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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491311002039

OMB No 1545-0052

2018

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | caler | ndar year 2018, or tax year beginning 01-01-2 | 018 , aı | nd ending 12-31- | 2018 | |
|-----------------------------|---------|---|------------------------------------|---------------------------|---|---|
| | | ındatıon ON MISSIONARY VILLAGE | | | entification numbe | r |
| | | | | 75-3109465 | | |
| | | d street (or P O box number if mail is not delivered to street address OTH AVE E | Room/suite | B Telephone nu | mber (see instruction | ns) |
| | | | | (941) 748-4100 |) | |
| | | n, state or province, country, and ZIP or foreign postal code N, FL 34212 | | C If exemption | application is pendin | g, check here |
| <u></u> | neck al | ll that apply □ Initial return □ Initial return of a | a former public charity | D 1 Foreign or | ganizations, check he | are \square |
| G CI | ieck ai | Final return Amended return | . , | _ | ganizations, check ne ganizations meeting | ▶ ⊔ |
| | | Address change Name change | • | | k here and attach co | |
| H C | neck ty | | foundation | | undation status was t n 507(b)(1)(A), chec | |
| | Section | n 4947(a)(1) nonexempt charitable trust | | under seedo | 11 307(1)(1)(A), chec | K Here |
| | | ket value of all assets at end J Accounting method | ☐ Cash ☑ Accru | | ation is in a 60-month | |
| | | from Part II, col (c), ▶\$ 3,419,830 ☐ Other (specify) (Part I, column (d) mus | t be on cash basıs) | under sectio | n 507(b)(1)(B), chec | k here |
| Pa | rt I | Analysis of Revenue and Expenses (The total | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 14,652 | 2 | | |
| | 2 | Check ► ✓ If the foundation is not required to attach | | | | |
| | | Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | 7 | 7 | | |
| | 4 5a | Dividends and interest from securities | | | | |
| | ра b | Net rental income or (loss) | | | | |
| ω | 6a | Net gain or (loss) from sale of assets not on line 10 | 700 | | | |
| Ę | b | Gross sales price for all assets on line 6a | | | | |
| Revenue | - | 10,06 | 3 | | | |
| ~ | 7 | Capital gain net income (from Part IV, line 2) | | C | | |
| | 8 | Net short-term capital gain | | | | |
| | 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) | 1,438,217 | 7 | | |
| | 12 | Total. Add lines 1 through 11 | 1,453,576 | 5 0 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 132,154 | 1 | | |
| | 14 | Other employee salaries and wages | 317,113 | 3 | | |
| 6S | 15 | Pension plans, employee benefits | 33,415 | 5 | | |
| Sui | 16a | Legal fees (attach schedule) | 980 | | | |
| and Administrative Expenses | ь | Accounting fees (attach schedule) | C |) | | |
| e E | c | Other professional fees (attach schedule) | 3,652 | 2 | | |
| atıv | 17 | Interest | | | | |
| Stra | 18 | Taxes (attach schedule) (see instructions) | 36,711 | | | |
| <u>=</u> | 19 | Depreciation (attach schedule) and depletion | 175,735 | | | |
| Adm | 20 | Occupancy | 542,998 | 3 | | |
| ק ק | 21 | Travel, conferences, and meetings | | | | |
| <u>1</u> 21 | 22 | Printing and publications | 249,316 | 5 | | |
| Operating | 23 | Total operating and administrative expenses. | 249,316 | <u></u> | | |
| era | 24 | Add lines 13 through 23 | 1,492,074 | | | 0 |
| Ob | 25 | Contributions, gifts, grants paid | 1,492,074 | | | 0 |
| | 26 | Total expenses and disbursements. Add lines 24 and | | | | |
| | | 25 | 1,492,074 | 1 C | | 0 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | a | Excess of revenue over expenses and disbursements | -38,498 | 3 | | |
| | ь | Net investment income (if negative, enter -0-) | | C | | |
| _ | С | Adjusted net income (if negative, enter -0-) | | | | |
| гoг | raper | work Reduction Act Notice, see instructions. | | Cat No 11289) | < For | m 990-PF (2018) |

| | 3 | Accounts receivable \longrightarrow 3,511 | | | |
|--------|-----|--|-------|-------|--|
| | | Less allowance for doubtful accounts ▶ | 1,516 | 3,511 | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | 0 | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | 0 | |
| S | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 4,235 | 4,235 | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) | | ا | |

4,235

3,217,204

3,419,830

3,217,204

3,419,830

19,775

155,822

3.233.056

3,233,056

3.388.878

202,372

22,900

225,272

3,194,558

3,194,558

3,419,830

2

3

4

5

6

3,233,056

3,194,558

3.194.558 Form **990-PF** (2018)

-38,498

12 Investments—other (attach schedule) Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 1,044,112 3,109,142 Other assets (describe > _ Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 3,388,878 17 136,047 Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund

18

19

20

21

22

23

24

25

26

28

29 Net 30

31

Part III

2

Liabilities

Balances

Fund

5

Assets 27 Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Deferred revenue .

Other liabilities (describe -_

| orm | 990-PF (2018) | | | | | F | age 6 |
|-----|--|--|------------------------------|---------------------------------|------------------|--------|--------------|
| Pa | rt VIII-B Statements Regard | ing Activities for Which | Form 4720 May Be | Required (continued) | | | |
| ā | During the year did the foundation p | ay or incur any amount to | | | | Yes | No |
| | (1) Carry on propaganda, or otherw | se attempt to influence legisl | ation (section 4945(e))? | ☐ Yes ✓ | No | | |
| | (2) Influence the outcome of any sp | ecific public election (see sect | tion 4955), or to carry | | | | |
| | on, directly or indirectly, any vot | - | | · · 🗌 Yes 🗸 | No | | |
| | (3) Provide a grant to an individual f | | | ☐ Yes 🗸 | No | | |
| | (4) Provide a grant to an organization | | | | | | |
| | in section 4945(d)(4)(A)? See in: | | | · · · · Yes 🗸 | No | | |
| | (5) Provide for any purpose other th | - · · | | | | | |
| L | educational purposes, or for the | · | | ∟ Yes 🖭 | No | | |
| D | If any answer is "Yes" to 5a(1)-(5), Regulations section 53 4945 or in a c | | | | 5b | | |
| | Organizations relying on a current no | | | _ | 30 | | |
| _ | If the answer is "Yes" to question 5a | | | | | | |
| Č | tax because it maintained expenditur | • • • | • | | | | |
| | If "Yes," attach the statement require | | | · · L Yes L | No | | |
| 5a | Did the foundation, during the year, | · - | | ime on | | | |
| Ju | a personal benefit contract? | • | manectry, to pay premit | | | | |
| b | Did the foundation, during the year, | | lirectly, on a personal be | nefit contract? | No 6b | | No |
| _ | If "Yes" to 6b, file Form 8870 | pa, proa | | | - 33 | | |
| 7a | At any time during the tax year, was | the foundation a party to a p | prohibited tax shelter trai | nsaction? | | | |
| | If yes, did the foundation receive any | | | ∟ Yes 🖭 | No 7b | | |
| 3 | Is the foundation subject to the secti | on 4960 tax on payment(s) o | of more than \$1,000,000 | in remuneration or | | | |
| | excess parachute payment during the | e year? | | · · 🗌 Yes 🗌 | No L | | |
| | | | | nagers, Highly Paid Em | | | |
| Pai | and Contractors | | icos, i canaacion i i | age.e,g, . a.a | . p. 0 , 000, | ′ | |
| 1 | List all officers, directors, trustee | s, foundation managers ar | nd their compensation. | See instructions | | | |
| | | (b) Title, and average | (c) Compensation (If | | (e) Exper | | ount |
| | (a) Name and address | hours per week | not paid, enter | employee benefit plans and | other a | | |
| | Additional Data Table | devoted to position | -0-) | deferred compensation | | | |
| / | Additional Data Table | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 | Compensation of five highest-paid | d emplovees (other than t | l hose included on line 1 | L—see instructions). If non | l ne, enter " | NONE. | ," |
| | · | | | (d) Contributions to | | | |
| a) | Name and address of each employee p | paid (b) Title, and average hours per week | (c) Compensation | employee benefit | (e) Expen | | |
| | more than \$50,000 | devoted to position | | plans and deferred compensation | other all | lowanc | es |
| ON | = | | | - Somponousion | | | |
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| | | | | | | | |
| ota | I number of other employees paid ove | r \$50,000 . | | | | | |
| | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | <u> </u> | Form 99 | ∩-PF (| (2018) |

| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services | Form 990-PF (2018) | | Page 7 |
|---|--|--------------------------------------|---------------------------|
| (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Compensation Compen | | Foundation Managers, Highly P | aid Employees, |
| Total number of others receiving over \$50,000 for professional services. O Part IX-A Summary of Direct Charitable Activities Is the foundation's four largest direct charitable activities I Expenses 1 2 2 3 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Obscribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 I I I I I I I I I I I I I I I I I I | 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, ente | r "NONE". |
| Total number of others receiving over \$50,000 for professional services. Part XX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 2 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 All other program-related investments. See instructions 3 Intelligence of the service of the s | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 All other program-related investments See instructions All other program-related investments See instructions | NONE | | |
| Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 All other program-related investments See instructions All other program-related investments See instructions | | | |
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| organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 2 3 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 2 All other program-related investments See instructions 3 All other program-related investments See instructions | | | |
| 2 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 All other program-related investments See instructions | | | er of Expenses |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | , | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
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| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | 4 | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
| 1 2 All other program-related investments See instructions 3 Total. Add lines 1 through 3 | Part IX-B Summary of Program-Related Investments (see | nstructions) | |
| All other program-related investments See instructions 3 Total. Add lines 1 through 3 | Describe the two largest program-related investments made by the foundation during the | ne tax year on lines 1 and 2 | Amount |
| 3 | 1 | | |
| 3 | | | |
| 3 | , | | |
| 3 | <u>-</u> | | |
| 3 | | | |
| Total. Add lines 1 through 3 | All other program-related investments See instructions | | |
| <u> </u> | 3 | | |
| <u> </u> | | | |
| <u> </u> | Total Add lines 1 through 3 | | |
| F 000 DE /2010\ | Total Add inles I tillough 3 | | Form 990-PF (2018) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

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Form 990-PF (2018)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

0

Page 9

| Forr | n 990-PF (20 | 018) | |
|------|--------------|--|---------------|
| P | art XIII | Undistributed Income (see instru | ictions) |
| | | | (a) Corpus |
| 1 | Distributabl | e amount for 2018 from Part XI, line 7 | |
| 2 | Undistribute | ed income, if any, as of the end of 2018 | |

| 1 | Distributable amount for 2018 from Part XI, line 7 | |
|---|---|---|
| 2 | Undistributed income, if any, as of the end of 2018 | Ī |
| а | Enter amount for 2017 only | |
| b | Total for prior years 20 , 20 , 20 | |
| | | |

a From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . e From 2017. . . .

XII, line 4 🕨 \$

indicated below:

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9 a Excess from 2014. . **b** Excess from 2015. .

c Excess from 2016. . d Excess from 2017. . e Excess from 2018. .

6 Enter the net total of each column as

same amount must be shown in column (a))

Excess distributions carryover, if any, to 2018 889.041

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2018 distributable amount. . . .

e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018

0

889.041

889.041

889,041

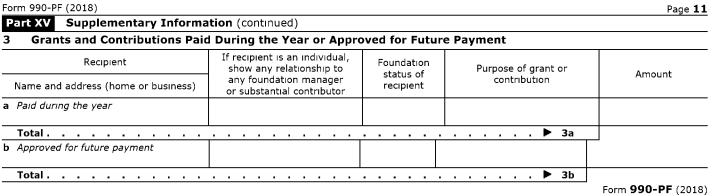
(b)

Years prior to 2017

(c)

2017

Form **990-PF** (2018)



| | s amounts unless otherwise indicated | Unrelated b | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--------------------------------------|--|---|--|-------------------------|----------------------|--|
| _ | m service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| | | | | | | |
| 2 Memb 3 Intere | and contracts from government agencies ership dues and assessments st on savings and temporary cash | | | | | |
| 4 Divide | ments nds and interest from securities. ntal income or (loss) from real estate | | | 14 | 7 | <u>'</u> |
| | -financed property | | | | | |
| b Not | debt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | investment income | | | | | |
| invent | • • | | | | | 700 |
| 9 Net in | come or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | tal Add columns (b), (d), and (e) | | | | 7 | 700 |
| | Add line 12, columns (b), (d), and (e) | | | 13 | 3 | 707 |
| | | | | | | |
| | vorksheet in line 13 instructions to verify calcu | | ment of Exem | pt Purposes | | |
| | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the accomplishment of the foundation. | ne Accomplish | ed ın column (e) c | of Part XVI-A contribut | | |
| Part XV Line No. ▼ | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions) | ne Accomplish Income is report Kempt purposes (| ed in column (e) c other than by pro | of Part XVI-A contribut | | 1 |
| Part XV Line No. ▼ | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the accomplishment of the foundation. | ne Accomplish Income is report Rempt purposes (| ed in column (e) c other than by pro /HO SHARE THE | of Part XVI-A contribut | | |
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| Part XV Line No. V 1A 1A | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions) RENTAL INCOME AND FEES COLLECTED FROM ORGANIZATION'S STATEMENT OF FAITH AND FEED CONTRACTOR OF FAITH AND FEED COLLECTED FROM ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEM | ne Accomplish Income is report Rempt purposes (| ed in column (e) c other than by pro /HO SHARE THE | of Part XVI-A contribut | | |
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| Part XV Line No. V 1A 1A | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions) RENTAL INCOME AND FEES COLLECTED FROM ORGANIZATION'S STATEMENT OF FAITH AND FEED CONTRACTOR OF FAITH AND FEED COLLECTED FROM ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEM | ne Accomplish Income is report Rempt purposes (| ed in column (e) c other than by pro /HO SHARE THE | of Part XVI-A contribut | | |
| Part XV Line No. V 1A 1A | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions) RENTAL INCOME AND FEES COLLECTED FROM ORGANIZATION'S STATEMENT OF FAITH AND FEED CONTRACTOR OF FAITH AND FEED COLLECTED FROM ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEM | ne Accomplish Income is report Rempt purposes (| ed in column (e) c other than by pro /HO SHARE THE | of Part XVI-A contribut | | |
| Part XV Line No. V 1A 1A | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions) RENTAL INCOME AND FEES COLLECTED FROM ORGANIZATION'S STATEMENT OF FAITH AND FEED CONTRACTOR OF FAITH AND FEED COLLECTED FROM ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEM | ne Accomplish Income is report Rempt purposes (| ed in column (e) c other than by pro /HO SHARE THE | of Part XVI-A contribut | | |
| Part XV Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions) RENTAL INCOME AND FEES COLLECTED FROM ORGANIZATION'S STATEMENT OF FAITH AND FEED CONTRACTOR OF FAITH AND FEED COLLECTED FROM ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEMENT OR FAITH ORGANIZATION'S STATEM | ne Accomplish Income is report Rempt purposes (| ed in column (e) c other than by pro /HO SHARE THE | of Part XVI-A contribut | | |

| | / | | |
|-----------------------|--|-----|---|
| rt XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations | ble | |
| \.d t ba avaas | number of weather an individual to an area in the fellowing with any other area in the decembed in castion 501 | | _ |

| Pair AVII | Exempt Organi | zations | | | | | |
|----------------------|----------------------------|--|---|---|--|------------------|---------|
| 1 Did the oi | rganization directly or in | directly engage in | any of the following with in section 527, relating to | | tion described in section 50 ons? | 1 Ye | es No |
| a Transfers | from the reporting foun | dation to a noncha | arıtable exempt organızatı | on of | | | |
| (1) Cash | 1 | | | | | 1a(1) | No |
| (2) Othe | er assets | | | | | 1a(2) | No |
| b Other train | nsactions | | | | | | |
| (1) Sale | s of assets to a nonchar | ıtable exempt orga | inization | | | 1b(1) | No |
| | | | npt organization | | | 1b(2) | No |
| | | • | | | | 1b(3) | No |
| | | | | | | 1b(4) | No |
| ` ' | - | | | | | 1b(5) | No |
| ` ' | | ' | raising solicitations | | | 1b(6) | No |
| _ | | - | assets, or paid employees | | | 1c | No |
| of the god | ods, other assets, or ser | vices given by the ingement, show in . | reporting foundation If the | ne foundation rece the goods, other as | always show the fair market visets, or services received of transfers, transactions, and s | alue | nents |
| | | | | | | | |
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| | | | | | | | |
| | | | , or related to, one or mo | | _ | . | |
| | , , , | | (c)(3)) or in section 527? | | ∟ Yes | ✓ No | |
| b If "Yes," o | complete the following s | | 1 (b) Tono of consuma | I | (-) D | - b b | |
| | (a) Name of organization | on | (b) Type of organiz | ation | (c) Description of rel | ationsnip | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| of r whi | | , it is true, correct | | | nying schedules and statem er than taxpayer) is based o | • | |
| Sign Here | ***** | | 2019-08-20 | ***** | reti wit | h the preparer s | |
| | Signature of officer or t | rustee | Date | Title | bel (se | | es □ No |
| | Print/Type preparer's | s name Prep | arer's Signature | Date | Check if self- | | _ |
| Paid | Jim Gay CPA | | | 2019-11-07 | employed ▶ □ | P00653827 | 7 |
| Preparei | | GAY CPA | | | Firm's | s EIN ▶ | |
| Jse Only | | 184 EVEL ED E4 | | | | | |
| | | 84 EAST SR 64 RADENTON, FL 34 | 2089059 | | Phone | e no (941) 74 | 7-0588 |
| | 1 | | | | 1 | | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JOSEPH ALEPPO 75,616 PRES/CHAIRMAN 16 00 PO BOX 1848 BRADENTON, FL 34206 GEORGIA ALEPPO DIR 56,538 16 00 PO BOX 1848 BRADENTON, FL 34206 JACK JENKINS DIR 0 0 Nicholas 1 Trofemuk 1R TREASURER 1 00 PO BOX 1848 BRADENTON, FL 34206

| PO BOX 1848 BRADENTON, FL 34206 | 1 00 | | | |
|------------------------------------|------------------|---|---|---|
| BRUCE MILLS | VP/VICE CHAIRMAN | 0 | 0 | C |
| PO BOX 1848 BRADENTON EL 34206 | 1 00 | | | |

DIR 1 00

STEVEN KRELOFF

BRADENTON, FL 34206

PO BOX 1848

| Note: To ca | Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing. | | | | | | | | | |
|-------------|---|--------------|-----------|----------------|-------------------|-------|--------------|----------------|-------------|--------------------------|
| TY 2018 | TY 2018 Gain/Loss from Sale of Other Assets Schedule | | | | | | | | | |
| | Name: BRADENTON MISSIONARY VILLAGE | | | | | | | | | |
| | EIN: 75-3109465 | | | | | | | | | |
| Ga | Gain Loss Sale Other Assets Schedule | | | | | | | | | |
| Name | Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation |

10,063

9,363

DLN: 93491311002039

700

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As Filed Data -

2018-01

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491311002039 |
|--------------------------------------|-----------------|---------------------|
| TY 2018 Land, Etc. | | |
| Schedule | | |

Name: BRADENTON MISSIONARY VILLAGE

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|---------------------|-----------------------|--------------------------|------------|----------------------------------|
| LEASEHOLD IMP | 798,877 | 198,920 | 599,957 | |
| ADMINSTRATION | 126,175 | 75,453 | 50,722 | |
| CARE CENTER | 31,872 | 24,508 | 7,364 | |
| PROPERTY OPERATION | 111,134 | 78,573 | 32,561 | |
| LAND | 343,614 | 0 | 343,614 | |
| BLDS & HOMES | 2,341,470 | 546,343 | 1,795,127 | |
| REMODELING OF UNITS | 508,174 | 120,315 | 387,859 | |

| efile GRAPHIC print - DO NOT PROCE | ESS As Filed Data | Data - DLN: 9349131100 | | | |
|------------------------------------|-------------------|------------------------|------------------------|------------------------------|--|
| TY 2018 Legal Fees Sched | ule | | | | |
| | | | | | |
| Name: BRADENTON MISSIONARY VILLAGE | | | | | |
| EIN: 75-3109465 | | | | | |
| Catanami | Amazunt | Net Investment | Adimeted Not | Diahuwaamanta | |
| Category | Amount | Income | Adjusted Net Income | Disbursements for Charitable | |
| | | | | Purposes | |
| PAUL R ALFIERI LEGAL | 980 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491311002039 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: BRADENTON MISSIONARY VILLAGE | | | | | | |
| EIN: 75-3109465 | | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| INSURANCE | 60,290 | | | | | |
| MARKETING & PROMOTIONS | 2,572 | | | | | |
| ADMINISTRATION | 40,103 | | | | | |
| FOOD SERVICE | 146,341 | | | | | |
| LEASE EXPENSE | 10 | | | | | |

Name: BRADENTON MISSIONARY VILLAGE

EIN: 75-3109465

RECEIPTS FROM GUESTS

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Other Income Schedule Description Revenue And Net Investment **Expenses Per Books** Income

As Filed Data -

1,438,217

Adjusted Net Income

DLN: 93491311002039

| efile GRAPHIC print - DO NOT PROCE | ESS As Filed Data | DLN: 9349131100203 | | | | | |
|--|------------------------------------|--------------------|--------------|----------------------------|--|--|--|
| TY 2018 Other Professional Fees Schedule | | | | | | | |
| | | | | | | | |
| Na | Name: BRADENTON MISSIONARY VILLAGE | | | | | | |
| | | | LAGE | | | | |
| EIN: 75-3109465 | | | | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements | | | |
| | | Income | Income | for Charitable Purposes | | | |
| PAYROLL SERVICE PAYROLL SERVICE | 2,157 | | | | | | |
| JIM GAY, CPA ACCOUNTING | 1,495 | | | | | | |

| efile GRAPHIC print - DO NOT PR | OCESS As F | iled Data - | | DL | N: 93491311002039 | |
|------------------------------------|------------|-------------|--------------------------|------------------------|---|--|
| TY 2018 Taxes Schedule | | | | | | |
| | | | | | | |
| Name: BRADENTON MISSIONARY VILLAGE | | | | | | |
| | | | | | | |
| EIN: 75-3109465 | | | | | | |
| Category | Amour | nt | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| PAYROLL TAXES | | 36,711 | | | | |