EXTENDED TO FEBRUARY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

| OMB No. 1545-0047 |
|-------------------|
| 2016 |
| <u> </u> |
| Open to Public |
| Inspection |

| A I | or the 2 | 2016 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ | ending M | AR 31, 2017 | |
|--------------------------------|---------------------------------------|---|-------------|-------------------------------------|-------------------------------|
| B | Check if applicable: | C Name of organization | | D Employer identifi | cation number |
| | Address change | AGAPE INTERNATIONAL, INC | | | 450505 |
| Ļ | Name _change □Initial | Doing business as | | | 452537 |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 51 | Room/suite | E Telephone numbe 978 – | 443-8501 |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 343,066. |
| | Amended | ASIIDAND, MA 01/21 | | H(a) Is this a group re | |
| | Applica- tion pending | F Name and address of principal officer:DOUG MACRAE | | for subordinates | |
| | | 400 BEACHVIEW DRIVE #2S, VERO BEACH, F | | H(b) Are all subordinates in | |
| | | npt status: X 501(c)(3) | r 527 | 1 | list. (see instructions) |
| | | : ► WWW.AGAPEINTL.ORG roanization: X Corporation Trust Association Other ► | I. Vaar | H(c) Group exemptio | |
| | | rganization: X Corporation Trust Association Other ► Summary | L Year | of formation: 2003 N | M State of legal domicile: MA |
| | | riefly describe the organization's mission or most significant activities: ${f TO}$ ${f ES}$ | TARLT | SH ORPHANAG | ES FOR |
| Governance | ' T | HIRD WORLD CHILDREN IMPACTED BY AIDS. | , 1110111 | DII OILIIIIIIII | <u> </u> |
| naı | I — | heck this box if the organization discontinued its operations or dispose | ed of more | than 25% of its net as | ssets. |
| Ş. | 1 | | | 3 | 7 |
| Ğ | | umber of independent voting members of the governing body (Part VI, line 1b) | | | 7 |
| 8 | | otal number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 2 |
| Viţi | | otal number of volunteers (estimate if necessary) | | | 80 |
| Activities & | | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | | et unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | | | Prior Year | Current Year |
| ē | 8 C | ontributions and grants (Part VIII, line 1h) | | 273,861. | 313,748. |
| Revenue | | rogram service revenue (Part VIII, line 2g) | | 0. | 0. |
| 3e | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,447. | 2,568. |
| _ | 11 0 | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 77,572. | 6,291. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 353,880. | 322,607. |
| | | rants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | enefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ses | | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 144,418. | 122,136. |
| Expenses | 16a Pi | rofessional fundraising fees (Part IX, column (A), line 11e) | · | 0. | 0. |
| Ř | | otal fundraising expenses (Part IX, column (D), line 25) 26,46 | | 221,625. | 228,814. |
| | | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 366,043. | 350,950. |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | -12,163. | |
| or es | 19 R | evenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | End of Year |
| ets (| 20 To | otal assets (Part X, line 16) | BC | 946,879. | 927,787. |
| Ass Bal | 21 To | otal assets (Part X, line 16) otal liabilities (Part X, line 26) | | 150. | 4,131. |
| Net Assets or Fund Balances | 22 N | et assets or fund balances. Subtract line 21 from line 20 | | 946,729. | 923,656. |
| | art II | Signature Block | | | |
| Und | er penalti | es of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the best of m | y knowledge and belief, it is |
| true | , correct, | and complete. Declaration of preparer (other than officer) is based on all information of which | ch preparer | has any knowledge. | |
| | | | | | |
| Sig | ո Լ | Signature of officer | | Date | |
| Her | e] | DOUG MACRAE, PRESIDENT | | | |
| | <u> </u> | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check Check | PTIN |
| Paid | | IANA EDWARDS | | self-employ | |
| | <u> </u> | irm's name MURPHY, EDWARDS, GONCALVES & FER | KKERA, | PC Firm's EIN ▶ | 76-0754060 |
| Use | Only | Firm's address 144 TURNPIKE ROAD SUITE 340 | | | 0 220 7222 |
| | | SOUTHBORO, MA 01772 | | Phone no. 50 | 8-229-7900 |
| May | the IRS | S discuss this return with the preparer shown above? (see instructions) | | | Yes No |

| | | E INTERNATIONAL, INC | 20-0452537 _P | Page 2 |
|----|--|--|---|---------------|
| Pa | | Service Accomplishments | | |
| | | | III | |
| 1 | Briefly describe the organization's n TO ESTABLISH ORPHA | | CHILDREN IMPACTED BY AIDS. | |
| | | | | |
| 2 | • | significant program services during the ye | ar which were not listed on the | No |
| • | If "Yes," describe these new service | | conducts, any program services? | ᡔ. |
| 3 | If "Yes," describe these changes or | | conducts, any program services?Yes 🗵 | Z NO |
| 4 | | anizations are required to report the amour | three largest program services, as measured by expenses. nt of grants and allocations to others, the total expenses, and | t |
| 4a | (Code:) (Expenses \$ TO ESTABLISH ORPHA | 277,329. including grants of \$ ANAGES FOR THIRD WORLI |) (Revenue \$ O CHILDREN IMPACTED BY AIDS, AN | 1D) |
| | | ERWISE RECEIVE CARE. | ATIONARY MEDICAL CARE TO THOSE | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | Other program services (Describe in | n Schedule O.) | | |

4e

Total program service expenses

) (Revenue \$

including grants of \$

Form 990 (2016) AGAPE INTERNATIONAL, INC Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 7,7 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | X |
| L | Schedule D, Parts XI and XII Was the experientian included in consolidated independent sudited financial attemperate for the tay year? | 12a | | |
| a | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 106 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 174 | | |
| J | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 11.2 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |

Form **990** (2016)

Form 990 (2016) AGAPE INTERNATIONAL, INC Part IV Checklist of Required Schedules (continued)

| Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 20a 20b 21 22 23 24a 24b | | X X X |
|---|--|---|------------------|
| Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 21 22 23 24a 24b | | х |
| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 22 23 24a 24b | | х |
| Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 22 23 24a 24b | | х |
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 24a 24b | | х |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 24a 24b | | х |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 24a 24b | | |
| Orbital to I | 24a 24b | | |
| Schedule J | 24a 24b | | |
| | 24b | | x |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 24b | | х |
| last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 24b | | _ <u> </u> |
| Schedule K. If "No", go to line 25a | | | • |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24c | | <u> </u> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| any tax-exempt bonds? | | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | x |
| Schedule L, Part I | 25b | | |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | x |
| complete Schedule L, Part II | 26 | | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 07 | | $ _{\mathbf{x}}$ |
| of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| instructions for applicable filing thresholds, conditions, and exceptions): | 28a | | x |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| | 28c | | x |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? | 00 | | |
| If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | J. | | |
| Schedule N, Part II | 32 | | х |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| Part V, line 1 | 34 | | х |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | Х |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form 990 (2016) AGAPE INTERNATIONAL, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O Contains a response of note to any line in this Fart v | | | | | Ш |
|-----|--|------------|--------------|-----|-----|----|
| | I | 1 | 01 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | | |
| | 11 | 1b | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | | | 4. | | |
| 20 | (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | I | | 1c | | |
| Za | | 2a | 2 | | | |
| h | filed for the calendar year ending with or within the year covered by this return | | | 2b | х | |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 20 | | |
| 32 | | | | За | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other at | | 1 | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial ac | • | | 4a | х | |
| b | If "Yes," enter the name of the foreign country: ► INDIA | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (I | FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | T T | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gif | ts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serving the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and serving the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and serving the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and serving the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and serving the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and serving the organization of the org | | I | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | T T | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | - | | | | 37 |
| | to file Form 8282? | 1 | | 7с | | X |
| | • | 7d | | | | |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations depend on the contribution of cars, boats, airplanes, or other vehicles, did the organizations depend on the contribution of cars, boats, airplanes, or other vehicles, did the organizations depend on the cars of the cars o | | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | | | Ů | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make any taxable distributions and section 4500? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | | 10a | | | | |
| | | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | [| | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | ı | | | | |
| | | 13b | | | | |
| | | 13c | | | | v |
| | | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | υ <u>.</u> | | 14b | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|---------|------|----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | DOUG MACRAE - 978-443-8501 | | | |
| | 400 BEACHVIEW DRIVE #2S, VERO BEACH, FL 32963 | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | organization compensate (C) | | | | | | (D) | (E) | (F) |
|----------------------|------------------------|--------------------------------|-----------------------|---|--------------|------------------------------|--------|-----------------|-----------------|---------------|
| Name and Title | Average | Positio | | Position (do not check more than one | | | | Reportable | Reportable | Estimated |
| Name and Thie | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week | offic | cer an | d a d | irecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or din | a. | | | rted | | organization | (W-2/1099-MISC) | from the |
| | related | ıstee | truste | | ao | bens | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tru | onal | | ploye | t com | | | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DEBRA BREDE | 2.00 | 드 | 드 | 6 | 포 | 표능 | 3 | | | |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (2) KENDRICK BREDE | 2.00 | | | | | | | 0. | • | • |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (3) ELEANOR GORSEY | 2.00 | | | | | | | 0. | • | 0 . |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (4) DOUG MACRAE | 4.00 | | | | | | | | • | |
| PRESIDENT/TREASURER | 1000 | x | | x | | | | 0. | 0. | 0. |
| (5) JULIE MACRAE | 2.00 | ∺ | | | | | | • | | |
| SECRETARY | | X | | x | | | | 0. | 0. | 0. |
| (6) GREG HOPWOOD | 2.00 | | | | | | | - | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) SAMUEL RODRIGUEZ | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) LYNNE VOGGU | 40.00 | | | | | | | | | |
| EXEC DIRECTOR | | 1 | | Х | | | | 75,000. | 0. | 20,945. |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| (A) Name and title | (B) Average | | | (C Posi | ition | | | (D) Reportable | (E) Reportable | | Fs | (F) timate | d |
|---|---------------------------------|-----------------------|-----------------------|-------------------------|--------------|------------------------------|--------|---------------------------------|--|-----------|---------|----------------------------|------------|
| Name and the | hours per week (list any | box, offic | , unle | heck ss pe id a d | rson i | is bot | h an | compensation from the | compensation from related organization | n I | an | nount o | of |
| | hours for related | stee or director | nstee | | | ensated | | organization (W-2/1099-MISC) | (W-2/1099-MIS | | fr | pensa om the anizati | 9 |
| | organizations below line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | d relate anizatio | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | 75 000 | | 0 | 2 | 0 0 | <i>1</i> E |
| 1b Sub-total c Total from continuation sheets to Par | | | | | | | | 75,000. 0. | | 0. | | 0,9 | 0. |
| d Total (add lines 1b and 1c) | out not limited to th | | | | | | | 75,000. eceived more than \$100 | 0,000 of reportab | 0 • le | 2 | 0,9 | 45. 0 |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J i | for such individual | | | | · | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$ | • | | | | | | | • | • | | 4 | | Х |
| 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," | | | | | - | | elat | ed organization or indivi | | | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highes | st compensated in | depe | ende | ent c | ontr | racto | ors t | that received more than | \$100.000 of com | npens | ation f | rom | |
| the organization. Report compensation | for the calendar y | - | | | | | | n the organization's tax | | • | | | |
| (A) Name and busin | | NC | ONI | 3 | | | | (B) Description of s | ervices | С | (Compe | | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractor | | ot lir | mite | d to | | _ | sted | d above) who received m | nore than | | | | |
| \$100,000 of compensation from the org | ganization 🕨 | | | | (| 0 | | | | | | | |

20-0452537 AGAPE INTERNATIONAL, INC Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 313,748. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 313,748. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,568. 2,568. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____ a 26,750. Other b Less: direct expenses _____ b 6,291. 6,291. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... **10 a** Gross sales of inventory, less returns and allowances _____a

11 a b

b Less: cost of goods sold ______ b
c Net income or (loss) from sales of inventory ___
Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

322,607.

0.

Business Code

Form 990 (2016) AGAPE INTERNATIONAL, INC Part IX | Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colu | лтп (A). |
|---|----------|
|---|----------|

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|---|--|----------------|-----------------|------------------|------------------------|--|--|--|--|
| Do | not include amounts reported on lines 6b. | (A) | (B) I | (C) I | (D) | | | | |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service | Management and | Fundraising | | | | |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses | | | | |
| ' | and domestic governments. See Part IV, line 21 | | | | | | | | |
| 0 | Grants and other assistance to domestic | | | | | | | | |
| 2 | | | | | | | | | |
| _ | individuals. See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | |
| 5 | Compensation of current officers, directors, | 75,000. | 67,500. | 3,750. | 3,750. | | | | |
| _ | trustees, and key employees | 75,000. | 67,300. | 3,730. | 3,730. | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 10 607 | | 0 004 | 0 702 | | | | |
| 7 | Other salaries and wages | 18,687. | | 9,904. | 8,783. | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 20 045 | 10 051 | 1,047. | 1 0 4 7 | | | | |
| 9 | Other employee benefits | 20,945. | 18,851. | | 1,047. 1,004. | | | | |
| 10 | Payroll taxes | 7,504. | 5,407. | 1,093. | 1,004. | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | |
| | Management | | | | | | | | |
| | Legal | 0 005 | | 0.005 | | | | | |
| | Accounting | 2,925. | | 2,925. | | | | | |
| | Lobbying | | | | | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | | | | | |
| | Investment management fees | | | | | | | | |
| g | , | | | | | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | | | | | | | | |
| 12 | Advertising and promotion | 10.011 | | 40.044 | | | | | |
| 13 | Office expenses | 10,344. | | 10,344. | | | | | |
| 14 | Information technology | 1,270. | | 1,270. | | | | | |
| 15 | Royalties | | | | | | | | |
| 16 | Occupancy | | | | | | | | |
| 17 | Travel | 3,759. | | | 3,759. | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | |
| 20 | Interest | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 2,537. | 2,537. | | | | | | |
| 23 | Insurance | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | | | | | |
| а | ORPHANAGE/HOSTEL | 96,359. | 96,359. | | | | | | |
| b | EDUCATION | 80,195. | 80,195. | | | | | | |
| С | OTHER ADMIN COSTS-INDIA | 14,930. | | 14,930. | | | | | |
| d | PRINTING & POSTAGE | 8,123. | _ | | 8,123. | | | | |
| е | All other expenses | 8,372. | 6,480. | 1,892. | | | | | |
| 25 | Total functional expenses . Add lines 1 through 24e | 350,950. | 277,329. | 47,155. | 26,466. | | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | |
| 63201 | 0 11-11-16 | | | | Form 990 (2016) | | | | |

Form 990 (2016) Part X Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|---------------|------|--|-----------|----------------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | te to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 410,340. | 1 | 376,799. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensations | | | | | |
| | | Part II of Schedule L | | | | 5 | |
| छ | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | 1 4958(| c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sec | tion 50 | 1(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). | | · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ¥ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 77,362. | | | |
| | b | Less: accumulated depreciation | | 77,362. | 2,537. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 527,987. | 12 | 542,752. |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 6,015. | 15 | 8,236. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 946,879. | 16 | 927,787. | | |
| | 17 | Accounts payable and accrued expenses | | 17 | | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to current and forme | r officer | s, directors, trustees, | | | |
| Ě | | key employees, highest compensated employee | es, and | disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | ated thi | rd parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables | to related third | | | |
| | | parties, and other liabilities not included on lines | i 17-24) | . Complete Part X of | 4-4 | | |
| | | Schedule D | | | 150. | 25 | 4,131. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 150. | 26 | 4,131. |
| | | Organizations that follow SFAS 117 (ASC 958 | | k here ▶ 🔼 and | | | |
| Ses | | complete lines 27 through 29, and lines 33 ar | | | 0.46 700 | | 000 656 |
| Fund Balances | 27 | Unrestricted net assets | | | 946,729. | 27 | 923,656. |
| Bal | 28 | Temporarily restricted net assets | | | | 28 | |
| pu | 29 | | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (A | SC 958 | B), check here ▶ ☐ | | | |
| Ä | | and complete lines 30 through 34. | | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | 046 700 | 32 | 000 (56 |
| _ | 33 | Total net assets or fund balances | | | 946,729. | 33 | 923,656. |
| | 34 | Total liabilities and net assets/fund balances | | | 946,879. | 34 | 927,787. |

Form **990** (2016)

| Par | t XI Reconciliation of Net Assets | | | | | |
|-----------------------|--|----------------------------|------|-------------------|--------------------------|-------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 2 3 4 5 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities | 1 2 3 4 5 6 | | 322 350 -28 | 2,6 0,9 3,3 5,7 | 50. 43. 29. |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 92: | 3,6 | 56. |
| Par | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | — [| | Yes | No |
| 2a | 7 1 | | | 2a | Х | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | 2b | | Х |
| С | consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | 2c | | X |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133? | ngle Au | udit | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | 3b | | |

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization AGAPE INTERNATIONAL. INC 20-0452537 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|-----------------------|------------------------|---------------------|--------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 367,404. | 373,392. | 244,399. | 271,861. | 313,748. | 1570804. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 367,404. | 373,392. | 244,399. | 271,861. | 313,748. | 1570804. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 439,410. |
| _6 | Public support. Subtract line 5 from line 4. | | | | | | 1131394. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 367,404. | 373,392. | 244,399. | 271,861. | 313,748. | 1570804. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 1,039. | 3,449. | 3,305. | 2,447. | 2,568. | 12,808. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1583612. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 227,156. |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth to | ax year as a sectio | n 501(c)(3) | |
| _ | organization, check this box and stor | here | <u></u> | | | | <u></u> ▶∟ |
| | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2016 (| | | | | 14 | 71.44 % |
| 15 | Public support percentage from 2015 | | | | | 15 | 74.80 % |
| 16a | 33 1/3% support test - 2016. If the o | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2015. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | ū | | | | | • |
| | and if the organization meets the "fac | | | | • | _ | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | ū | | | | • | |
| | more, and if the organization meets the | | • | | • | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17l | o, check this box a | nd see instruction | s ▶∟ |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | , | | | | |
|------|--|--------------------|------------------------------------|------------------------|----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | _ | |
| Cale | endar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| 11 | | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organi | zation, |
| | | | | | | | <u></u> ▶∟⊥ |
| | ction C. Computation of Publ | | | | | 11 | |
| | Public support percentage for 2016 (I | | | | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | T.=1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 198 | 33 1/3% support tests - 2016. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| k | 33 1/3% support tests - 2015. If the | • | | | • | • | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | |
| 70 | Private tolingation if the organization | D DIO DOT CDACK 3 | $DDV \Delta D IID \Delta T/I = 10$ | n ar iun chackt | THE DAY SHA CAA IN | CITITOTIONS | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| _ | Yes | No |
|----------------|---------|------|
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| | | |
| 10a | | |
| | | |
| 10b | | |
| n 990 or 9 | 990-EZ) | 2016 |

| Pai | rt IV Supporting Organizations (continued) | | | |
|------------|--|----------------|---------|----|
| | (CONTINUED) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| - | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | - | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| <u>Sec</u> | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | ons). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | | | |
| С | | e instructions | ;). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | _ | | |
| _ | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| _ | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| p | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | ng Organ | izations | |
|------|---|---------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on I | Nov. 20, 1970 (explain in | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | omplete Se | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly integrate | ed Type III supporting org | anization (see |
| | instructions) | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Par | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|----------|---|-------------------------------|--|---|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | ns | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| _ | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| <u>a</u> | 5 (2010 | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| е | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Dort VI | the state of the s |
|---------|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

6

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AGAPE INTERNATIONAL, INC Employer identification number 20-0452537

| Par | | | ds or Accounts.Complete if the |
|-----|---|--|---|
| | organization answered "Yes" on Form 990, Part IV, lin | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | rised funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpos | e conferring |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the org | | |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of a his | storically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the forr | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired | • | I I |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by t | he organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | _ |
| 5 | Does the organization have a written policy regarding the per | - · · · · · · · · · · · · · · · · · · · | |
| _ | violations, and enforcement of the conservation easements i | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | nandling of violations, and enforcing co | nservation easements during the year |
| 7 | Amount of our areas in a sure of in an arithmin a linear action, have | dian of violetions, and onfouring common | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand \$\blacktrianglerightarrow\$ | aling of violations, and emorcing conserv | vation easements during the year |
| 0 | Does each conservation easement reported on line 2(d) above | vo patiety the requirements of poetion 17 | 70/h)/4)/P)/i) |
| 8 | | • | |
| 9 | and section 170(h)(4)(B)(ii)? | | |
| 9 | include, if applicable, the text of the footnote to the organization | • | |
| | conservation easements. | tion's illiancial statements that describe | s the organization's accounting for |
| Par | t III Organizations Maintaining Collections o | f Art. Historical Treasures. or | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | • | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | ement and balance sheet works of art. |
| | historical treasures, or other similar assets held for public ext | ,, , | , |
| | the text of the footnote to its financial statements that descri | | , |
| b | If the organization elected, as permitted under SFAS 116 (AS | | nt and balance sheet works of art. historical |
| | treasures, or other similar assets held for public exhibition, e | | |
| | relating to these items: | , | ,1 |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | L A |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under SFAS 1 | | - · · |
| а | Revenue included on Form 990, Part VIII, line 1 | · · · · · · · · · · · · · · · · · · · | > \$ |
| b | Assets included in Form 990, Part X | | |

| Pai | t III Organizations Maintaining C | collections of A | rt, Hist | torical Tr | easures, | or Othe | r Similar | Asse | ts (continu | ued) |
|-----|---|------------------------|--------------|----------------|----------------|---------------|---------------------|-----------|--------------------|-----------|
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, checl | any of the | following tha | at are a sig | nificant us | e of its | collection | items |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | ı 🔲 i | Loan or exc | hange progra | ams | | | | |
| b | Scholarly research | е | , [(| Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further t | he organizati | ion's exem | pt purpose | e in Parl | ı XIII. | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, hi | storical trea | sures, or oth | er similar a | assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | the orga | nization's c | ollection? | | | \square | Yes | No_ |
| Pai | t IV Escrow and Custodial Arran | gements. Comple | ete if the | organizatio | n answered | "Yes" on F | orm 990, F | Part IV, | line 9, or | |
| | reported an amount on Form 990, Par | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | ian or other intermed | diary for | contribution | ns or other as | ssets not i | ncluded | | _ | |
| | on Form 990, Part X? | | | | | | | L | Yes | └─ No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | | | | | | | <u>L</u> | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | kplanatio | n has been | n provided on | Part XIII | | | | |
| Pai | t V Endowment Funds. Complete i | f the organization an | swered | "Yes" on Fo | orm 990, Par | t IV, line 10 |). | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back (d | d) Three yea | rs back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | e (line 1 | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| | Permanent endowment | % | _ | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation tha | t are held a | and administe | ered for the | e organizat | ion | | |
| | by: | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | ent. | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | D, Part IV | /, line 11a. S | See Form 990 | D, Part X, I | ne 10. | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | t or other | (c) Acc | cumulated | | (d) Book | value |
| | | basis (investr | nent) | basis | (other) | depi | eciation | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | | | | | | |
| | Other | | | 7 | 7,362. | | 77,362 | 2. | | 0. |
| | . Add lines 1a through 1e. (Column (d) must e | | X. colun | nn (B), line | 10c.) | | | • | | 0. |

| ACADE INMED | NAMTONAT TNC | 20 |)-0 4 52537 _{Page} : |
|---|------------------------------|-------------------------------------|--------------------------------------|
| Schedule D (Form 990) 2016 AGAPE INTER Part VII Investments - Other Securities. | NATIONAL, INC | 20 | 7-0452537 Page |
| Complete if the organization answered "Yes" | on Form 990 Part IV line 1 | 1h See Form 990 Part X line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | id-of-year market value |
| (1) Financial derivatives | | . , | , |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) MONEY MARKET & MUTUAL | | | |
| (B) FUNDS | 542,752. | END-OF-YEAR MARKET | ' VALUE |
| (C) | 0 == , 1 0 = 1 | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 542,752. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | . | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | | | 5 |
| (a) Description of lightlift. | /1. | A De els velve | |

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) DUE ON CREDIT CARDS | 4,131. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,131. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| | rt XI | Reconciliation of Revenue per Audited Financial S | tatements With Reven | ue per Return. | |
|-------|---------|---|-----------------------------|-------------------------------------|-------|
| | | Complete if the organization answered "Yes" on Form 990, Part IV, | line 12a. | | |
| 1 | Total r | evenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amour | nts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net un | realized gains (losses) on investments | 2a | | |
| b | | ed services and use of facilities | | | |
| С | | eries of prior year grants | | | |
| d | | (Describe in Part XIII.) | | | |
| е | | nes 2a through 2d | | 2e | |
| 3 | Subtra | ct line 2e from line 1 | | 3 | |
| 4 | | nts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| С | Add lir | nes 4a and 4b | | 4c | |
| 5 | | evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | 5 | |
| Pa | rt XII | Reconciliation of Expenses per Audited Financial | Statements With Exper | ises per Return. | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, | line 12a. | | |
| 1 | Total e | expenses and losses per audited financial statements | | 1 | |
| 2 | Amour | nts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donate | ed services and use of facilities | 2a | | |
| b | Prior y | ear adjustments | 2b | | |
| С | Other I | osses | 2c | | |
| d | Other | (Describe in Part XIII.) | 2d | | |
| е | Add lir | nes 2a through 2d | | 2e | |
| 3 | Subtra | ct line 2e from line 1 | | 3 | |
| 4 | Amour | nts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| С | | nes 4a and 4b | | | |
| 5 | | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | ÷ 18.) | 5 | |
| | | Supplemental Information. | | | |
| | | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | | Part V, line 4; Part X, line 2; Par | t XI, |
| lines | 2d and | 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | any additional information. | | |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

| | 3 | | | | | . , | | |
|------|--|--|---|---|-------------------------|---|--|--|
| AGZ | APE INTERNATI | ONAL, IN | ·C | | | 20-04525 | 37 | |
| Pa | | | | tside the United States. Comple | ete if the organ | | | |
| | ——— Form 990, Part I' | | | 23 | ·· ··· - ·· · 9- | | | |
| 1 | | | n maintain recor | ds to substantiate the amount of its gra | ants and other | assistance, | | |
| | the grantees' eligibility f | for the grants or a | assistance, and | the selection criteria used to award the | grants or assi | stance? | Yes No | |
| 2 | For grantmakers. Desc United States. | rakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the es. | | | | | | |
| 3 | Activities per Region. (T | he following Part | I, line 3 table ca | an be duplicated if additional space is r | needed.) | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a prog describe | vity listed in (d) gram service, e specific type (s) in the region | (f) Total expenditures for and investments in the region | |
| ישספ | TH ASIA - | | | | ORPHANAGES | ESTABLISHED | | |
| AFGI | HANISTAN, | | | | IN INDIA TO | CARE FOR | | |
| BANC | GLADESH, BHUTAN, | | | | CHILDREN IM | PACTED BY | | |
| IND | IA, MALDIVES, | 7 | 1 | PROGRAM SERVICES IN INDIA | AIDS. | | 277,329. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 a | Sub-total | 7 | 1 | | | | 277,329. | |
| | Total from continuation sheets to Part I | 0 | 0 | | | | 0. | |
| С | Totals (add lines 3a | 7 | 1 | | | | 277 329 | |

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

Schedule F (Form 990) 2016

3 Enter total number of other organizations or entities

| | | | Outside the United States. Cated if additional space is ne | | rganization answered | d "Yes" on Form | 990, Part IV, line 15, fo | r any |
|----------------------------|--|------------|--|--------------------------|---------------------------------|----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
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| | | | recognized as charities by the n 501(c)(3) equivalency letter | | , recognized as tax-e | exempt by | | |

| Part III Grants and Other Assistance Part III can be duplicated if a | | | ates. Complete i | f the organization answered "Yes' | on Form 990, Parl | t IV, line 16. | |
|--|------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
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| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | X No |

Schedule F (Form 990) 2016

33

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AGAPE INTERNATIONAL, INC

Employer identification number

20-0452537 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through DINNER EVENTAGAPE WALK col. (c)) (event type) (event type) (total number) Revenue 20,881. 5,869. 26,750. 1 Gross receipts 2 Less: Contributions 20,881. 5,869. 26,750. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 20,459. 20,459 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

| Sch | edule G (Form 990 or 990-EZ) 2016 AGAPE INTERNATIONAL, INC 20- | 0452 | 537 | Page 3 |
|-----|--|-------------|--------|---------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | . \square | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| | o An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address > | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | Nome > | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | | |
| | | , | | |
| | Gaming manager compensation > \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | Director/officer Employee Independent contractor | | | |
| 47 | Many distance all shells at least | | | |
| | Mandatory distributions: | | | |
| ě | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | □ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| _ | organization's own exempt activities during the tax year > \$ | | | |
| Pa | ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, | lines 9 | 9b, 10 | b, 15b, |
| | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions | | | |
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| Schedule G From 980 or 980-E2 AGAPE INTERNATIONAL, INC 20-0452537 Page 4 Part IV Supplemental Information (continued) | Schedule C | G (Form 990 or 990-EZ) | AGAPE II | NTERNATIONAL, | INC | 20-0452537 Page 4 |
|--|------------|------------------------|------------------|---------------|-----|-------------------|
| | Part IV | Supplemental Info | ermation (contin | nued) | | |
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SCHEDULE 0

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number

OMB No. 1545-0047

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

Open to Public Inspection

20-0452537 AGAPE INTERNATIONAL, INC FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION INCLUDES REVIEW BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING AND OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.