

## **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

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vepa ntern	rtment al Reve	of the Treasury enun Service  Do not enter social se FGo to www.irs.gov/Fc					Open to Public trisper	cijo:
		ar year 2017 or tax year beginning 04/01/17						
	ne of fou				A Emple	oyer identification number		_
		AGE GROVE PARTIES THE				0405506		
		AGE GROUP PARTNERS, INC. street (or P O box number if mail is not delivered to street address)	Т	Room/suite	<del></del>	-0425506		
_		9TH AVENUE EAST (MLK)		Room/suite		1-748-5568		
_		state or province, country, and ZIP or foreign postal code			1			
B	RAD!	ENTON FL 34208			C If exer	mption application is pending, c	neck here	l
Ć	heck a	ıll that apply 🔲 İnitial return 🔲 İnitial re	turn of a former public	charity	D 1 Fo	reign organizations, check here	<b>.</b>	l
		Final return Amende	ed return		2 Fo	reign organizations meeting the	•	1
		Address change Name ci			85	% test, check here and attach	computation	
_		ype of organization 🔀 Section 501(c)(3) exempt priva	te foundation	ลป	ν .	ate foundation status was termi	nated under	٦
			ble private foundation		section	n 507(b)(1)(A), check here	•	Ĺ
		ket value of all assets at J Accounting method	Cash X	Accrual	1	oundation is in a 60-month tem	_	[
	-	ear (from Part II, col (c), Uther (specify)			under	section 507(b)(1)(B), check her	e 🕨	Ŀ
	e 16) l					<u> </u>	(d) Disbursements	
re 	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in		(c) Adjusted net	for chantable	
_		the amounts in column (a) (see instructions) )	books	inco		income	purposes (cash basis only)	_
	1	Contributions, gifts, grants, etc , received (attach schedule)	22,10	63			······································	
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B			er \			
	3	Interest on savings and temporary cash investments		TIED TO	$\vdash$			
	4	Dividends and interest from securities	RECE	-1 1	<u> </u>			
	e≨5a Dh	Gross rents Net rental income or (loss)		a 19 7010				
3	Ď76³	Net gain or (loss) from sale of assets not on line 10	TICH DEC	7 1 44	4 m	1		
į (	;9b	Gross sales price for all assets on line 6a	3677	and the state of t	¥			
rkevenue	37	Capital gain net income (from Part IV, line 2)	The same of the sa	EN	0			
2   2	1_8 1_8	Net short-term capital gain	100	×		0		
er t. elz≘i	9	Income modifications	1 222					••••
1	~- ′;10a	Gross sales less returns and allowances						<del>~~~</del>
	\ b	Less Cost of goods sold						
•.	, c	Gross profit or (loss) (attach schedule)						_
•>	<u>(</u> 11	Other income (attach schedule) Stmt 1	30,15			30,154		
1	12	Total. Add lines 1 through 11	52,31		0	30,154		
<u>```</u>	13	Compensation of officers, directors, trustees, etc	<u> </u>	0				_
	14	Other employee salaries and wages						
).	15	Pension plans, employee benefits						_
֡֟֝֟֝֟֝֟	16a	Legal fees (attach schedule)  Accounting fees (attach schedule)  Stmt 2	1 75	= 0		1 750		
2	Ь	Accounting fees (attach schedule) Stmt 2 Other professional fees (attach schedule)	1,75	70		1,750		_
and Administrative LAppins	С 17	Interest						_
5	18	Taxes (attach schedule) (see instructions)			•			_
	19	Depreciation (attach schedule) and depletion Stmt 3	9,09	94	-	9,094		
	20	Occupancy	7,10			7,109		
	21	Travel, conferences, and meetings	,,,,,			.,		_
2	22	Printing and publications						_
ה ה	23	Other expenses (att sch) Stmt 4	9,09	91		9,091		_
	24	Total operating and administrative expenses.				·		_
Operating		Add lines 13 through 23	27,04	14	0	27,044		
5	25	Contributions, gifts, grants paid		0				
_	26	Total expenses and disbursements. Add lines 24 and 25	27,04	14	0	27,044		
	27	Subtract line 26 from line 12		1				
	а	Excess of revenue over expenses and disbursements	25,27	73		<u> </u>		
	b	Net investment income (If negative, enter -0-)			0		·····	
	C	Adjusted net income (If negative, enter -0-) vork Reduction Act Notice, see Instructions.				3,110	_ ,	201

51	_^	1	2	5	5	Λ	6
эт.	- 0	4	Z	2	_	u	0

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_	Latt 1	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	138,877	170,193	
1	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶		Ī	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			<u>.</u>
ı		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)		•	
		Less allowance for doubtful accounts ▶ 0	Ì		
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Aŝ	10a	Investments – U S and state government obligations (attach schedule)			
Ì	b	Investments – corporate stock (attach schedule)			
-	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)	[		
- 1	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ► 579,320		-	······································
		Less accumulated depreciation (attach sch) > Stmt 5 48,863	536,500	530,457	
-	15	Other assets (describe ▶ )	,	·	
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	675,377	700,650	\ <b>%</b>
7	17	Accounts payable and accrued expenses	,	· · · · · · · ·	
-	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
용	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ► See Statement 6 )	2,150	2,150	
ı	23	Total liabilities (add lines 17 through 22)	2,150	2,150	
Т		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
ဦ	24	Unrestricted	673,227	698,500	
Net Assets or Fund Balance	25	Temporarily restricted			
8	26	Permanently restricted			
틹		Foundations that do not follow SFAS 117, check here			
닌		and complete lines 27 through 31.			
္စ	27	Capital stock, trust principal, or current funds			
Set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Aŝ	29	Retained earnings, accumulated income, endowment, or other funds			
ᇹ	30	Total net assets or fund balances (see instructions)	673,227	698,500	
~	31	Total liabilities and net assets/fund balances (see			
4		instructions)	675,377	700,650	
_	Part II			<del></del>	
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	agree with		672 227
_		f-year figure reported on prior year's return)		1	673,227
		amount from Part I, line 27a		2	25,273
		increases not included in line 2 (itemize) ▶		3	600 E00
		nes 1, 2, and 3		4	698,500
		ases not included in line 2 (itemize)	line 30	5	698,500
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b),	iiie 30		Form <b>990-PF</b> (2017)
					, + + + + + (2017)

<u> </u>	nd Losses for Tax on Investme	ent Income	(h) Have approved		T
	e the kind(s) of property sold (for example, real estate, rarehouse, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
_b					
_ <b>c</b>					
d					-
<u>e</u>	40 Decree allowed	(-) (0)	- the house	4) 0	1
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	1	or (loss) () minus (g))
<u>a</u>					
b c		<u> </u>			
d					
е					
Complete only for assets showing	gain in column (h) and owned by the fou	indation on 12/31/69		(I) Gains (Col	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		less than -0-) or om col (h))
a					
<u>b</u>					
<u>c</u>					
d					
е	If gain, also enter in	Part Lline 7			
2 Capital gain net income or (net ca	ipital loss) If (loss), enter -0- in			2	
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)	_			
If gain, also enter in Part I, line 8,	column (c) See instructions If (loss), ent	ter -0- ın			
Part I, line 8				3	
	nder Section 4940(e) for Reduc			me	
	foundations subject to the section 4940(a	i) tax on net investme	nt income )		
If section 4940(d)(2) applies, leave this	s part blank				N/A
	on 4942 tax on the distributable amount o	• •	e period?		Yes No
	fy under section 4940(e) Do not complete each column for each year, see the instruc		any entries		
(a)	(b)	Storis Before making t	(c)		(d)
Base period years  Calendar year (or tax year beginning in)	Advicted avalifiers distabilitions	Net value	e of nonchantable-use asset		inbution ratio divided by col. (c))
2016					
2015					<del> </del>
2014					
2013					
2012		L		· · · · · · · · · · · · · · · · · · ·	
2 Total of line 1, column (d)				2	
	S-year base period – divide the total on line	e 2 by 5 0, or by the		-	
	as been in existence if less than 5 years	<b>,</b> , <b>,</b>		3	
					_
4 Enter the net value of noncharitab	ole-use assets for 2017 from Part X, line 5	5		4	
5 Multiply line 4 by line 3				5	<del></del>
6 Enter 1% of net investment incom	ue (1% of Part I. line 27b)			6	
	,				
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from				8	
	line 7, check the box in Part VI, line 1b, a	and complete that part	t using a 1% tax rate	See the	
Part VI instructions				<u> </u>	Form 990-PF (2017)

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<u> Pa</u>	art VII-A Statements Regarding Activities (continued)			Ţ		
44	At any time of the constitution of the formal data of the second continuous and c				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					•
12	meaning, of section 512(b)(13)? If "Yes," attach schedule. See instructions.			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions			1		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			12	х	
13	Website address ► N/A			13	A	
14	The books are in care of ► ELLIS MITCHELL, JR  2002 9TH AVENUE EAST (MLK)  Telepho	ne no 🕨	941-7	48-	556	8
	Located at ▶ BRADENTON FL	ZIP+4 ▶	34208	3		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			_
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	_			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					[
	the foreign country ▶					İ
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)	_			1	ĺ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		1	ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_			1	ĺ
	disqualified person?	Yes	X No			Ì
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		1	E
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		1	É
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	7			1	į
	the benefit or use of a disqualified person)?	Yes	X No			[
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				1	Ė
	foundation agreed to make a grant to or to employ the official for a period after	1	₩		1	1
	termination of government service, if terminating within 90 days )	Yes	X No		1	
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations		N/A	۱.,	ŧ	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance, check here  Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				1	ŀ
С	were not corrected before the first day of the tax year beginning in 2017?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		11/11	10		
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		_		Ī	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and				Ī	
-	6e, Part XIII) for tax year(s) beginning before 2017?	Yes	X No		1	į
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	,			1	L
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)				1	ı
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				Ŧ	: I
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				1	
	<b>▶</b> 20 , 20 , 20 , 20				1	Ė
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				1	
	at any time during the year?	Yes	X No		I	
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or				1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				Ī	:
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				Ī	
	foundation had excess business holdings in 2017)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				Į	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?			4b		<u> </u>
			F	om 99	0-PF	(2017)

Form 990-PF (2017)

Total number of other employees paid over \$50,000

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Part VIII	Information About Officers, Directors, Trustees, Foundard Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five high	nest-paid independent contractors for professional services. See instru	uctions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		<del></del>	
Total number of	f others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities dunng the tax year. Include relevant statistical information suc other beneficianes served, conferences convened, research papers produced, etc	ch as the number of	Expenses
1 N/A		-	
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	untings)	<u></u>
	argest program-related investments made by the foundation during the tax year on lines 1 and 2	octions)	Amount
1 N/A	ages, programme account of the mass of the contraction coming the text year of mass of the		Amount
·			
<u> </u>			
2			
All other program-r	elated investments. See instructions		
3			

Total. Add lines 1 through 3

Pa	art X · Minimum Investment Return (All domestic foundations must complete this part. Foreign	n four	ndations,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposeş		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	)	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ound	ations
	and certain foreign organizations check here ▶ □ and do not complete this part.)		<u> </u>
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	]	
b	Income tax for 2017 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	on	

qualifies for the section 4940(e) reduction of tax in those years

P	art XIII Undistributed Income (see instructions	)			
	-	(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years pnor to 2016	2016	2017
	line 7 ,				C
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only		<b></b>		
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2017				
а	From 2012		<b>1</b>		
b	From 2013	1			
С	From 2014	1			
d	From 2015				
е	From 2016		1		
f	Total of lines 3a through e	1	}		
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$		1		
а	Applied to 2016, but not more than line 2a		<b></b>		
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2017 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017		-		
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))		]		
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	,			
b	Prior years' undistributed income Subtract				ŕ
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount – see		1		
	instructions				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		İ		
	170(b)(1)(F) or 4942(g)(3) (Election may be		:		
	required—see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2013	4	1		
b	Excess from 2014	4	<u> </u>		
С	Excess from 2015	4	<b>!</b>		
d	Excess from 2016	1			
_	Excess from 2017		†		

Part XV Supplementary Information (co	ntinued)							
3 Grants and Contributions Paid During the Year or Approved for Future Payment								
`Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution					
Name and address (home or business)  a Paid during the year N/A		recipient	CONTRIBUTION					
	<u> </u>		l					
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a					
b Approved for future payment N/A -								
Total			<b>▶</b> 3b					

ī	Part XVI-A	Analysis of Income-Producing Activ	vities				
_		unts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
	٨,	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program ser						(See instructions )
	a VILL	AGE GROUP					30,154
	b						
	С						
						·	
	f						
	g Fees an	d contracts from government agencies					
2	_	dues and assessments				-	
		avings and temporary cash investments					
4		nd interest from securities					
5		come or (loss) from real estate					
_		anced property			<u> </u>		
		-financed property					
6		come or (loss) from personal property					
	Other invest						
		i) from sales of assets other than inventory			<del> </del>		· ·
		or (loss) from special events					
		or (loss) from sales of inventory					
''		ue a					
40	Cubbatal Ad	d columna (b) (d) cod (c)		0			30,154
		d columns (b), (d), and (e)	[	<u> </u>			30,154
		ne 12, columns (b), (d), and (e)				13	30,134
		n line 13 instructions to verify calculations )		ant of Francis Du			
	Part XVI-B	Relationship of Activities to the Acc			•		<del></del>
	Line No.	Explain below how each activity for which income is					1
_	N/A	accomplishment of the foundation's exempt purpose	s (other than b	y providing lunus for si	uch purp	oses) (See instructions	<i>l.</i>
_	M/A		<del></del> -				
_							
_				–			
_							
_							
_				-	_		
_	-						
_							
_						<del></del>	
_							
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Part )		Information Reg Exempt Organiz	_	ansfers To an	d Transaction	ns and Relation	ships Witl	h Noncharitable			
1 Did		nization directly or ind		a in any of the follo	wing with any other	er organization descr	ribed	-	- 1	Yes	No
	-	11(c) (other than secti				-	ribeu		ŀ	163	110
	anization		011 30 1(0)(3) 1	organizations) or ii	i section 527, rela	iting to political		-			
										1	
		om the reporting found	ation to a nor	icnaritable exempl	organization of					1	v
	Cash							T	1a(1)		<u>X</u>
	Other as							ļ	la(2)		X
	ner transa								- 1	ŧ	
(1)	Sales of	assets to a noncharit	able exempt o	organization				<u> </u>	Ib(1)		X
(2)	Purchas	es of assets from a no	oncharitable e	exempt organization	n			ļ	lb(2)		X
(3)	Rental o	f facilities, equipment,	or other asse	ets				<u> </u>	lb(3)		X
(4)	Reimbu	rsement arrangements	3					<u> </u>	b(4)		X
(5)	Loans o	r loan guarantees						<u> </u>	lb(5)		<u> </u>
(6)	Perform	ance of services or m	embership or	fundraising solicita	ations			<u> </u>	b(6)		X
c Sha	aring of fa	icilities, equipment, m	ailing lists, oth	ner assets, or paid	employees			Ł	1c		X
d If th	ne answe	r to any of the above is	s "Yes," comp	lete the following	schedule Column	(b) should always s	how the fair m	narket			
val	ue of the	goods, other assets, o	r services giv	en by the reporting	g foundation If the	e foundation received	d less than fai	r market			
val	ue in any	transaction or sharing	arrangement	t, show in column (	(d) the value of th	e goods, other asset	s, or services	received			
(a) Lir	ne no	(b) Amount involved	(c) Narr	ne of nonchantable exem	npt organization	(d) Descript	ion of transfers, tra	ansactions, and shanng arrai	gement	s	
$A \setminus R$											
					· <del></del> · · · · · · · · · · · · · · · · · ·		•				
	·										
2a Ist	he founda	ition directly or indirec	tly affiliated w	th, or related to, o	ne or more tax-ex	empt organizations					
des	cribed in	section 501(c) (other	than section 5	501(c)(3)) or in sec	ction 527?			Г	Yes	s X	No
		plete the following sch		. , , , ,			•	L			
		a) Name of organization		(b) Type of	organization		(c) Descrip	ition of relationship			
N/2	Ą						_				
<u> </u>											
						"					
						-					_
						·					
		alties of perjury, I declare th						knowledge and belief, it is t	ue,		
	correct, an	d complete Declaration of p	oreparer (other th	ian taxpayer) is based (	on all information of wh	nich preparer has any know	wledge	May the IRS discus	s this reti	ırn	
Sign		11.31						with the preparer sh			, I
lere	,	1811. W D	1 1 1			, ,		See instructions	×Χ	'es	No
		IM I Ister	7 LC   1	15	1/2/	10/24.81	PRES	IDENT			
	Signa	ture of officer or trustee	<u> </u>		Date	<del></del>	Title				
	<del>                                     </del>	pe preparer's name			Preparer's signature			Date			$\overline{\neg}$
		o preparer a name	_		A A A O	W Ca = 10	001	Daile	- 1	Check ( self-emp	if
aid	Marsz	Beth Smith,	CPA		11/1/11/15/	JHY SMILL	UPA	11/26		sen-emp	Joyed
reparer		2200		DER, & LO	OFTON, OP.	<u> </u>		501		208	
se Only	Firm's na		LAKES		375	<u> </u>		06.1			1
	Firm's ac		ENCEVII		30043-890	19	-	770			
	Ь	THMK	THOM A TT	ин, GA .	20042-030		j	Phone no //U-	00		3 T T

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2017

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

51-0425506 VILLAGE GROUP PARTNERS, INC. Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 |X| 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF)

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

Name of organization

VILLAGE GROUP PARTNERS, "INC.

Employer identification number 51-0425506

Part 1	Contributors (see instruc	ctions). Use duplicate copies of Pa	of Part Lif additional space is needed.			
(a) No.	Name, addre	(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		ORITY OF THE CITY OF	\$ 13,337	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a)		(b)	(c)	(d)		
No	Name, addre MANATEE COUNTY HO HOUSING ASSISTANO 538 48TH STREET O BRADENTON	CE PROGRAM	Total contributions  \$ 8,826	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.		(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.		(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.		(b) ss, and ZIP + 4	(c)	(d)		
·	Name, addre	oo, allu Aic + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a)		(b)	(c)	(d)		
No.	Name, addre	ss, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)		

51-0425506			Federal Statements	tements				<u> </u>
	i.	Statement 1 -	- Form 990-PF, Par	990-PF, Part I, Line 11 - Other Income	ther Income		•	· · ·
	Description	on		Revenue per Books	Net Inve	Net Investment Income	Adjusted Net Income	
VILLAGE GROUP Total			፞ <b>፞</b> ዏ፞ <i>፞</i> ዏ፟	30,154	w w	0	30,154	
		Statement 2 - Form 990-PF,		Line 16b - Ac	Part I, Line 16b - Accounting Fees		-	1
Description	tion		Total	Net Investment	Adju N	Adjusted Net	Charitable Purpose	
VILLAGE GROUP Total			1,750 \$		\$\begin{align*} \text{\left} \\ \phi \phi	1,750 \$		
		Statement 3 - Forn	Form 990-PF, Pai	n 990-PF, Part I, Line 19 - Depreciation	epreciation			-
	Description	on						
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	nt Adjusted Net	
DEPRECIATION \$		\$ 11,314		⟨s		Ŷ	\$ 9,094	
Total \$	0	\$ 11,314		່ທ <sup>ູ</sup> "		v		l II
1 Water See an open							-	
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51-0425506

# **Federal Statements**

## Statement 6 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	B	eginning of Year	 End of Year
TENANT SECURITY DEPOSITS	\$	2,150	\$ 2,150
Total	\$	2,150	\$ 2,150

51-0425506	Federal Statements	tements			
Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	PF, Part VIII, Line 1 -	List of Office	ers, Directors, Trus	stees, Etc.	•
Name and Address	Title	Average Hours C	Compensation	Benefits	Expenses
ELLIS MITCHELL, JR 2002 9TH AVENUE EAST BRADENTON FL 34208	PRESIDENT		0	0	0
NÁPOLEON MILLS 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	00.00	0	0	0
BONNIE BELFORD 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	00.00	0	0	0
PERLA BONILLA 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	00.00	0	0	0
OPAL GAIL JONES 2002 9TH AVENUE EAST BRADENTON FL 34208	DIRECTOR	00.00	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.