Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation



OMB No 1546-0052

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For calendar year 2015 or tax year beginning and ending Name of foundation Employer identification number VILLAGE GROUP PARTNERS, INC. 51-0425506 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 2002 9TH AVENUE EAST (MLK) 941-748-5568 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BRADENTON 34208 G Check all that apply Initial return of a former public charity Initial return 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization | X | Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust section 507(b)(1)(A), check here Other taxable private foundation I Fair market value of all assets at J Accounting method. X Accrual Cash If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ 0 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income ıncome purposes the amounts in column (a) (see instructions)) books (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 39,827 2 if the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances ь Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Stmt 1 27,154 27,154 66,981 12 Total. Add lines 1 through 11 27,154 13 Compensation of officers, directors, trustees, etc CANNED MAR 2 0 2017 42 32 6 3 4 4 9 Operating and Administrative Expense 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) Ç Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion Stmt 2 6,788 6,788 20 Occupancy 4,435 4,435 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) Stmt 3 6,534 6,534 24 Total operating and administrative expenses. Add lines 13 through 23 17,757 0 17,757 25 Contributions, gifts, grants paid 0 Total expenses and disbursements. Add lines 24 and 25 17,757 0 17,757 Subtract line 26 from line 12. Excess of revenue over expenses and disbursements 49,224 Net investment income (if negative, enter -0-) 0

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

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9,397

Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 566,253 2 Enter amount from Part I, line 27a 2 49,224 3 Other increases not included in line 2 (itemize) ▶ See Statement 6 28,532 3 4 Add lines 1, 2, and 3 644,009 4 Decreases not included in line 2 (itemize) 5 644,009 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

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	n 990-PF (2015) VILLAGE GROUP PARTNERS, INC. 51-0425506				F	² age 4
<u> </u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)		····			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		•			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	<u> </u>			
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		1			
	Part I, line 12, col (b)		Ì			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0
3	Add lines 1 and 2	3_	ļ			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4_	ļ			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	ļ			0
6	Credits/Payments·		1			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a		1			
b	Exempt foreign organizations – tax withheld at source		Ī			
С	Tax paid with application for extension of time to file (Form 8868)		I			
d	Backup withholding erroneously withheld 6d		1			
7	Total credits and payments Add lines 6a through 6d	7_	ļ			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9_				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>			
<u> 11 </u>	Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ Refunded ▶	11	L			
<u> P</u>	art VII-A Statements Regarding Activities					
1a	5				Yes	No
	participate or intervene in any political campaign?			1a	_	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			ł	1	
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					Ī
	published or distributed by the foundation in connection with the activities				1	
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					1
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	_				ŧ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers > \$					4,5
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
•	If "Yes," attach a detailed description of the activities.			!		}
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				į i	.
4.	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	 	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		37/3	4a	 	X
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?		A/N	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes " attach the statement required by Concret Instruction T.			5		_
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(a) (relating to sections 4941 through 4945) extrafied orthogonal forms.					
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					Ī
	By language in the governing instrument, or By state logislation that offerthick among the accuracy features to a that we want to be described.					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 				x	•
7	· · ·			6	X	
, 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7		
Ja	Enter the states to which the foundation reports or with which it is registered (see instructions) ► None					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation			0.	x	ŧ
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			8b		
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				1	Ī
	complete Part XIV				i	x
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			9_		
-	names and addresses			10		x
					30-PI	(2015)
			r	J		1-010

	1990-PF (2015) VILLAGE GROUP PARTNERS, INC.		425506			P:	age b
	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (contin	nued)			
5a	During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494		\	res 🗓 N	o		
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on,	П.	. 😥			
	directly or indirectly, any voter registration drive?		=	∕es X N	Ŀ		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			res X N	0		
	(4) Provide a grant to an organization other than a chantable, etc., organization des	scribed in	П,	, .			
	section 4945(d)(4)(A)? (see instructions)		'	res X N	°		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ucational	П,	, ,	ŧ		
L	purposes, or for the prevention of cruelty to children or animals?			res X N	°		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the		cribea in	n/	7	1 1	
	Regulations section 53.4945 or in a current notice regarding disaster assistance (se	ee instructions)?		147	A 5b		
_	Organizations relying on a current notice regarding disaster assistance check here			P [[
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the second description desc	ne tax	N/A 🗍	(- a	_]	
	because it maintained expenditure responsibility for the grant?		N/A	res N	°		
6-	If "Yes," attach the statement required by Regulations section 53 4945–5(d).				[
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums	п,	res X N	_		
L	on a personal benefit contract?	1 lb		res X N	1	i t	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a persor	nai benefit contract	ſ		6b		
7a	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelte	r transaction?		res X N			
	If "Yes," did the foundation receive any proceeds or have any net income attributable			N/		1	
	Information About Officers, Directors, Trustees, Fou						
. •	and Contractors	maderon mana	go.c,g, .	a.a =p.	,,,,,		
1 L	ist all officers, directors, trustees, foundation managers and their compensat	ion (see instruction	ons).				
		(b) Title, and average	(c) Compensation	(d) Contribution	ns to		
	(a) Name and address	hours per week	(If not paid,	employee ben plans and defe		opense ac er allowar	
		devoted to position	enter -0-)	compensatio			
Se	e Statement 7						
							
					ļ		
							
					İ		
			<u> </u>				
2	Compensation of five highest-paid employees (other than those included on	line 1 – see instru	uctions). If none,	enter			
	"NONE."				 -		
	(a) Name and address of each analysis of the CCO CCO	(b) Title, and average	4.16	(d) Contribution employee ben		opense ac	count,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and defe		er allowar	nces
	NTP.			compensatio	"		
NO	NE		i		ļ		
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		,			1		
otal	number of other employees paid over \$50,000	L	L				0

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Part VIII	· Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid Em	ployees,
3 Five highe	and Contractors (continued) est-paid independent contractors for professional services (see inst	ructions) If none onter "NONE"	
3 Five inghe	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	ta) name and address of each person paid more man \$50,000	(b) Type of derives	(c) compensation
5.51.		,	
		-	
			
			
]	}
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct chantable activities during the tax year. Include relevant statistical information s ther beneficianes served, conferences convened, research papers produced, etc.	uch as the number of	Expenses
1 N/A			
·			
			
2			
3			
3			
4			
			ļ
Ph A 157 Ph			<u> </u>
Part IX-B	Summary of Program-Related Investments (see instigest program-related investments made by the foundation during the tax year on lines 1 and 2	ructions)	Amount
1 N/A	gost program-related investments made by the foundation during the tax year on miles 1 and 2		Amount
•			
2			
			}
All other program-rel	lated investments. See instructions		
3			
			İ
T-4-1 A			
Total. Add lines 1	i through 3	_	L

Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		}	1	
N/A			1	
)	
]]	
			}	
			1	
			1	
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			} {	
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Total		1	▶ 3a	
		T	Ja	
b Approved for future paymentN/A				
}		}	{	
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			}	
		1	1	
		1	1	
			1	
}			}	
}			}	
Total			▶ 3b	

		units unless otherwise indicated		ed business income	Excluded	by section 512, 513, or 514	
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	_	rvice revenue.	}		+		_ <u> </u>
		AGE GROUP	}		++		27,154
	⁰		} ———		+		
	·		}		++		
	ª		}		+-+		
			}				
	f		 		↓ }		
		nd contracts from government agencies	 		4		
	•	dues and assessments	<u> </u>		 		
3	Interest on s	savings and temporary cash investments			4		<u> </u>
4	Dividends a	nd interest from securities					
5		come or (loss) from real estate.					······································
	a Debt-fin	anced property					
	b Not deb	t-financed property					
6	Net rental in	come or (loss) from personal property			_[]		
7	Other invest	tment income					
8	Gain or (los	s) from sales of assets other than inventory					
		or (loss) from special events					
		or (loss) from sales of inventory					
		ue a					
					1		
	d				 		
	е				1		
			1				
12	Subtotal Ad	d columns (b) (d) and (e)			0	0	27.154
		d columns (b), (d), and (e)			0	0	
13	Total. Add I	ine 12, columns (b), (d), and (e)			0]	13 _	
13 (Se	Total. Add l e worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)	complishme			13	
13 (Se F	Total. Add I	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Ac		ent of Exempt P	urposes	13 _	
13 (Se F	Total. Add I e worksheet art XVI-B	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	s reported in coli	ent of Exempt P	urposes contribute	13 d importantly to the	27,154
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Part :		rmation Rega mpt Organiza	_	ansters to an	a iransactio	ns and Kelatic	onsnips Witr	Noncharitable		
1 Di				n any of the follo	wing with any oth	ner organization de	scribed		Yes	No
						tion 527, relating to		Į.		1
orq	ganizations?									1
a Tra	ansfers from the	reporting founda	ition to a non	icharitable exempt	organization of					
(1)) Cash							1a(1)	X
(2)	Other assets							1a(2)	X
b Ot	her transactions	3.						ŧ		
(1)	Sales of asset	ts to a noncharita	ble exempt o	rganization				<u>16(</u>	(1)	X
(2)	Purchases of	assets from a no	ncharitable e	xempt organization	n			1b((2)	X
(3)	Rental of facili	ties, equipment,	or other asse	ets				<u>1b(</u>	(3)	X
(4)	Reimburseme	nt arrangements						<u>1b(</u>	4)	X
(5)	Loans or loan	guarantees						<u>1b(</u>	5)	X
(6)	Performance	of services or me	mbership or	fundraising solicita	ations			<u> 16(</u>	6)	X
	-		•	er assets, or paid				10	<u>. L _</u>	X
d If t	he answer to ar	y of the above is	"Yes," comp	lete the following s	schedule Colum	n (b) should always	s show the fair m	arket		
val	lue of the goods	, other assets, or	services giv	en by the reporting	g foundation. If th	ne foundation recei	ved less than fail	market		
		action or sharing	arrangement	, show in column	(d) the value of ti	ne goods, other ass	sets, or services	received		
	ine no (b) Amount involved	(c) Nam	e of nonchantable exem	npt organization	(d) Desc	enption of transfers, tra	insactions, and sharing arrange	ments	
N/A						 				
			<u></u>			 				
			<u> </u>			 				
			 			 				
			 			 				
			 			 				
						 				
						 				
						 				
						 				
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						}				
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			L			 				
des	scribed in section Yes," complete	on 501(c) of the C the following sch	ode (other th	nan section 501(c)	(3)) or in section	exempt organization			Yes 🛚	▼ No
- NT /		of organization		(b) Type of	organization		(c) Descrip	tion of relationship		
N/Z	<u>A</u>					 				
						 				
						 				
				 						
	Under penalties of	nemury I declare tha	t I have examine	ed this return, including	accompanying sche	dules and statements, a	and to the hest of my	knowledge and belief, it is true		
						which preparer has any l				
Sign Here	11	1. 1n-a.	\bigcap			, ,		May the IRS discuss the with the preparer show (see instructions)?		No No
	Signature of d	bludel	elp		Dat	0/13/2017	PRES	IDENT		
	Print/Type prepa	rer's name			Preparer's signatu		10 ===	Date	Check	
Paid	Mary Ret	h Smith, C	'PA		1 Work	sethon	the CP:	02/09/1		mployed
Preparer	Firm's name	RECTO		DER, & LO	OFTON, P	.c.		PTIN P017		8
Use Only	Firm's address		LAKES				·	Firm's EIN ▶ 26-36		
	inns address		NCEVIL		30043-89	09	ŀ	770-0		
					20040 09			Phone no //U-C	200 5	

Federal Statements	4 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment Beginning End Accumulated Net Net Net Sook Cost / Basis Depreciation FMV \$ \$ 576,270 \$ 28,455 \$	
51-0425506	Statement Description BUILDINGS AND OTHER DEPR ASSETS	

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 22 - Other Liabilities

Beginning of Year Fear

TENANT SECURITY DEPOSITS \$ 2,150

Total \$ 0 \$ 2,150

Statement 6 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
PRIOR PERIOD ADJUSTMENT	\$ 28,532
Total	\$ 28,532

Statement 7 - Form 990	J-PF, Part VIII, Line	1 - List of 0	J-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expens
LLIS MITCHELL, JR 102 9TH AVENUE EAST	PRESIDENT	1.00	0	0	- - -

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ELLIS MITCHELL, JR 2002 9TH AVENUE EAST BRADENTON FL 34208	PRESIDENT	1.00	0	0	0
NAPOLEON MILLS 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	1.00	0	0	0
BONNIE BELFORD 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	1.00	0	0	0'
NORMA DUNWOODY 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	1.00	0	0	' 0
PERLA BONILLA 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	1.00	0	0	0

51-0425506

Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICATION FOR HOUSING ASSISTANCE SHALL BE MADE ON FORMS PROVIDED BY THE ORGANIZATION.

Statement 9 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE. WILL BE PLACED ON WAITING LIST AND APPLICANTS WILL BE SELECTED BASED UPON ADMISSION POLICIES.

Statement 10 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

HOUSING ASSISTANCE DETERMINED IN ACCORDANCE WITH HUD RULES AND REGULATIONS.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2015

VILLAGE GROU	PARTNERS, INC.	51-0425506
Organization type (check of	ie).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust trust trust trust trust t	rate foundation
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General	al Rule and a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year r property) from any one contributor. Complete Parts I and II. Sentributions	-
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that mections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A that received from any one contributor, during the year, total co	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)
\$5,000 or (2) 2% of	he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	Z, line 1. Complete Parts I and II
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990	
	e year, total contributions of more than \$1,000 exclusively for re al purposes, or for the prevention of cruelty to children or anima	_
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990	0-EZ that received from any one
contributor, during th	e year, contributions exclusively for religious, charitable, etc., pr	urposes, but no such
	more than \$1,000 If this box is checked, enter here the total co	
_ •	n exclusively religious, charitable, etc , purpose Do not complet s to this organization because it received nonexclusively religio	- ,
totaling \$5,000 or m	, ,	s
990-EZ, or 990-PF), but it m	t is not covered by the General Rule and/or the Special Rules of ust answer "No" on Part IV, line 2, of its Form 990, or check the o certify that it does not meet the filing requirements of Scheduli	box on line H of its Form 990-EZ or on its

Employer identification number 51-0425506

Part i	Contributors (see instructions). Use duplicate copies of Pa	rt i if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HOUSING AUTHORITY OF THE CITY OF BRADENTON 2002 9TH AVENUE EAST BRADENTON FL 34205	\$ 26,5 4 7	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 MANATEE COUNTY HOUSING AUTHORITY HOUSING ASSISTANCE PROGRAM 538 48TH STREET COURT BASE BRADENTON FL 34205	Total contributions \$ 13,280	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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and En 14	\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tanney saurious une mi · T	\$	Person Payroll Noncash (Complete Part II for noncash contributions)