16	Type of account a	Bank b	Securities c	Other - Enter type below					
17	Name of Financial Inst	titution in which accoun	t is ł	held										
18	Account number or ot	her designation	19	Mailing Address (Nur	titution in which account i	s held								
20	City		21	State, if known		22 ZIP/Postal Code,	23 Country							
15	Maximum value of acc	count during calendar ye	ear	15a Amount Unknown	16	Type of account a	Bank b	Securities c	Other - Enter type below					
17	Name of Financial Inst	titution in which accoun	t is ł	held	•									
18	Account number or ot	her designation	19	Mailing Address (Nur	nber,	Street, Suite Number)	titution in which account i	s held						
20	City		21	State, if known		22 ZIP/Postal Code,	if known	23 Country						
15	Maximum value of acc	count during calendar ye	ear	15a Amount Unknown	16	Type of account a	Bank b	Securities c	Other - Enter type below					
17	Name of Financial Inst	titution in which accoun	t is ł	held										
18	18 Account number or other designation 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held													
20	City		21	State, if known		22 ZIP/Postal Code,	if known	23 Country						
15	Maximum value of acc	count during calendar ye	ar	15a Amount Unknown	16	Type of account a	Bank b	Securities c] Other - Enter type below					
17	Name of Financial Inst	titution in which accoun	t is ł	held										
18	Account number or ot	her designation	19	Mailing Address (Nur	nber,	Street, Suite Number)	of financial ins	titution in which account i	s held					
20	City		21	State, if known		22 ZIP/Postal Code,	if known	23 Country						
1200	015 04-01-21		1			1		1						

For		Stater ► Go to v	OMB No. 1545-2195			
•	v. November 2021)		Attachment			
	artment of the Treasury rnal Revenue Service		Sequence No. 938			
	lf vou		2021 or tax year beginning onal statements, check here Σ	and ending Number of additiona	I statement	s
1	Name(s) shown on re		, <u> </u>		er identificat	ion number (TIN)
3	Type of filer			4		
	a Specified in	dividual b	Partnership c	Corporation	d	Trust
4			bu checked box 3b or 3c, enter the		dividual who	
			box 3d, enter the name and TIN of	•		•
		•	o do if you have more than one spe	• •		
	a Name			b TIN		
F		eposit and Custo	dial Accounts Summary			
5		ccounts (reported in F	-			2
6	Maximum value of all				\$	
7		accounts (reported in	Part VA		Ψ	
8	Maximum value of all				\$	
9			ounts closed during the tax year?			es X No
	Part II Other Fore				T	
<u>10</u>		sets (reported in Part			\$	
<u>11</u>		l assets (reported in P sets acquired or sold c				es X No
12 P	art III Summary	of Tax Items Attr	ibutable to Specified Forei	an Financial Assets (see	e instructio	
•	care in Canada y		(c) Amount reported on		re reported	/13/
	(a) Asset category	(b) Tax item	form or schedule	(d) Form and line		Schedule and line
40	Foreign dependent and	e Interest	\$		(0)	
13	Foreign deposit and custodial accounts	a Interest	\$			
		b Dividends				
		c Royalties	\$			
		d Other income	\$			
		e Gains (losses)	\$			
		f Deductions	\$			
	0	g Credits	\$			
14	Other foreign assets	a Interest	\$			
		b Dividends	\$			
		c Royalties	\$			
		d Other income	\$			
		e Gains (losses)	\$			
		f Deductions	\$			
D	ort IV Ensembled	g Credits	\$			
			n Financial Assets (see inst			
-		-	on one or more of the following for	rms, enter the number of such fo	rms filed. Yo	u do not need to
	lude these assets on Fo	,				
	Number of Forms 352		16 Number of Forms 3520-	A 17	Number of I	Forms 5471
18	Number of Forms 862	.1	19 Number of Forms 8865			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

123021 12-14-21

	(Rev. 11-2021)	Ρ
Part V	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary	У

	(see instruct	tion	s)								-
lf you	have more than one a	acco	unt t	o report in P	art V, attach a sepa	rate state	ment for e	ach addi	itional account. Se	e instructions.	
20	Type of account	a b	X	Deposit Custodial					Account number	or other designatic)	n
22	Check all that apply	а		Account ope	ened during tax yea	r b	Acc	ount clos	sed during tax year		
		с		Account joir	ntly owned with spor	use d				with respect to this	asset
23	Maximum value of ac	cou							•	^	0.
24	Did you use a foreign										No
	If you answered "Yes										
	(a) Foreign currency is maintained				(b) Foreign curren convert to U.S. do	2	nge rate u	sed to	1. 1	kchange rate used i ment's Bureau of tl	
стъ		т.Б	יראסי	r		nai 5			Treasury Depart	inchi 3 Durcau or ti	
	ERRA LEONE										
	a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional) ZENITH BANK										
27	Mailing address of fin	ON	ST	REET			Number, st	reet, and	d room or suite no.		
28	City or town, state or	' prov	vince	e, country, an	• •						
De	FREETOWN			ion for Fo	SIERRA						· · · · ·
	rt VI Detailed In					-					instructions)
lf you	have more than one a	asse	t to r	eport in Part	VI, attach a separat	te statem	ent for ead	h additic	onal asset. See inst	tructions.	
29	Description of asset						30 Io	dentifying	g number or other o	designation	
31	Complete all that app	oly. S	See ir	nstructions fo	or reporting of multip	ole acquis	sition or di	sposition	n dates.		
а	Date asset acquired of	durir	ng tax	x year, if app	licable						
b	Date asset disposed	of d	uring	tax year, if a	pplicable						
C						d [Part III with respect	t to this asset
32	Maximum value of as	set	durin	g tax year (cl	heck box that applie	es)					
а	\$0 - \$50,000		b	\$50,0	001 - \$100,000	с [\$100	,001 - \$1	50,000 c	1 🔲 \$150,001 -	\$200,000
е	If more than \$200,00	0, lis	st vali	ue						\$	
33	Did you use a foreign	ו cur	rency	/ exchange r	ate to convert the va	alue of th	e asset int	o U.S. do	ollars?		Yes 🗌 No
34	If you answered "Yes	s" to	line 3	33, complete	all that apply.						
	(a) Foreign currency	in w	hich	asset is	(b) Foreign curren	cy excha	nge rate u	sed to	(c) Source of ex	kchange rate used i	f not from U.S.
	denominated				convert to U.S. do	llars			Treasury Depart	ment's Bureau of th	ne Fiscal Service
35	If asset reported on li	ine 2	9 is s	stock of a for	eign entity or an inte	erest in a	foreign er	itity, ente	er the following info	ormation for the ass	set.
а	Name of foreign entit	ty						b GIIN	N (Optional)		
с	Type of foreign entity	/		(1)	Partnership	(2)	Co	poration	n (3)	Trust	(4) Estate
d	Mailing address of fo	reigr	n enti	ity. Number,	street, and room or	suite no.					
е	City or town, state or	r prov	vince	e, country, an	d ZIP or foreign pos	stal code					
26	If asset reported on li		0 :0 :	act stack of	o foreign ontity or or	interest	in a faraia	n antitu	antar the following	information for the	aaaat
36					0,		0		0		
	Note: If this asset has				er or counterparty, a	ittach a se	eparate sta	atement	with the same info	rmation for each ac	iditional issuer
	or counterparty. See										
а	Name of issuer or co			у							
	Check if information i	is for	ſ		Issuer	Counte	rparty				
b	Type of issuer or cou		party		.					1	
	(1) Individual			(2)	Partnership	(3)		poration	n (4) 🗌	Trust	5) Estate
	Check if issuer or cou				U.S. person		Foreign p	erson			
d	Mailing address of iss	suer	or co	ounterparty.	Number, street, and	room or	suite no.				
е	City or town, state or	. bro	vince	e, country, an	d ZIP or foreign pos	stal code					
											200
123022	2 12-14-21									Form 89	38 (Rev. 11-2021)

115668_1

Last	Name or Organization	Nar	ne										Identification Nu 27-3473943	nber		Form 893
Par	rt V Foreign Dep	oos	it a	nd	Custo	dia	al Accounts (see i	nstr	uct	ions)						
20	Type of account	a b	X	-	eposit ustodial								Account number or other	designat	ion	
22	 Check all that apply a Account opened during tax year b Account closed during tax year c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset 															
23	Maximum value of ac		int d										\$			0
24							ate to convert the value	of th	e ac	count	into	U.S.	dollars?	X Yes	[No
25	If you answered "Yes															
S	(1) Foreign currency is maintained SIERRA LEONE	' in v	vhicł	h ao	ccount		(2) Foreign currency exconvert to U.S. dollars	kcha	nge	rate us	sed	to	(3) Source of exchange Treasury Department's I			
26a	Name of financial ins	titut	ion i	in v	hich acc	coul	unt is maintained				b	Glob	al Intermediary Identificat	ion Numb	er (Gl	IN) (Optional)
	ZENITH BANK	<u>X</u>														
27	Mailing address of fir	nanc	cial ir	nsti	tution in	wh	nich account is maintain	ed. I	Num	ber, st	reet	t, and	room or suite no.			
	18-20 RAWDO															
28		r pro	vinc	e, o	country, a	and	d ZIP or foreign postal c	ode								
	FREETOWN															
	SIERRA LEON			1 -								04	A		• • • •	
20	Type of account	a b		5	eposit ustodial							21	Account number or other	designat	ion	
22	Check all that apply	b a		-		nor	ened during tax year	b			hunt		ed during tax year			
22	Oneck an that apply	c		-		•	tly owned with spouse	d					eported in Part III with responses	pect to th	s ass	et
23	Maximum value of ac		unt d					<u>u</u>					\$		0 000	
24							ate to convert the value	of th	e ac	count	into	U.S.		Yes	[No
25	If you answered "Yes								<u> </u>			0.01				
	(1) Foreign currency is maintained						(2) Foreign currency exconvert to U.S. dollars	kcha	nge	rate us	sed	to	(3) Source of exchange Treasury Department's I			
26a	Name of financial ins	titut	ion i	in v	hich acc	coui	int is maintained				b	Glob	bal Intermediary Identificat	ion Numb	er (Gl	IN) (Optional)
27	Mailing address of fir	nanc	cial ir	nsti	tution in	whi	nich account is maintain	ed. I	Num	ber, st	reet	t, and	room or suite no.			
28	City or town, state or	r pro	vinc	ce, o	country, a	and	d ZIP or foreign postal c	ode								
	T			1 -								04	A		• • • •	
20	Type of account	a b		-	eposit							21	Account number or other	designat	ion	
22	Check all that apply	a		7	ustodial	nor	ened during tax year	b					ed during tax year			
22	Oneck an that apply	c		-		-	tly owned with spouse	d		_			eported in Part III with responded to the second seco	ect to th	5 255	≏t
23	Maximum value of ac		unt d					<u>u</u>							0 000	
24							ate to convert the value	of th	e ac	count	into	U.S.		Yes	Γ	No
25	If you answered "Yes															
	(1) Foreign currency is maintained	in v	vhicł	h a	ccount		(2) Foreign currency ex convert to U.S. dollars	kcha	nge	rate us	sed	to	(3) Source of exchange Treasury Department's I			
26a	Name of financial ins	titut	ion i	in v	hich acc	coui	unt is maintained				b	Glob	al Intermediary Identificat	ion Numb	er (Gl	IN) (Optional)
27	Mailing address of fir	nanc	cial ir	nsti	tution in	wh	nich account is maintain	ed. I	Num	ber, st	reet	, and	room or suite no.			

28 City or town, state or province, country, and ZIP or foreign postal code

Form 990

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.

Department of the Treasury Internal Revenue Service A the 0001 colorsion of

AF	or th	e 2021 calendar year, or tax year beginning and	ending			
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number	
X	Addre	ONEVILLAGE PARTNERS				
	Name		27-347394	43		
	Initial		E Telephone number			
	Final return	PO BOX 26055	(612) 879			
L	termi	G Gross receipts \$	1,063,483.			
	Amer			H(a) Is this a group re		
	Appli tion				? Yes X No	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in		
11	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. See instructions	
		te: ► HTTP://ONEVILLAGEPARTNERS.ORG/		H(c) Group exemption		
		f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year (State of legal domicile: MN	
Pa	art I	Šummary			<u>v</u>	
	1	Briefly describe the organization's mission or most significant activities: ONEV	ILLAGE	PARTNERS CA	TALYZES	
Governance		COMMUNITY-LED TRANSFORMATION IN RURAL AFR				
'nai	2	Check this box if the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the organization discontinued its operations of the organization dits operation	sed of more	than 25% of its net ass	ets.	
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	17	
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17	
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			6	
/itie	6	Total number of volunteers (estimate if necessary)		25		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
<u>م</u>	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		659,651.	1,059,847.	
nué	9	Program service revenue (Part VIII, line 2g)		832.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		278.	413.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		710.	-21,822.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		661,471.	1,038,438.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		476,598.	458,120.	
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)				
Ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		230,763.	258,141.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		707,361.	716,261.	
	19	Revenue less expenses. Subtract line 18 from line 12		-45,890.	322,177.	
s or			Be	ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		974,514.	1,296,043.	
it As	21	Total liabilities (Part X, line 26)		43,129.	42,827.	
No.	22	Net assets or fund balances. Subtract line 21 from line 20		931,385.	1,253,216.	
	art II	Signature Block				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the best of my	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GREG CROWE, TREASURER Type or print name and title		Date				
Paid	Print/Type preparer's name MATT PILLSBURY	Preparer's signature MATT PILLSBURY	Date Check PTIN 05/13/22 self-employed P01565	509			
Preparer	Firm's name CARPENTER, EVER	T & ASSOCIATES, LTD.	Firm's EIN ▶ 41-153480	05			
Use Only	Firm's address 7760 FRANCE AVE	S, SUITE 940					
	BLOOMINGTON, MN	55435	Phone no. (952) 831-0	0085			
May the IRS discuss this return with the preparer shown above? See instructions IN Ves No							
132001 12-0	D9-21 LHA For Paperwork Reduction Act No	tice, see the separate instructions.	Form 9 9	90 (2021)			

Form		Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WORKING IN SIERRA LEONE, ONEVILLAGE PARTNERS' MISSION IS TO CATALYZE	
	COMMUNITY-LED TRANSFORMATION. WE PARTNER WITH RURAL COMMUNITIES TO	
	DEVELOP SUSTAINABLE SOLUTIONS TO THEIR MOST PRESSING SELF-IDENTIFIED	
	CHALLENGES. OUR PROGRAMS EMPOWER VOLUNTEER-LEADERS TO EFFECTIVELY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	XNo
	If "Yes," describe these new services on Schedule O.	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
3		21 NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	b
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$581, 186. including grants of \$) (Revenue \$)	0.)
	COMMUNITY ACTION	,
	THE COMMUNITY ACTION PROGRAM GUIDES COMMUNITIES TO ASSESS AND	
	PRIORITIZE THEIR CHALLENGES AND DEFINE AND ACHIEVE A SHARED VISION FO	
	DEVELOPMENT. A GROUP OF WOMEN AND MEN VOLUNTEER-LEADERS ARE TRAINED T	
	DESIGN, IMPLEMENT, AND MONITOR PROJECTS THAT PROMOTE THE SELF-DEFINED	
	VISION FOR THEIR COMMUNITY. VOLUNTEER-LEADERS ATTEND TRAINING WORKSHO	PS
	LED BY ONEVILLAGE PARTNERS, WHICH USE INTERACTIVE TOOLS, SO LEARNING	IS
	ACCESSIBLE TO ALL COMMUNITY MEMBERS REGARDLESS OF THEIR LEVEL OF	
	LITERACY. COMMUNITY MEMBERS IMPLEMENT UP TO THREE DEVELOPMENT PROJECT	S.
	WHICH IMPROVE THE COLLECTIVE WELLBEING OF THE COMMUNITY.	~/
		1
	IN 2021, ONEVILLAGE PARTNERS EXPANDED OUR REACH TO ACTIVELY WORK IN 2	4
	COMMUNITIES, IMPACTING NEARLY 29,000 LIVES THROUGH A VARIETY OF	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	NURTURING OPPORTUNITIES FOR WOMEN (NOW):	
	THE NURTURING OPPORTUNITIES FOR WOMEN (NOW) PROGRAM IS AN ACCESSIBLE	
	TWO-PHASE PROGRAM THAT STRENGTHENS HOUSEHOLD FINANCIAL SKILLS AND	
	BUSINESS MANAGEMENT SKILLS. NOW: STRENGTHENING HOUSEHOLD FINANCES IS	AN
	ENTIRELY PICTURE-BASED TRAINING PROGRAM THAT EMPOWERS PARTICIPANTS WI	
	FINANCIAL PLANNING, DECISION-MAKING, AND PUBLIC SPEAKING SKILLS.	
	PARTICIPANTS ARE TRAINED ON BASIC FINANCIAL PRINCIPLES, TOOLS FOR	
	SAVING AND TRACKING THEIR RESOURCES, AND COMMUNICATION SKILLS TO	
	ACHIEVE PERSONAL FINANCIAL GOALS. THE CURRICULUM IS ENTIRELY	
	PICTURE-BASED, SO LEARNING IS ACCESSIBLE TO ALL, REGARDLESS OF THEIR	
	LEVEL OF LITERACY. AT KEY POINTS IN THE PROGRAM FINANCIAL	
	DECISION-MAKING IS DISCUSSED WITH HUSBANDS AND MALE FAMILY MEMBERS,	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	LEAD: LEADERSHIP ENGAGEMENT AND DEVELOPMENT	/
	IN RESPONSE TO COMMUNITY AND PARTICIPANT FEEDBACK, LEAD WAS CREATED F	
	COMMUNITIES THAT HAVE COMPLETED AT LEAST TWO CYCLES OF PROJECTS DURIN	G
	COMMUNITY ACTION. IN THE PROGRAM, A GROUP OF WOMEN AND MEN	
	VOLUNTEER-LEADERS ENHANCE THEIR LEADERSHIP SKILLS AND ARE TRAINED IN	
	PROJECT DESIGN, MANAGEMENT, AND PROPOSAL WRITING. THIS COHORT USES	
	THEIR TRAINING TO WORK COLLABORATIVELY WITH THE COMMUNITY TO IDENTIFY	A
	DEVELOPMENT PROJECT AND WRITE A PROPOSAL IN A COMPETITIVE BID FOR	
	FUNDING, AWARDED BY ONEVILLAGE PARTNERS. AFTER A RIGOROUS SELECTION	
		1
	PROCESS, CHOSEN PROPOSALS ARE FUNDED, AND COMMUNITY MEMBERS IMPLEMENT	
	THESE PROJECTS IN COLLABORATION WITH EXPERTS AND LOCAL INSTITUTIONS.	
	THE PROGRAM CREATES CIVIC ENGAGEMENT PLATFORMS FOR REGIONAL	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 581,186.	
	Form 99	0 (2021)
13200	SEE SCHEDULE O FOR CONTINUATION(S)	
~ ~ ~		

12200513 310390 115668

2021.03041 ONEVILLAGE PARTNERS

115668_1

Form	990	(2021)

Form 990 (2021) ONEVILLAGE PARTNERS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
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	X	
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?			77
	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	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
U	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			
		14b	х	
15	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			<u> </u>
	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			
-	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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		X
132003	3 12-09-21	Form	990	(2021)

132003 12-09-21

Form	990	(2021)
	330	

 Form 990 (2021)
 ONEVILLAGE
 PARTNERS

 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		<u> </u>
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
	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	0-		
~~	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?			x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
00	Nates All Forms 2020 filese are used in a conservate Cabadula C	38	х	
Pa		55		L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
132004	4 12-09-21	Form	990	(2021)

115668_1

Form	990 (2021) ONEVILLAGE PARTNERS 27-3473	943	Р	age 5
Par				<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return <u>2a</u> 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
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 Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the experimentian of a set of the time of the the section 1000 surface to use set investment in sector 0	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21	Form	990	(2021)

12200513 310390 115668

2021.03041 ONEVILLAGE PARTNERS

115668_1

Form 9	990 (2	2021)
--------	--------	-------

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

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

Y

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on 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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			v
-	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı'S			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MN , NY		— (); — — — () (0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	na 990	-1 (section 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	i finano	cial	
00	statements available to the public during the tax year.		d una consta 🔉 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's boc CLIFTONLARSONALLEN – (612) $376-4500$	oks and	a records 📂			
	220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN	55	402			
100000	12-09-21	55	104	Form	990	(2021)
1J2UUF						101011

Form 990 (2021)	ONEVILLAGE PARTNERS	27-3473943 Page	, 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Employ	ees	_
1a Complete this table t	for all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's tax year	ar.
 List all of the organ 	nization's current officers, directors, trustees (whether individuals or organ	izations), 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless pers		son i	s both	n an	compensation	compensation	amount of
	week		officer and a director		ctor/trustee)		from	from related	other	
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		9	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) JILL LALONDE	40.00			0	×	1 0	ш.			
EXECUTIVE DIRECTOR				х				86,691.	0.	2,700.
(2) JEFF HALL	6.00									
DIRECTOR		Х						0.	Ο.	0.
(3) LINDA SVITAK	1.00									
DIRECTOR		х						0.	Ο.	0.
(4) RAMYA RAUF	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MIKE HENLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DAVID ETZWILER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) PETER JANZEN	3.00									
CHAIR		Х		Х				0.	0.	0.
(8) RENEE PARDELLO	2.00									
DIRECTOR		Х						0.	0.	0.
(9) EMILIA SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JESSICA COOK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVE HORAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SHETU ROSE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) ROSEANNE HOPE	2.00									
DIRECTOR		Х						0.	0.	0.
(14) KATHLEEN BURZYCKI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVE SWANSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(16) ANDREW KAMARA	1.00									_
DIRECTOR		Х						0.	0.	0.
(17) GREG CROWE	1.00	l								_
TREASURER		Х		Х				0.	0.	0 .

132007 12-09-21

Form 990 (2021)

	orm 990 (2021) ONEVILLAGE PARTNERS 27-3473943 Page 8													
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		(B) Average hours per week (list any hours for	erage Position (do not check more than one box, unless person is both an officer and a director/trustee) t any g				than o s both r/trus	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations (W-2/1099-MIS	6	ar com	(F) stimate nount other opensa rom the	of tion
(18)	NICOLE LEIMER	related organizations below line) 1.00	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		an	anizati d relati anizatio	ed
	CTOR	1.00	х						0.		0.			0.
	Subtotal Total from continuation sheets to Part VI								86,691.		0.		2,70	<u>00.</u> 0.
d	-								86,691.		0.			
2	Total number of individuals (including but n compensation from the organization							o re		000 of reportable				0
													Yes	No
3	Did the organization list any former officer,			•	•	-		Ŭ	• • •			-		v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		<u> </u>
•	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	-				-			-					
<u>Soc</u>	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	e J fo	or su	ch r	bers	on .					5		Х
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin		ear.				
	(A) (B) Name and business address NONE Description of services								С	(C) Compensation				
2	Total number of independent contractors (in \$100,000 of compensation from the organia	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than				
												Form	990 (2	2021)

132008 12-09-21

Check if Schedule O contains a response or note to any line in this Part VIII (9) (9) Total revenue Pelated or exempt function revenue (9) Total revenue Pelated or exempt function revenue (9) Belated or exempt function revenue (9) O <td colspa<="" th=""><th>Form 990 (</th><th></th><th>RTNERS</th><th></th><th></th><th>27-3473</th><th>943 Page 9</th></td>	<th>Form 990 (</th> <th></th> <th>RTNERS</th> <th></th> <th></th> <th>27-3473</th> <th>943 Page 9</th>	Form 990 (RTNERS			27-3473	943 Page 9
generation 1 a Federated campaigns 1 a 1 a Federated campaigns 1 a </td <td>Part VII</td> <td>Statement of Revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Part VII	Statement of Revenue						
Total revenue Total revenue Unrelated function revenue Unrelated business revenue Instance geographic uggo geographic geog		Check if Schedule O contains a response	or note to any line					
generative description 1a Federated campaigns 1a b Membership dues 1b 1b c Federated campaigns 1a 1b c Gendrating events 1a 398,555. d Haited organizations 1a 1a generative contributions pits, gants, and similar anounts not included above of the test test test test test test test				• •	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514	
Best of the second	<u>ທ</u> ຸທ 1 a	Federated campaigns 1a						
9 2 a	d nit							
90 2 a	ے تو آغر	· · · · · · · · · · · · · · · · · · ·	398,565.					
9 2 a	P A A	•						
90 2 a	e nig	· · · · · · · · · · · · · · · · · · ·						
9 2 a	űö f							
9 2 a	<u>her</u>		661,282.					
9 2 a	g d d							
90 2 a b <td>Ö n Ö</td> <td>Total. Add lines 1a-1f</td> <td> 🕨</td> <td>1,059,847.</td> <td></td> <td></td> <td></td>	Ö n Ö	Total. Add lines 1a-1f	🕨	1,059,847.				
b								
b	ღ 2 a							
g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) ▶ 413. 443. 4 Income from investment of tax exempt bond proceeds ▶ 413. 443. 6 a Gross rents a a a b Less: rental expenses a b b a c Rental income or (loss) a a a a 7 a Gross amount from sales of assets other than inventory a a a a less: cost or other basis and sales expenses 7a a 7a a a c Gain or (loss) 7c 7c a a a a d Net gain or (loss) 7c a a a a a d Net gain or (loss) 7c a a b a a a d Net gain or (loss) a b b a a a a d Net gain or (loss) a b a a a a a a a a a a	p ^e č							
g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) ▶ 413. 4 4 Income from investment of tax-exempt bond proceeds ▶ 413. 4 6 a Gross rents 6a 6b ▶ 6c 6 a Gross rents 6a 6a ● ● 7 B Gross amount from sales of assets other than inventory 0 ● ● ● 7 a Gross norme from foundraising events (not including \$	s na							
g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) ▶ 413. 4 4 Income from investment of tax exempt bond proceeds ▶ 413. 4 6 a Gross rents 6a 6b ▶ 6c 6 a Gross rents 6b 6c ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ ■ 8 a Gross income from fundraising events (not including \$	b exe							
g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) ▶ 413. 4 4 Income from investment of tax exempt bond proceeds ▶ 413. 4 6 a Gross rents 6a 6b ▶ 6c 6 a Gross rents 6b 6c ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ 7 a Gross amount from sales of assets other than inventory ▶ ▶ ■ ■ 8 a Gross income from fundraising events (not including \$	စ် ဧ							
3 Investment income (including dividends, interest, and other similar amounts) 4<	مَ f							
ender similar amounts) ↓ 413. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents 6a b Less: rental expenses 6b c Rental income or (loss)	3	· ·		44.5			41.2	
5 Royalties (i) Real (ii) Personal 6a (iii) Personal 6b (i) Real (i) Personal 6b (i) Real (ii) Personal 6b (i) Real (ii) Personal (i) Real (ii) Personal (i) Real (ii) Personal (ii) Chara (iii) Other (iii) Other (iii) Other (iii) Other (iii) Chara (iiii) Chara (iii) Chara (i				413.			413.	
6 a Gross rents			F					
6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c 7 a Gross amount from sales of assets other than inventory i) Securities b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 7c a Gross income from fundraising events (not including \$398, 565. or contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses bb 25, 045. c Net income or (loss) from fundraising events -25, 045. -25, 0 9 a Gross income from gaming activities. See Part IV, line 19 9a	5	Royalties						
b Less: rental expenses 6b			(II) Personal					
c Rental income or (loss) 6c								
d Net rental income or (loss) Image: construction of the state of assets other than inventory 7 a Gross amount from sales of assets other than inventory Image: construction of the state of th								
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7a			<u> </u>					
assets other than inventory 7a b Less: cost or other basis and sales expenses and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 7c assets direct expenses 8 a Gross income from fundraising events (not including \$398, 565. of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b 25, 045. c Net income or (loss) from fundraising events -25, 045. ga Gross income from gaming activities. See Part IV, line 19 9a								
b Less: cost or other basis and sales expenses 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c 8 a Gross income from fundraising events (not including \$398, 565. of contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses 8b 25,045. c Net income or (loss) from fundraising events -25,045. 9a Gross income from gaming activities. See Part IV, line 19 9a	<i>i</i> a							
and sales expenses 7b 7c	Ь		<u> </u>					
set Gain or (loss) 7c d Net gain or (loss) > 8 a Gross income from fundraising events (not including \$398,565. of contributions reported on line 1c). See > Part IV, line 18 Ba 0. b Less: direct expenses Bb 25,045. c Net income or (loss) from fundraising events > -25,045. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a								
e d Net gain or (loss) ▶ ■ 8 a Gross income from fundraising events (not including \$398,565. of contributions reported on line 1c). See Part IV, line 18 ■ ■ b Less: direct expenses ■ ■ ■ c Net income or (loss) from fundraising events ■ -25,045. -25,0 9 a Gross income from gaming activities. See Part IV, line 19 ■ ■ ■	nue							
8 a Gross income from fundraising events (not including \$ 398,565. of contributions reported on line 1c). See Part IV, line 18								
contributions reported on line 1c). See Ba 0. Part IV, line 18 Ba 0. b Less: direct expenses Bb 25,045. c Net income or (loss) from fundraising events -25,045. -25,0 9 a Gross income from gaming activities. See 9a 9a	ษั 8 ล	-						
contributions reported on line 1c). See Ba 0. Part IV, line 18 Ba 0. b Less: direct expenses Bb 25,045. c Net income or (loss) from fundraising events > -25,045. -25,0 9 a Gross income from gaming activities. See 9a 9a	ŧ,	- · · · ·						
Part IV, line 18 Ba 0. b Less: direct expenses Bb 25,045. c Net income or (loss) from fundraising events > -25,045. -25,045. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a	-							
b Less: direct expenses 8b 25,045. c Net income or (loss) from fundraising events -25,045. 9 a Gross income from gaming activities. See Part IV, line 19 9a		. ,	0.					
9 a Gross income from gaming activities. See Part IV, line 19 9a	b		25,045.					
Part IV, line 19	с	Net income or (loss) from fundraising events	►	-25,045.			-25,045.	
	9 a	Gross income from gaming activities. See						
b Less: direct expenses9b								
c Net income or (loss) from gaming activities			🕨					
10 a Gross sales of inventory, less returns	10 a							
and allowances 10a								
b Less: cost of goods sold 10b								
c Net income or (loss) from sales of inventory	C	Net income or (loss) from sales of inventory						
	s .		Business Code	2 112	2 112			
11 a OTHER INCOME 3,223. 3,223.		OTUER INCOME		3,443.	3,443.			
11 a OTHER INCOME 3,223. 3,223. b	ven. ven.							
	Sce Be							
d All other revenue e Total. Add lines 11a-11d	ž d			2 222				
					3 223	0	-24,632.	
				_,,	5,225•		Form 990 (2021	

115668_1

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses
1	Grants and other assistance to domestic organizations		
	and domestic governments. See Part IV, line 21		
2	Grants and other assistance to domestic		
	individuals. See Part IV, line 22		
3	Grants and other assistance to foreign		
	organizations, foreign governments, and foreign		
	individuale, See Dart IV, Jines 15 and 16		

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

(A)

86,691.

277,610.

7,878.

61,338.

24,603.

36,505.

25,949.

111,226.

8,650.

7,250.

3,862.

11,778.

4,378.

48,543.

ONEVILLAGE PARTNERS

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

individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b.

Form 990 (2021)

11

а b

С

d

е

- Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7
- 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits 9 10 Payroll taxes

Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17

Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties

16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22

23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) MISCELLENOUS а FACILITY AND EQUIPMENT b С d All other expenses е 25

716,261. 581,186. Total functional expenses. Add lines 1 through 24e 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)

132010 12-09-21

26

(C) Management and general expenses

8,686.

28,301.

789.

5,787.

2,337.

3,468.

2,464.

10,567.

821.

689.

367.

1,119.

70,422.

416.

4,611.

(B)

71,681.

233,567.

6,514.

47,751.

19,289.

28,620.

20,345.

87,201.

6,782.

5,684.

3,028.

9,234.

3,432.

38,058.

(D) Fundraising

expenses

6,324.

15,742.

575.

7,800.

2,977.

4,417.

3,140.

13,458.

1,047.

5.874.

877.

467.

1,425.

64,653.

530.

		Check if Schedule O contains a response or not	te to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			348,334.	1	840,496.
	2	Savings and temporary cash investments			306,166.	2	50,090.
	3	Pledges and grants receivable, net			269,289.	3	271,324.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
	_	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
	_	under section 4958(f)(1)), and persons described				6	
ú	7	Notes and loans receivable, net				7	7,075.
Assets	8	Inventories for sale or use		8	,		
As	9			9,257.	9	15,761.	
		Land, buildings, and equipment: cost or other	I I		- , -	-	
		basis. Complete Part VI of Schedule D	10a	92,263.			
	ь	Less: accumulated depreciation		41,861.	21,682.	10c	50,402.
	11	Investments - publicly traded securities			19,786.	11	60,895.
	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			974,514.	16	1,296,043.
	17	Accounts payable and accrued expenses			43,129.	17	42,827.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
lida		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela		Γ		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					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			43,129.	26	42,827.
		Organizations that follow FASB ASC 958, che	eck here				
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			733,104.	27	1,000,889.
Bal	28	Net assets with donor restrictions			198,281.	28	252,327.
pu		Organizations that do not follow FASB ASC 9	58, cheo	ck here 🕨 🗌			
Ľ.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ea				30	
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
Net	32	Total net assets or fund balances			931,385.	32	1,253,216.
	33	Total liabilities and net assets/fund balances			974,514.	33	1,296,043.

Form **990** (2021)

Form 990 (2021)

Part X Balance Sheet

Form	1990 (2021) ONEVILLAGE PARTNERS	27-	3473943	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets				-		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,038				
2	Total expenses (must equal Part IX, column (A), line 25)	2	716	5,20	61.		
3	Revenue less expenses. Subtract line 2 from line 1	3	322	2,1	77.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	931	.,3	85.		
5	Net unrealized gains (losses) on investments	5		- 3	<u>46.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,253	3 , 2:	16.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
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	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x			
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi			37		
	Act and OMB Circular A-133?		<u>3a</u>		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L		

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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.

I	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nar	Name of the organization Employer ide										
D			ILLAGE PAR						7-3473943		
Pa	art I	Reason for Public (Sharity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.			
The	orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3). (Check the box on		
	_	lines 12a through 12d that	describes the type or	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting		
	_	organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manaç	ge the supp	ported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
C	; [Type III functionally inte						ly integrate	ed with,		
	_	its supported organization		•	-		-				
c		Type III non-functionally						-			
		that is not functionally int			•		-	an attentiv	/eness		
	_	requirement (see instruct	-								
e		Check this box if the orga					Type I, Type I	I, Type III			
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[
		er the number of supported o		-1							
<u>c</u>		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization	()	(described on lines 1-10	in your governi Yes	ng document?	support (see in	-	support (see instructions)		
				above (see instructions))	100						
T-*											
Tota	al								1		

 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	669,391.	857,753.	993,855.	745,011.	1059847.	4325857.
2	Tax revenues levied for the organ-						
	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						
	the organization without charge						
4	Total. Add lines 1 through 3	669,391.	857,753.	993,855.	745,011.	1059847.	4325857.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						4325857.
	ction B. Total Support	1			1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	669,391.	857,753.	993,855.	745,011.	1059847.	4325857.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4 - 0				1
	and income from similar sources \dots	35.	150.	386.	303.	346.	1,220.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						420000
	Total support. Add lines 7 through 10						4327077.
	Gross receipts from related activities,	,	,				102,546.
13	First 5 years. If the Form 990 is for th	-		-			
800	organization, check this box and stor ction C. Computation of Publi						
							99.97 %
	Public support percentage for 2021 (I		·· ·· · · ·			14	
	Public support percentage from 2020 33 1/3% support test - 2021. If the o			line 10 and line 1		15	
108	stop here. The organization qualifies						N 37
h	33 1/3% support test - 2020. If the o		•			or more, check thi	······································
N.	and stop here. The organization qual	-					
17-	10% -facts-and-circumstances test					und line 14 is 10%	
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		vinow the organiz	
h	10% -facts-and-circumstances test	•	•		•		······································
N.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-		• •		
				,,,,	, <u></u>		(Form 990) 2021

132022 01-04-22

Schedule A	Form	990	202

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		1		-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
							>
Sec	ction C. Computation of Publi	c Support Pe	rcentage			· · · ·	
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			· · · ·	
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organiza [.]	tion ►
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	23 01-04-22					Sched	lule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

		anizations (continued
Schedule A	(Form 990) 2021	ONEVILLAGE

No

Yes No

1

2

3

11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? 11 Integration Integrate Integration

			162	INU
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	east a majority of the organization's officers, VI how the supported organization(s) e organization had more than one supported tors, or trustees were allocated among the uch powers during the tax year. 1		
	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		
Sec	tion C. Type II Supporting Organizations			

			Yes	
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).	1		

Sec	Section D. All Type III Supporting Organizations		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)).
	C_{1}		ŀ

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Schedule A (Form 990) 2021

Yes No

132025 01-04-22

Schedule F		120
Devit V	Turnell	

Schedule A (Form 990) 2021 ONEVILLAGE PARTNERS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

132026 01-04-22

e Excess from 2021

Sche	Schedule A (Form 990) 2021ONEVILLAGE PARTNERS27-3473943Page 7			
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	0
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021
------------	-----------	--------

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

132028 01-04-22

115668_1

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

27-3473943

ONEVILLAGE	PARTNERS

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

ONEVILLAGE PARTNERS

Employer identification number

27-3473943

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MORTENSON FAMILY FOUNDATION 700 MEADOW LN N, STE 615 MINNEAPOLIS, MN 55422	\$ <u>120,000.</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	CAROL TRUESDELL PO BOX 26055 MINNEAPOLIS, MN 55426	\$ <u>25,000.</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
3	WEM FOUNDATION 100 s 5th st, ste 1295 MINNEAPOLIS, MN 55402	\$ <u>50,000.</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
4	TOGETHER WOMEN RISE 400 EXECUTIVE CENTER DRIVE, SUITE 315 GREENVILLE, SC 29615	\$30,000.	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
5	GREG GOTTLIEB PO BOX 26055 MINNEAPOLIS, MN 55426	\$ <u>25,000.</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
<u>6</u> 123452 11-1	JEFF HALL PO BOX 26055 MINNEAPOLIS, MN 55426	\$30,092.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

12200513 310390 115668

Schedule B (Form 990) (2021)

_

Name of organization

ONEVILLAGE PARTNERS

Employer identification number

27 - 3473943

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>100,000.</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
8	BELTON FAMILY FOUNDATION 2419 E LAKE OF THE ISLES PKWY MINNEAPOLIS, MN 55405	\$22,500.	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	PETER JANZEN PO BOX 26055 MINNEAPOLIS, MN 55426	\$23,000.	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
10	IAN FRIENDLY PO BOX 26055 MINNEAPOLIS, MN 55426	\$30,000.	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
11	STEVE WELLINGTON PO BOX 26055 MINNEAPOLIS, MN 55426	\$45,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

12200513 310390 115668

Schedule B (Form 990) (2021)

2021.03041 ONEVILLAGE PARTNERS

Schedule B (Form 990) (2021)

115668_1

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
		\$	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Page 3

Name of or	ganization		Employer identification number
ONEVII	LLAGE PARTNERS		27-3473943
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from			(ii) Description of how with it hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

115668_1

Page 4

b

132051 10-28-21

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990.

OMB No. 1545-0047

•	nent of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 1 Attach to Form 990.		Open to Public				
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and	the latest information.					
Name	e of the organization	on ONEVILLAGE PARTNERS	RS Employer identification num 27-3473943						
Par	t I Organiza	ations Maintaining Donor Advise		Similar Funds or Ac	counts.				
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.						
			(a) Donor advis	sed funds	(b) Funds a	and other accou	unts		
1	Total number at er	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
		t end of year							
5		on inform all donors and donor advisors in v	writing that the assets h	neld in donor advised fund	ds				
		n's property, subject to the organization's				Yes	No No		
6		on inform all grantees, donors, and donor a							
		oses and not for the benefit of the donor o							
	impermissible priva	ate benefit?				🗌 Yes	No No		
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Y	es" on Form 990, Part IV	, line 7.				
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply)).					
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a histo	orically imp	oortant land are	а		
	Protection o	f natural habitat		Preservation of a cert	ified histor	ic structure			
	Preservation	of open space							
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contri	bution in the form of a co	nservation	easement on t	he last		
	day of the tax year				He	ld at the End of t	he Tax Year		
а	Total number of co	onservation easements			2a				
b	Total acreage rest	ricted by conservation easements			2b				
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)		2c				
d	Number of conserv	vation easements included in (c) acquired a	ifter 7/25/06, and not o	n a historic structure					
	listed in the Nation	al Register			2d				
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or	terminated by the organi	ization dur	ing the tax			
	year 🕨								
4	Number of states v	where property subject to conservation eas	ement is located						
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspe	ction, handling of					
	violations, and enf	orcement of the conservation easements it	holds?			Yes	No No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservation	on easeme	nts during the y	ear		
	▶								
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and e	enforcing conservation ea	sements d	uring the year			
	▶\$								
8		vation easement reported on line 2(d) above	, ,	()()()	.,				
	and section 170(h)					Ves	└── No		
9		be how the organization reports conservation		-					
		d include, if applicable, the text of the footn	ote to the organization	's financial statements the	at describe	es the			
Par	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical Tr	assures or Other S	imilar A	ecote			
Fai		_		easures, or other s		33613.			
.		the organization answered "Yes" on Form		vonue atetamant					
18		elected, as permitted under FASB ASC 95							
		easures, or other similar assets held for pub			ice of pub	lic			
Ŀ		Part XIII the text of the footnote to its finan			a bact	when of			
b	-	elected, as permitted under FASB ASC 95							
		ures, or other similar assets held for public	exhibition, education,	or research in furtherance	e ot public	service,			
	-	ng amounts relating to these items:							
		ded on Form 990, Part VIII, line 1			N A				
	(II) Assets include	ed in Form 990, Part X			▶ \$_				

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2021

▶ \$

\$ ►

Assets included in Form 990, Part X

Sche		AGE PARTNEF							73943		age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, or	^r Other	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the t	following that	make sig	nificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ney further th	ne organizatio	n's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit o							_	-		-
D	to be sold to raise funds rather than to be ma				llection?				Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered "	Yes" on I	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodi								7		٦
	on Form 990, Part X?							∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	iowing t	able:					Amount		
-	Decision belonce								Amount		
	Beginning balance										
	Additions during the year Distributions during the year										
							16 1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		j
Par	t V Endowment Funds. Complete i	f the organization and	swered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back 🛛 🕻	d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions	27,369.									
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	27,369.									
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
0-	The percentages on lines 2a, 2b, and 2c show			4				• • • •			
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	it are neid ar	nd administer	ed for the	e organizat	ion	Г	Yes	No
	by: (i) Unrelated organizations									103	X
									3a(i) 3a(ii)		X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								50	1	
Par	t VI Land, Buildings, and Equipm	<u>u</u>									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Ac	cumulated	ł	(d) Book	value	е
		basis (investm	nent)	basis	(other)	dep	reciation		.,		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			9	2,263.		41,86	1.	50	$, \overline{4}$	02.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>X. colun</u>	nn (B), line 1	0c.)				50	,4()2.
							S	chedule	D (Form	990)	2021

Schedule D (Form 990) 2021	ONEVILLAGE	PARTNERS
Part VII Investments -	Other Securities	

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	' on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)		1	
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11d See Form 000 Bert V line 15	
-	Description	110. See Form 330, Fart A, line 13.	(b) Book value
•	Description		
(1)			
(2)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin			25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			 ► (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	' on Form 990, Part IV, line		

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

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 ONEVILLAGE PARTNERS			27-3	3473943	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With I				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,063	,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-346.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	25,045.			
е	Add lines 2a through 2d			2e	24 1,038	<u>,699.</u>
3	Subtract line 2e from line 1			3	1,038,	<u>,438.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,038	,438.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per H	leturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	741	,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	2d	25,045.			
е	Add lines 2a through 2d			2e	25	<u>,045.</u> ,261.
3	Subtract line 2e from line 1			3	716	,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	716	,261.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

OVP HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX EXEMPT
ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE BECAUSE
OVP IS DESCRIBED IN SECTION 509(A)(1) AND SECTION 170 (B)(1)(A)(VI) AND
CORRESPONDING PROVISION OF STATE LAW AND, ACCORDINGLY, IS NOT SUBJECT TO
FEDERAL OR STATE INCOME TAXES. OVP HAS ADOPTED ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES, ASC 740-10. OVP'S POLICY IS TO EVALUATE UNCERTAIN TAX
POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE
FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. OVP
CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION
AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS.
OVP HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE
132054 10-28-21 Schedule D (Form 990) 2021

Schedule D (F	Form 990	D) 2021	C	NEVILL	AGE	E PARTNI	ERS						27-3	3473943	Page 5
Part XIII	Supple	emental	Informa	ation _{(conti}	nued))									
				-											
FOUNDAI	ION	UNDER	THE	INTERN	AL	REVENUE	CO	DE Al	ND	CHARI	FABLE	COI	NTRIE	BUTIONS	BY
DONORS	ARE	TAX D	EDUCT	IBLE.	ΓN	COMPLIA	NCE	WITH	ΗI	TS EX	EMPT :	STAT	rus,	THE	
ORGANIZ	CATIO	N ANN	UALLY	FILES	Α	RETURN	OF (ORGAI	NIZ	LATION	EXEM	PT I	FROM	INCOME	
FAX (FC)RM 9	90).													

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

Schedule D (Form 990) 2021

132055 10-28-21

Name	e of the organization					Employer identifie	cation number							
ONE	VILLAGE PART	NERS				27-347394	3							
	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on													
	Form 990, Part IV, line 14b.													
1														
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No														
	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the													
2	-	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the							
•	United States.	a fallau in a Daut												
3	(a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total							
		offices	employees,	(by type) (such as, fundraising, pro-	• •	gram service,	expenditures							
		in the region		gram services, investments, grants to	describe	specific type	for and investments							
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region							
SUB-	SAHARAN AFRICA -													
ANGO	LA, BENIN,													
BOTS	WANA, BURKINA				COMMUNITY-L	ED								
FASO	,	3		PROGRAM SERVICES	DEVELOPMENT	PROJECTS	0.							
3 a	Subtotal	3	0				0.							
b	Total from continuation													
	sheets to Part I	0	0				0.							
С	Totals (add lines 3a													
	and 3b)	3	0				0.							

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.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

ONEVILLAGE PARTNERS

Part II 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f			L	L	I
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	>		

Schedule F (Form 990) 2021

Page 2

Schedule F (Form 990) 2021

ONEVILLAGE PARTNERS

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

27-3473943

Page 3

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	ONEVILLAGE	PARTNERS
----------------------------	------------	----------

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

132075 12-20-21	Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

12200513 310390 115668

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the 2021		
		Attach to Form 990						Open to Public	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization								r identification number 73943	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is e	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form §	90 or	990-E	Z.		Schedule	e G (Form 990) 2021	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

					(b) Event #2 PARTNER	(c) Other events	(d) Total events (add col. (a) through
				REAKFAST	BREAKFAST (event type)	(total number)	col. (c))
Hevenue	1	Gross receipts		139,335.	210,535.	48,695.	398,565
	2	Less: Contributions		139,335.	210,535.	48,695.	398,565
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
<i>"</i>	5	Noncash prizes					
pense	6	Rent/facility costs		1,500.	1,500.	5,721.	8,721
Direct Expenses	7	Food and beverages		1,910.	2,755.		4,665
ā		Entertainment		4,500.	5,045.	<u>1,144.</u> 120.	10,689
	9	Other direct expenses		329.	521.	120.	970
- 1				(1)			
	11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	line 3, colu	umn (d)			
		Net income summary. Subtract line 10 from	ine 3, colu answered	umn (d)			-25,045 (d) Total gaming (add
	11	Net income summary. Subtract line 10 from II Gaming. Complete if the organization	ine 3, colu answered	umn (d) I "Yes" on Form	990, Part IV, line 19, or re	eported more than	25,045 -25,045 (d) Total gaming (add col. (a) through col. (c
Kevenue	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, colu answered	umn (d) I "Yes" on Form	990, Part IV, line 19, or re	eported more than	-25,045 (d) Total gaming (add
Revenue	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, colu answered	umn (d) I "Yes" on Form	990, Part IV, line 19, or re	eported more than	-25,045 (d) Total gaming (add
Revenue	<u>11</u> rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, colu answered (a	umn (d) I "Yes" on Form	990, Part IV, line 19, or re	eported more than	-25,045 (d) Total gaming (add
Kevenue	<u>11</u> rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, colu answered (a	umn (d) I "Yes" on Form	990, Part IV, line 19, or re	eported more than (c) Other gaming	-25,045 (d) Total gaming (add
Kevenue	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, colu answered (a	umn (d) I "Yes" on Form a) Bingo	990, Part IV, line 19, or re	eported more than	-25,045 (d) Total gaming (add
	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a	umn (d) I "Yes" on Form a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	-25,045 (d) Total gaming (add

b If "No," explain:

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Seco

132082 10-21-21

Schedule G (Form 990) 2021

Sche	dule G (Form 990) 2021	ONEVILLAGE	PARTNERS	27-3473943 Page 3
		aming activities with nor	nmembers?	Yes No
			ust, or a member of a partnership or other entity formed	
				Yes No
	Indicate the percentage of gamin			
				13a %
			the organization's gaming/special events books and record	
	Name 🕨			
	Address 🕨			
15a	Does the organization have a cor	ntract with a third party f	rom whom the organization receives gaming revenue?	Yes No
b	If "Yes." enter the amount of gan	ning revenue received by	/ the organization ▶ \$ and the am	ount
	of gaming revenue retained by th			
	If "Yes," enter name and address			
•		or the time purty.		
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
		N .		
	Gaming manager compensation	▶ \$		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
а	Is the organization required unde	r state law to make char	itable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b	Enter the amount of distributions		w to be distributed to other exempt organizations or spent	in the
	organization's own exempt activi	ties during the tax year	► \$	
Par			explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provic	le any additional information. See instructions.	
130000	10-21-21			Schedule G (Form 990) 2021

132083 10-21-21

Schedule G	(Form 990)	ONEVILLAGE	PARTNERS	27-3473943	Page 4
Part IV	(Form 990) Supplemental Inform	ation (continued)			
				Schedule G (Form 990)

132084 11-18-21

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-3473943

ONEVILLAGE PARTNERS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESS THESE CHALLENGES AND CREATE NEW OPPORTUNITIES FOR WOMEN'S

ECONOMIC EMPOWERMENT. USING A PARTICIPATORY MODEL AND PICTURE-BASED

TOOLS, WE TRAIN VOLUNTEER-LEADERS TO ACT AS CHANGE AGENTS, MOBILIZING

THEIR COMMUNITIES TO COLLECTIVELY IDENTIFY LONG-TERM GOALS AND

COLLABORATE TO ACHIEVE THEM. WE ACCOMPLISH THIS WORK THROUGH PROGRAMS

THAT BUILD CAPACITY, WITH A PARTICULAR FOCUS ON INCLUSIVE LEADERSHIP,

WOMEN AND GENDER EQUITY, SOCIAL COHESION, AND LONG-TERM RESILIENCY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY-DESIGNED INITIATIVES. SINCE JUST 2015, WE HAVE PARTNERED

WITH COMMUNITIES TO BUILD 480 LATRINES AND 639 HANDWASHING STATIONS IN

KAILAHUN DISTRICT, AND WITH IT WE HAVE SEEN AN AVERAGE OF A 73%

REDUCTION IN DIARRHEAL OCCURRENCE. THIS IS IN ADDITION TO COMMUNITY-LED

PROJECTS SPANNING EDUCATION, AGRICULTURE, HEALTH, AND INCOME-GENERATING

ACTIVITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WITH THE AIM OF SHIFTING BELIEFS ABOUT GENDER ROLES IN THE HOME AND THE COMMUNITY. IN 2021 118 WOMEN GRADUATED FROM THE NOW: STRENGTHENING HOUSEHOLD FINANCES PROGRAM. FOLLOWING GRADUATION, PARTICIPANTS SHOWED 150% INCREASE IN PUBLIC SPEAKING AND COLLECTIVELY SAVED NEARLY \$10,000 TO PUT TOWARDS EMERGENCY SAVINGS FUNDS. IMPROVING INCOME THROUGH BUSINESS SKILLS WAS FORMED BASED ON NOW: COMMUNITY REQUEST AND PARTICIPANT FEEDBACK. BUILDING ON SKILLS LEARNED STRENGTHENING HOUSEHOLD FINANCES, WOMEN ARE TRAINED TО IN NOW: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
ONEVILLAGE PARTNERS	27-3473943
SUCCESSFULLY RUN A PROFITABLE BUSINESS. PARTICIPANTS ACTIV	ELY PROBLEM
SOLVE AND LEARN THE TOOLS NECESSARY TO DEVELOP A SUCCESSFU	L BUSINESS,
HOW TO EFFECTIVELY INCREASE PROFIT, AND HOW TO CONFIDENTLY	COMMUNICATE
THEIR BUSINESS IDEAS. PARTICIPANTS USE PICTURE-BASED WORKB	OOKS, WHICH
PROVIDE THE FRAMEWORK FOR THE PARTICIPANTS TO RECORD AND T	RACK INCOME
AND EXPENSES, ASSESS RISK, AND CALCULATE PROFIT. IN 2021,	100 WOMEN
GRADUATED FROM THE NOW: IMPROVING INCOME THROUGH BUSINESS	SKILLS
PROGRAM.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
COLLABORATION AND RESULTS IN SUSTAINABLE, EFFECTIVE DEVELO	PMENT.
SINCE THE PILOT BEGAN IN 2020, 96 INDIVIDUALS HAVE BEEN TRA	AINED ON
PROPOSAL WRITING AND PROJECT MANAGEMENT, RESULTING IN A RE	HABILITATED
HEALTH CLINIC AND YOUTH TRAINING CENTER, IN ADDITION TO X	COMMUNITY
PROJECTS UNDER CONSTRUCTION, INCLUDING A PRIMARY SCHOOL, S	ECONDARY
SCHOOL, AND REHABILITATION OF A MATERNITY CENTER.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
COVID-19 RESPONSE	
AT THE ONSET OF THE PANDEMIC, ONEVILLAGE PARTNERS BEGAN TO	PIVOT
PROGRAMMING TO FOCUS ON EDUCATION AND MITIGATION ACTIVITIE	S IN
COLLABORATION WITH OUR PARTNER COMMUNITIES AND LOCAL GOVER	NMENT.
RESPONDING TO NEEDS EXPRESSED BY OUR PARTNERS, WE DELIVERE	D FOOD AND

WATER, MASKS, AND HANDWASHING STATIONS TO INDIVIDUALS AND COMMUNITIES.

PROGRAM STAFF FACILITATED NUMEROUS TRAINING SESSIONS ON PREVENTION AND

MITIGATION OF THE VIRUS WITH OUR COMMUNITY PARTNERS, WHO IN-TURN SHARED

THE INFORMATION WITH COMMUNITY GROUPS, REACHING 28,000+ INDIVIDUALS. WE

LED THE REHABILITATION OF A LOCAL HOSPITAL TO PROVIDE AN IMMEDIATELY 132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
ONEVILLAGE PARTNERS	27-3473943
ACCESSIBLE AND DIGNIFIED SPACE TO ACCOMMODATE QUARANTINED	PERSONS FROM
OUR PARTNER COMMUNITIES AND BEYOND. ALONGSIDE SAVE THE CHI	LDREN, WE
ALSO CO-LED THE COORDINATION OF THE NGO RESPONSE IN THE DI	STRICT IN
WHICH WE OPERATE. BY EMPOWERING AND MOBILIZING LOCAL COMMU	NITY MEMBERS
TO PRIORITIZE THEIR HEALTH AND SAFETY, WE CONTINUED TO REM	AIN TRUE TO
OUR VALUES AND FOCUS ON COMMUNITY-LED DEVELOPMENT.	

FORM 990, PART VI, SECTION A, LINE 2:

JEFF HALL, AND DAVID ETZWILER - FAMILY RELATIONSHIP; JEFF HALL, JESS COOK,

DAVE HORAN - SHARED BUSINESS INVESTMENT OUTSIDE OF ONEVILLAGE PARTNERS

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED WITH QUORUM OF THE BOARD VIA A

TELEPHONE/EMAIL/IN-PERSON MEETING IN MAY.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CHAIR CONVENES THE EXECUTIVE COMMITTEE TO REVIEW PERFORMANCE AND

INDUSTRY STANDARDS BEFORE MAKING A RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST IN WRITING

132212 11-11-21

Schedule O (Form 990) 2021