Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

2007

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	2007 calendar year	or tax year beginning	, 2007, and en	ıding			, 20
В	Check if a	pplicable Please	C Name of organization		D	Employer	iden	tification number
	Address o	° Iahel or	Agape Animal Rescue		ŀ	84		1650678
님	Name cha	ange pnnt or	Number and street (or PO box, if mail is not de	elivered to street address)	Room/suite E	Telephone	nur	nber
片	Initial retu Termination	(615)		406-7799				
H	Amended	Specific	City or town, state or country, and ZIP + 4			Group Exe	emni	dion
		instruc- on pending tions.	Mt. Juliet, TN 37121		l'	Number	J., 10.	>
	• Section	on 501(c)(3) organiz	tions and 4947(a)(1) nonexempt charitable	trusts must attach	G Account	ting method	<u> </u>	✓ Cash ☐ Accrual
			pleted Schedule A (Form 990 or 990-EZ).			pecify) ►		
	<u> </u>	·			H Check		e or	manization
1	Websit	te: www.agapei	scue.org		1	equired to a		-
J	Organız	ation type (check o	ly one)—	1947(a)(1) or	Schedul	le B (Form 9	990,	990-EZ, or 990-PF)
			n is not a section 509(a)(3) supporting organization chooses to file a return, be sure to file a		pts are norma	ally not more	e tha	n \$25,000 A return is
_			e 9 to determine gross receipts, if \$100,000 or r		ad of Form 990	D-EZ . ▶	\$	14330
	art I		nses, and Changes in Net Assets of				ıns	tructions.)
	1	· · · · · · · · · · · · · · · · · · ·	grants, and similar amounts received			1		7711
	2		evenue including government fees and c	ontracts		2		4668
	3		and assessments		• •	3		
	4	Investment incon			• •	4		
	5a	Gross amount fro	n sale of assets other than inventory	5a	•			
	b		r basis and sales expenses	5b				
	C		ale of assets other than inventory. Subtract li	ne 5b from line 5a (atta	ch schedule)	50	;	
Revenue	6		activities (attach schedule). If any amount	•				
Ver			t including \$ of co					
Re		reported on line	-	6a		1851		
	ь	•	ises other than fundraising expenses	6b		351		
	C		s) from special events and activities. Su	btract line 6b from li	ne 6a .	60	;	1500
	7a		entory, less returns and allowances	7a				
	ь	Less: cost of god	-	7b				
	С	_	ss) from sales of inventory Subtract line	7b from line 7a		. 70	:	
	8	Other revenue (d	scribe > Intake fees) 8	\perp	100
_	9	Total revenue. A	Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	RECE	MED.	. 9		13979
	10	Grants and simila	amounts paid (attach schedule)		VLU	. 10	1	
	11	Benefits paid to	r for members	\	2.2000	OSO 11		
es	12	Salaries, other co	mpensation, and employee benefits	180 2 .	ا مممح د		\rightarrow	
eus	13	Professional fees	and other payments to independent con			2 13	1	13177
Expenses	14		utilities, and maintenance	OGDE	N. 1. 1 -	-1 . 14	_	
ш	15		ons, postage, and shipping .	L OOP!	$V, \cup I$	15	-	281
	16	Other expenses				<u> </u>		6380
_	17			<u> </u>		i i	_	19838
sts	18	Excess or (deficit	for the year Subtract line 17 from line 9			18	-	-5859
Net Assets	19		d balances at beginning of year (from I	ine 27, column (A))	(must agree			45070
۲ ک			reported on prior year's return)					15870
Š	20	Other changes in	net assets or fund balances (attach expl	anation)			$\overline{}$	40041
	21		balances at end of year. Combine lines			<u>▶ 21</u>		10011
	art II		—If Total assets on line 25, column (B)	are \$250,000 or mor			a oi	
		•	ee page 60 of the instructions)		(A) Begini	ning of year		(B) End of year 11368
22		h, savings, and inv					23	11306
23		d and buildings .					23	
24						15775	\rightarrow	11368
25	Tata	al assets	e ► Equity and Retained Earnings Adjustme	ent		-95	_	1357
26	ı ota	ıı ıı ad ılı tles (descri	e - rdanta and veranien cannings whitesome)		-53	20	

Net assets or fund balances (line 27 of column (B) must agree with line 21)

15870 27

	990-EZ (2007)	. 1: 1	-				F		Page 2
	Statement of Program Service Acco		of the instruction	ns.)		(Rec	Expen Juired fo		(c)(3)
Wha	is the organization's primary exempt purpose?	animai rescue	1			and	(4) org	anızat	tions
Jesc Jesc	ribe what was achieved in carrying out the organ ribe the services provided, the number of persons b	ization's exempt purposes. If penefited, or other relevant info	n a clear and cond ormation for each p	rogram 1	ner, atle		4947(a) onal for		
	noding yet care modicines recove activities								
		cludes foreign grants, check			Щ_	28a			5512
29 .!									
_	Grants \$) If this amount in	cludes foreign grants, check	here	<u> </u>		29a			824
30 .	dministration of adoption grants								
ï		cludes foreign grants, check			ī	30a		1	13502
	ther program services (attach schedule)	• • • • • • • • • • • • • • • • • • •							
	Grants \$) If this amount in	cludes foreign grants, check	here	>		31a			
	otal program service expenses. Add lines 28a	-	<u> </u>		•	32			19838
Par	t IV List of Officers, Directors, Trustees, and Ke	·	n if not compensate (C) Compensation	d. See pa					•
	(A) Name and address	(B) Title and average hours per week devoted to position	(if not paid, enter -0)	employee t	enefit	plans &		Expensount an	nd
Chri	s Bryant	devoted to position	Cited 0.7	dolorica	Joinpo	113411011	Other t	anowar	1003
	Jerickia Ct , Murfreesboro, TN 37129	Director, 40	0			0		17:	53.38
	e Kerr								
	Lynwood Blvd., Nashville, TN 37207	Director, 40	0			0			0
	a Willis Sindbad Dr., Nashville, TN 37214	Director, 40	0			o		17	53.38
LJE	Januara Dr., Nasiwine, 114 37214					- 0		• • • • • • • • • • • • • • • • • • • •	33.30
		- -							
Par	t V Other Information (Note the statement	ent requirement in Genera	Instruction V.)	•				Yes	No
33	Did the organization make a change in its actividetailed statement of each change	ties or methods of conductir	_	es," atta	ich a	a 	_33		1
14	Were any changes made to the organizing or go attach a conformed copy of the changes	overning documents but not	reported to the IF	RS? If "Y	'es,"		34		1
35	If the organization had income from business activities reported on Form 990-T, attach a statement explaining				, but	not			
а	Did the organization have unrelated business gro				ına.	and			
	proxy tax requirements?						35a		1
b	If "Yes," has it filed a tax return on Form 990-T						35b		
36					attac	h a	36		✓
	Enter amount of political expenditures, direct or in Did the organization file Form 1120-POL for this		structions > 37	a			37b		1
	Did the organization borrow from, or make any leany such loans made in a prior year and still un	oans to, any officer, director,				vere	38a		1
b	If "Yes," attach the schedule specified in the li	* · · · · · · · · · · · · · · · · · · ·	r the amount			•	-32		Ē
	involved			b			_		
39	501(c)(7) organizations Enter	10		_					
а	Initiation fees and capital contributions included Gross receipts, included on line 9, for public us		39				-		

_			-
۲	aq	е	J

Par	t V	Other Information (Note the statement requirement in G	eneral Instruc	ction V.) (C	Continued)				
40a		c)(3) organizations Enter amount of tax imposed on the organization 4911 on 4911 on 4912			····	0			
b	501(c))(3) and (4) organizations. Did the organization engage in any section 4	1958 excess be	nefit transac	tion during	the _		Yes	No
		or did it become aware of an excess benefit transaction from a prior					40b		✓
С		amount of tax imposed on organization managers or disqualified ear under sections 4912, 4955, and 4958	d persons durir	ng ▶					
d	Enter	amount of tax on line 40c reimbursed by the organization.		. >					
е		ganizations At any time during the tax year, was the organization action?	, , ,			. 4	40 <u>e</u>		· /
41	List th	he states with which a copy of this return is filed. ▶							
42a		pooks are in care of ▶ Pam Carroll		Telepho	ne no. 🕨 (615	70	8-01	15
	Locat	ted at ▶ 406 Shamrock Dr., Smyrna, TN			9 + 4 ▶	·	3716	7	
	over account "Ye See to At an" If "Ye Section	y time during the calendar year, did the organization have an integral financial account in a foreign country (such as a bank accountity)? ———————————————————————————————————	D F 90-22.1. office outside	of the U.S.	other finan	cial	42b	Yes	No ✓
Plea Sigr Here	1	Under penalties of perjury, I declare that I have examined this return, including a and benefi, it is true, correct, and complete Declaration of preparer (other than Signature of officer Type or print name and title	ccompanying sche officer) is based o	edules and sta on all informat <u>5</u> Dat	1/3/0	to the bes preparer ha	t of my	y knov r know	vledge /ledge
Paid Prep	arer's	Preparer's signature	Date	Check if self-employed	Preparer	r's SSN or P	TIN (Se	e Gen	Inst X)
Use		Firm's name (or yours of self-employed),		EIN	•	i			
		address, and ZIP + 4		Pho	ne no ▶ ()			
						Form	990	-EZ	(2007)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No 1545-0047

Agape Animal Rescue			84	1650678
Compensation of the Five High (See page 1 of the instructions.				s, and Trustees
(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	 (d) Contributions temployee benefit plan deterred compensate 	ns & account and other
NONE	-			
Total number of other employees paid over \$50,000 .			•	
Part II-A Compensation of the Five High (See page 2 of the instructions. List				
(a) Name and address of each independent contractor		Ţ	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High (List each contractor who perform	ned services other than j	professional serv	Other Service vices, whether	es individuals or
firms. If there are none, enter "No		· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of other contractors receiving over \$50,000 for other services				

Pai	Statements About Activities (See page 2 of the instructions)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		:
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?	a	<u>/</u>
b	Lending of money or other extension of credit?	ь	✓
С	Furnishing of goods, services, or facilities?	c	√
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	4 🗸	
		e	√
٠	Transfer of any part of its income of assets.		<u> </u>
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	а	/
b	Did the organization have a section 403(b) annuity plan for its employees?	ь	1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3	<u>c</u>	/
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	d	√
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	a	1
b	Did the organization make any taxable distributions under section 4966?	<u> </u>	
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . •		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt l	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	tions.)
l cer	tıfy	that the organization is not a priva	te foundation bed	ause it is (Please check	only ONE app	olicable box)	
5		A church, convention of churches	s, or association of	of churches Section 170	0(b)(1)(A)(ı)		
6		A school Section 170(b)(1)(A)(ii) ((Also complete Pa	art V)			
7		A hospital or a cooperative hospit	tal service organi	zation Section 170(b)(1)	(A)(III)		
8		A federal, state, or local governm	ent or governmer	ntal unit Section 170(b)(1)(A)(v)		
9		A medical research organization of and state ▶	•	•	. , , ,	(A)(III) Enter th	e hospital's name, city,
10		An organization operated for the be (Also complete the Support Scheo	_	or university owned or op	perated by a go	overnmental un	it Section 170(b)(1)(A)(iv)
11a		An organization that normally rece 170(b)(1)(A)(vi) (Also complete the			a governmental	unit or from th	e general public Section
11b		A community trust Section 170(b)(1)(A)(vi) (Also co	omplete the Support Sc	hedule in Part	IV-A)	
12		An organization that normally receifrom activities related to its charitation gross investment income ar organization after June 30, 1975	able, etc , function able, etc , function able , etc , function able	ns-subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3 % of its support sinesses acquired by the
13		An organization that is not contri requirements of section 509(a)(3).					and otherwise meets the
		☐ Type I ☐ Type II	☐Type	III-Functionally Integrate	ed 🗆	Type III-Othe	er
		Provide the following info	rmation about th	ne supported organizat	i ons. (See pag	e 8 of the inst	ructions)
Na	ıme	(a) (s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in uporting zation's	(e) Amount of support
					Yes	No	
		- · · · · · · · · · · · · · · · · · · ·	<u> </u>				
	_						
Tota	11		· · · · · ·	· · · · ·		▶	- Urdania
14		An organization organized and op	erated to test for	public safety Section 5	509(a)(4) (See	page 8 of the	instructions)

	t IV-A Support Schedule (Complete on						ccounting.
	: You may use the worksheet in the instruction		· · · · · · · · · · · · · · · · · · ·	T			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	3	(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants. See line 28).				ļ		<u> </u>
16	Membership fees received				ļ		
17	Gross receipts from admissions, merchandise					1	
	sold or services performed, or furnishing of facilities in any activity that is related to the						
	organization's charitable, etc., purpose						
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated						
	business taxable income (less section 511						
	taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18						· ·
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to			_			
4 1	the organization by a governmental unit						
	without charge Do not include the value of						
	services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule. Do not	-		<u> </u>			
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	+				+	
24	Line 23 minus line 17	-					
25	Enter 1% of line 23						
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24	. ▶	26a	
ь	Prepare a list for your records to show the na	me of and amoun	t contributed by	each person (oth	ner than a		
	governmental unit or publicly supported organ	zation) whose tot	al gifts for 2003 t	through 2006 exc	eeded the	.	
	amount shown in line 26a Do not file this list v	ith your return. E	nter the total of a	all these excess ar	nounts 🕨	26b	
С	Total support for section 509(a)(1) test Enter	ine 24, column (e	, .		>	26c	
d							
	22		26b		•	26d	
	Public support (line 26c minus line 26d total)		,		>	26e	
	Public support percentage (line 26e (numer				<u> </u>	26f	%
27	Organizations described on line 12: a F person," prepare a list for your records to show						
	Do not file this list with your return. Enter the				ai iroini, cac	ii uisq	dailled person
	(0000)		(000.4)		(0000)		
_	(2006) (2005)						
b	For any amount included in line 17 that was recesshow the name of, and amount received for each						
	(Include in the list organizations described in lines	5 through 11b, as	well as individuals	s.) Do not file this I	ist with your	return	After computing
	the difference between the amount received and amounts) for each year	the larger amoun	t described in (1)	or (2), enter the	sum of these	differe	nces (the excess
	•		(2004)		(2003)		
	(2006) (2005)		. (2004)		. (2003) .		
С	•		, ,		. (2003) .		
С	(2006) (2005)		16		. (2003) .	27c	
c	(2006)		16 21		. (2003)	1 1	
	(2006)	and line 27b tota	16 21 al		. (2003) .	27c	
d	(2006)	and line 27b totaotal)	16 21 al 23, column (e) .		*	27c 27d 27e	
d e f g	(2006)	and line 27b tota otal). amount from line rator) divided by	16al23, column (e) .	. ► <u>27f</u>	*	27c 27d 27e 27g	
d e f g h	(2006) (2005)	and line 27b tota otal) amount from line rator) divided by umn (e) (numera	16al	. ► <u>27f</u> inator)) line 27f (denomin	► ► ► • • • • • • • • • • • • • • • • •	27c 27d 27e 27g 27h	<u>%</u> %
d e f g	(2006)	and line 27b total) amount from line ator) divided by umn (e) (numeraled in line 10, 11,	16al	. ▶ 27f inator)) . line 27f (denomination	nator)). >	27c 27d 27e 27g 27h	% % 3 through 2006,
d e f g h	(2006) (2005)	and line 27b tota otal). amount from line ator) divided by umn (e) (numera ed in line 10, 11, ach year, the nam	16al	▶ 27f inator)) . line 27f (denomination of the date and unusual outer, the date and the date	nator)). >	27c 27d 27e 27g 27h ng 200 the gi	% % 3 through 2006,

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33a Students' rights or privileges? 33b Admissions policies? . . 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? 33e Educational policies? Use of facilities? 33f 33g Athletic programs? 33h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 34a 34a Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					e instructi	ons.)	
Chec	ck ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck. ⊳ b 🔲 if	you checked	" a " ar	d "limited co	ntrol" p	rovisions apply.
	Limits on Lobbyin (The term "expenditures" mea					(a) Affiliated gro totals	oup	(b) To be completed for all electing organizations
		<u>.</u>	<u> </u>		36			Organizations
36	Total labburg expenditures to influence public		, ,,	•	37			
37 38	Total lobbying expenditures to influence a legis Total lobbying expenditures (add lines 36 and 3	•			38			
39	011	•	•		39			
40	Total exempt purpose expenditures (add lines)	 38 and 301		•	40			· · · · · · · · · · · · · · · · · · ·
41	Lobbying nontaxable amount Enter the amount	•	 una table—	•				
71			able amount is—	_				
			line 40					
	•		he excess over \$5					
		•	e excess over \$1,0		41			
			e excess over \$1,5					
		· ·						
42	Grassroots nontaxable amount (enter 25% of la	ne 41). , , .			42			
43	Subtract line 42 from line 36 Enter -0- if line 4.	2 is more than li	ne 36		43			
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than lii	ne 38	•	44			· - · · · · · · · · · · · · · · · ·
	Caution: If there is an amount on either line 43	or line 44 years	must file Form 47	700				
	(Some organizations that made a section See the instructions for	n 501(h) election or lines 45 throug	d Under Section do not have to or ght 50 on page 10 obying Expenditu	complete all 3 of the inst	of the	ns)		
			bying Expendit	ines During		ai Averagiii	9 1 611	
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004		(e) Total
45	· · · · · · · · · · · · · · · · · · ·		1 ' '	1				- •
45 46	fiscal year beginning in) ▶		1 ' '	1				- •
	fiscal year beginning in) ► Lobbying nontaxable amount		1 ' '	1				- •
46	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))		1 ' '	1				- •
46	fiscal year beginning in) ► Lobbying nontaxable amount . Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures		1 ' '	1				- •
46 47 48	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))		1 ' '	1				- •
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Sche	dule A	(Form 990 or 990-EZ)	2007				Page 7
Pai	rt VI			ransfers To and Transa e page 14 of the instruction		Relationships With	Noncharitable
51				indirectly engage in any of the in(c)(3) organizations) or in sections			
а				to a noncharitable exempt orga			Yes No
	(i)	Cash .					51a(i) ✓
	(ii)	Other assets					a(ii) ✓
b	Oth	er transactions			•		
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion .	_	b(i) ✓
	(ii)	-		itable exempt organization			b(ii) ✓
	(iii)		s, equipment, or oth	· -			b(iii) ✓
	(iv)	Reimbursement a					b(iv)
	(v)	Loans or loan gua					b(v) ✓
		_		ship or fundraising solicitations			b(vi) ✓
С				sts, other assets, or paid emplo	vees .		c √
d	good	ds, other assets, o	or services given by	complete the following schedule the reporting organization of the column (d) the value of the good	he organization	received less than fair n	
(;	a)	(b)		(c)		(d)	
Line	no	Amount involved	Name of none	charitable exempt organization	Description of	transfers, transactions, and sh	aring arrangements
		",					
	·		_				
						······	
				· · · · · · · · · · · · · · · · · · ·			
						·	
							
	des	cribed in section 5		affiliated with, or related to, or other than section 501(c)(3)) or i			☐ Yes ☑ No
		(a)		(b)		(c)	
		Name of organiz	zation	Type of organization		Description of relationship)
							
		···					
	_	70		·			
			, . .				
					<u></u>		