



LAS VEGAS' FAVORITE CHARITY

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Jeff Cooper – 1st Vice Chair
Mark Stark – 2nd Vice Chair
Shannon McBeath – Secretary
Bill Oakley – Treasurer
Curt Anderson – Past Chair

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Jeri Crawford
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Rob Dondero
Patrick Duffly
Jeffrey Fine
Brad Friedmutter
Garry Goett
Rob Goldstein
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Gary Halverson
Joan Hammer
Ann Hoff
Tom Jenkin
Annemarie Jones
Nathan Jones
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Deb Mele-Blanchard
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Mike Morrissey
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Tim Poster
Reed Radosевич
Harold Sells
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Scott Sibella
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Vince Eckelkamp
Bob Fowler
Sarah Guindy
Anne Hanson
Joel Jarvis
Donna Jenkin
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Matt Mullin
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Bill Walters
Stephen A. Wynn

Executive Director:
Edward R. Guthrie

September 27, 2013

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210

*RE: DFVC Program, Alternative Reporting and Disclosure Statement for
Unfunded Nonqualified Deferred Compensation Plans for Certain Select
Employees*

This statement is being provided pursuant to Section 4 of the Delinquent Filer Voluntary Compliance Program and Department of Labor Regulation 29 CFR § 2520.104-23 as the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974, as amended, for unfunded plans maintained for a select group of management or highly compensated employees.

In accordance with above-referenced guidance, the Opportunity Village Foundation hereby provides the following information:

Sponsoring Employer Name and Address: Opportunity Village Foundation
6300 West Oakey Blvd.
Las Vegas, NV 89146

Sponsoring Employer Identification Number: 88-0272831

Number of Plans: One (1)

Name of Plan: Opportunity Village Deferred Compensation Plan for Linda Smith.

Number of Participants: One (1)

The employer maintains these plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

20130927 09 01 31 12



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Edward R. Guthrie

Pursuant to DFVC Program, a check made payable to the U.S. Department of Labor in the amount of \$750 and a copy of the most current Form 5500 Annual Report (copies enclosed) have been sent to the following address:

DFVCP
P.O. Box 71361
Philadelphia, PA 19176-1361

Please contact us with any questions.

Opportunity Village Foundation

By:

Its:

EXECUTIVE DIRECTOR

Enclosures

TOP HAT PLAN DFVC PROGRAM SUBMISSION

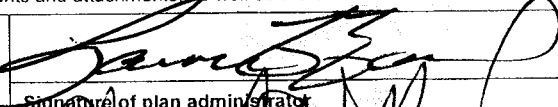

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|---|---|---|
| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p align="center">Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p align="center">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p align="right">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p align="center">2012</p> <hr/> <p align="center">This Form is Open to Public Inspection</p> |
|---|---|---|

| | |
|--|---|
| Part I | Annual Report Identification Information |
| For calendar plan year 2012 or fiscal plan year beginning _____ and ending _____ | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here: | <input type="checkbox"/> |
| D Check box if filing under: | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

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| Part II | Basic Plan Information —enter all requested information |
| <p>1a Name of plan Opportunity Village Deferred Compensation Plan for Linda Smith</p> | <p>1b Three-digit plan number (PN) ▶ 888</p> <p>1c Effective date of plan</p> |
| <p>2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)</p> <p align="center">Opportunity Village Foundation 6300 West Oakey Boulevard Las Vegas, NV 89146</p> | <p>2b Employer Identification Number (EIN) 88-0272831</p> <p>2c Sponsor's telephone number (702) 880-4006</p> <p>2d Business code (see instructions)</p> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|--|---|---------|--|
| SIGN HERE |  | 10/1/13 | LANCE EARL |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 9/27/13 | EDWARD R. GUTHRIE |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) | | | Preparer's telephone number (optional) |
| | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2012)
v. 120126

| | |
|--|---|
| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address Opprtunity Village Foundation Board of Directors 6300 West Oakey Boulevard Las Vegas, NV 89146 | 3b Administrator's EIN 88-0272831 3c Administrator's telephone number (702) 880-4006 |
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| | |
|---|-----------------------------------|
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name | 4b EIN 4c PN |
|---|-----------------------------------|

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| 5 Total number of participants at the beginning of the plan year | 5 |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | |
| a Active participants..... | 6a |
| b Retired or separated participants receiving benefits..... | 6b |
| c Other retired or separated participants entitled to future benefits..... | 6c |
| d Subtotal. Add lines 6a, 6b, and 6c..... | 6d |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e |
| f Total. Add lines 6d and 6e..... | 6f |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|--|---|
| a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
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U.S. POSTAGE
PAID
LAS VEGAS, NV
89113
OCT 04, 13
AMOUNT

\$6.77

003752-12



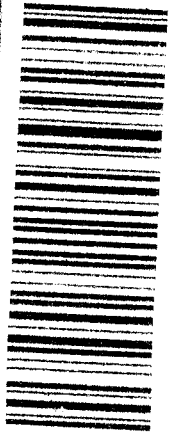
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UNITED STATES
POSTAL SERVICE

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U.S. Department of Labor
Employee Benefits Security Administration
TOP HAT Plan Exemption
200 Constitution Avenue, NW, N-153
Washington, DC 20210