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Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	<u>2020</u> calendar year, or tax year beginning $JUL 1$, 2020 and	lending J	<u>UN 30, 2021</u>		
B (heck if pplicable	ASSOCIATION FOR GUIDANCE, AID, PLACEME	ENT	D Employer identifi	cation number	
	Addres change	S AND EMPATHY				
	□Name □change □Initial			62-07607	16	
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 4555 TROUSDALE DRIVE	E Telephone number (615) 781-3000			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,406,699.	
	Amend return	NASHVILLE, TN 37204		H(a) Is this a group re		
	Application			for subordinates	? Yes X No	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
1.7	ax-exe	mpt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions	
<u>ا</u> ل	Vebsit	e: ▶ WWW.AGAPENASHVILLE.ORG		H(c) Group exemption	n number	
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1966	M State of legal domicile: TN	
Pa	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: $\ { t TO} \ { t S}$	TRENGT	HEN CHILDRE	N AND	
Governance	:	FAMILIES THROUGH PROFESSIONAL COUNSELING				
na	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as:	sets.	
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12	
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	12	
୬		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			67	
iŧie		Total number of volunteers (estimate if necessary)			50	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
an.	8 (Contributions and grants (Part VIII, line 1h)		2,412,913.	3,328,609.	
Revenue	9 1	Program service revenue (Part VIII, line 2g)		1,270,904.	1,969,188.	
eve	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		47,207.	218,383.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-65,893.	-51,255.	
	l .	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,665,131.	5,464,925.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		476,629.	839,859.	
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
w	45 (Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,309,389.	2,546,068.	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		51,600.	51,600.	
þer	b	Fotal fundraising expenses (Part IX, column (D), line 25)	09.			
Ĕ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		905,612.	1,049,762.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,743,230.	4,487,289.	
		Revenue less expenses. Subtract line 18 from line 12		-78,099.	977,636.	
Net Assets or			Ве	ginning of Current Year	End of Year	
ets	20	Fotal assets (Part X, line 16)		4,264,641.	5,315,687.	
ASS	21	Fotal liabilities (Part X, line 26)		743,859.	594,852.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,520,782.	4,720,835.	
Pa	rt II	Signature Block	·			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	/ knowledge and belief, it is	
true	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.		
		\				
Sig	ո	Signature of officer		Date		
Her	- 1	V. CHANDLER MEANS, EXECUTIVE DIR.				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN	
Paid	ı	311111 01 110011	2021.12.15	0:31:06 -06'00' self-employ		
Prep	arer	Firm's name CHERRY BEKAERT LLP		Firm's EIN ▶	56-0574444	
Use	Only	Firm's address 222 SECOND AVE, SOUTH STE 1240				
_		NASHVILLE, TN 37201		Phone no. 61	5-383-6592	
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No	

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO STRENGTHEN CHILDREN AND FAMILIES WITH THE HEALING LOVE OF CHRIST	
	THROUGH PROFESSIONAL COUNSELING, ADOPTION, FOSTER CARE, AND DOMESTIC	
	VIOLENCE SUPPORT AND ADVOCACY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar	ıd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 100, 602. including grants of \$) (Revenue \$716,	032.
	COUNSELING & PSYCHOLOGICAL SERVICES:	
	PROFESSIONAL COUNSELING, TESTING, AND SUPPORT GROUPS ARE AVAILABLE FO	OR.
	CHILDREN/ADOLESCENTS, ADULTS, COUPLES AND FAMILIES NEEDING HELP WITH	
	WIDE RANGE OF ISSUES (E.G., DEPRESSION, ANXIETY, GRIEF, DIVORCE,	
	RELATIONSHIP ISSUES, BEHAVIORAL PROBLEMS) THROUGH 25+ PROVIDERS.	
	SERVICES ARE AVAILABLE WEEKDAYS, EVENINGS AND SATURDAYS IN NASHVILLE	
	AND AN ADDITIONAL EIGHT LOCATIONS THROUGHOUT MIDDLE TENNESSEE.	
	AFFORDABILITY OF SERVICES IS ATTAINED THROUGH A SLIDING SCALE FEE	
	SYSTEM AND THE ABILITY TO USE INSURANCE OR EAP BENEFITS IN MANY CASE	3,
	AS WELL AS OTHER SPECIAL ARRANGEMENTS WITH EMPLOYERS AND A NUMBER OF	•
	CHURCHES AND SCHOOLS.	
	SEE SCHEDULE O FOR CONTINUATION	
4b	(Code:) (Expenses \$1, 493, 085 . including grants of \$ 814, 909 .) (Revenue \$1, 217,	356.
	FOSTER CARE, FOSTER HOME PREPARATION:	
	AGAPE ASSISTS THE DEPARTMENT OF CHILDREN'S SERVICES BY ACCEPTING FOS	ΓER
	CARE PLACEMENTS OF CHILDREN IN DCS CUSTODY THROUGH A SUBCONTRACT WITH	
	OMNIVISIONS. AGAPE ALSO ACCEPTS VOLUNTARY PLACEMENTS OF CHILDREN WHI	
	PARENTS OR LEGAL CUSTODIANS ARE IN CRISIS AND CANNOT CARE FOR THEIR	
	CHILDREN. AGAPE PLACES CHILDREN IN APPROVED AND TRAINED FOSTER HOME	<u>.</u>
	EFFORTS ARE MADE TO ASSIST THE PARENTS AND CHILDREN TO BE REUNITED.	
	TRAINING AND APPROVAL THROUGH HOME STUDIES ENSURE THAT CHILDREN ARE	
	PLACED IN SAFE, STABLE, CARING FOSTER HOMES. ONGOING TRAINING ENABLE	
	FOSTER PARENTS TO MEET THE SPECIAL NEEDS OF THE CHILDREN. SAFETY,	
	WELLBEING AND PERMANENCY ARE GOALS FOR EACH PLACEMENT.	
	SEE SCHEDULE O FOR CONTINUATION	
4c	(Code:) (Expenses \$1, 191, 976. including grants of \$ 24, 950.) (Revenue \$	
	MORNING STAR SANCTUARY DOMESTIC VIOLENCE SUPPORT AND ADVOCACY (MSS):	
	MORNING STAR SANCTUARY DOMESTIC VIOLENCE SUPPORT AND ADVOCACY (MSS)	
	EXISTS TO PROVIDE REFUGE FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR	
	CHILDREN WHO HAVE FLED ABUSIVE SITUATIONS AND TO HELP EMPOWER THEM TO	<u> </u>
	BREAK THE CYCLE OF VIOLENCE THAT CONTROLS THEIR LIVES. THROUGH THE	
	COURT ADVOCACY PROGRAM, MSS PROVIDES FREE AND CONFIDENTIAL SERVICES	
	INCLUDING ORDERS OF PROTECTION, SAFETY PLANNING AND DANGER ASSESSMEN'	r
	TO VICTIMS OF DOMESTIC VIOLENCE. FROM JULY 2020 THROUGH JUNE 2021, 1	
	WOMEN, 70 CHILDREN, AND 8 MEN WERE SHELTERED WITH 4,486 BED NIGHTS	
	PROVIDED. IN OUR COURT ADVOCACY PROGRAM WE SERVED 1,039 VICTIMS OF	
	DOMESTIC VIOLENCE.	
	DOLLED A LORDINGE .	
	Other program convices (Describe on Schodule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ 67,502 • including grants of \$) (Revenue \$ 35,300 •)	
40	(Expenses \$ 67,502 ⋅ including grants of \$) (Revenue \$ 35,300 ⋅) Total program service expenses ► 3,853,165 ⋅	
40		00 /

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Form 990 (2020) AND EMPATHY 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	X	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\ ₃₇
_	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			- V
_	Schedule D, Part III	8		X
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?			- V
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,		Х	
L	Part VI	11a	Λ	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
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	1.0		
·	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			
	Schedule D, Parts XI and XII	12a	Х	
b	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	X	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		X

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Pa	rt IV Checklist of Required Schedules (continued)			age
	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		تـــا
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

1c X

(gambling) winnings to prize winners?

AND EMPATHY 62-0760716 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year?

Х

Х

Form 990 (2020) AND EMPATHY

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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 on Schedule O. See instructions.

<u>C</u>	· · · · · · · · · · · · · · · · · · ·					X		
Sec	tion A. Governing Body and Management							
		1 . 1	10		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12					
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12					
2	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 th	e direct supervision						
	of officers, directors, 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 S		- 1	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х		
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 a							
, ,	more members of the governing body?			7a		Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1 a				
ь				76		Х		
•	persons other than the governing body?			7b		21		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-		_	v			
	The governing body?			8a_	X			
b	Each committee with authority to act on behalf of the governing body?			8b_	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					7.7		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)						
			ſ		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, 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 bod	y before filing the fo	rm?	11a	X			
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	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If							
	in Schedule O how this was done	,		12c	X			
13	Did the organization have a written whistleblower policy?		[13		Х		
14			[14	Х			
15	Did the process for determining compensation of the following persons include a review and approva							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official			15a	Х			
	Other officers or key employees of the organization			15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100				
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a						
10a				16-		X		
	taxable entity during the year?			16a		21		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in the state of the state							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401				
800	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed TN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 50	J1(c)(3)s	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	· ,	n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest pol	icy, and	financ	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 bo	oks and records						
	LORI DAVIDSON - (615) 781-3000							
	4555 TROUSDALE DRIVE, NASHVILLE, TN 37204							

Form 990 (2020) 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.

See instructions for the order in which to list the persons above.

(A) (B) Name and title Average hours per week (list any hours for related organization below line) (1) V. CHANDLER MEANS EXECUTIVE DIR. (2) TARA SWAFFORD SECRETARY (3) STEPHEN BRIDGES VICE-CHAIR (4) SHOUNIKA NELSON TREASURER (5) JOHN STALLWORTH CHAIR (6) TIM PARTLOW BOARD MEMBER (7) NANCY CORNWELL BOARD MEMBER (8) LOGAN HARTLINE 4.00	r -	box, office	not ch unles	s pers	tion nore t			(D)	(E)	(F)
hours pe week (list any hours for related organization below line) (1) V. CHANDLER MEANS 50.00 EXECUTIVE DIR. (2) TARA SWAFFORD 4.00 SECRETARY (3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER	r -	box, office	not ch unles	eck n s pers	nore t				Damaskalala	Falling - to -1
week (list any hours for related organization below line) (1)	L	office	er and	s per	(do not check more than box, unless person is bo			Reportable compensation	Reportable compensation	Estimated amount of
(list any hours for related organization below line) (1) V. CHANDLER MEANS 50.00 EXECUTIVE DIR. (2) TARA SWAFFORD 4.00 SECRETARY (3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER	Г	ь		box, unless person officer and a direct			an ee)	from	from related	other
hours for related organization below line								the	organizations	compensation
organization below line) (1) V. CHANDLER MEANS 50.00 EXECUTIVE DIR. (2) TARA SWAFFORD 4.00 SECRETARY (3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER	.	direc				pe		organization	(W-2/1099-MISC)	from the
below line) (1) V. CHANDLER MEANS 50.00 EXECUTIVE DIR. (2) TARA SWAFFORD 4.00 SECRETARY (3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER		tee o	nstee			ensat		(W-2/1099-MISC)		organization
Inne	ns	al trus	nal tr		loyee	comp				and related
(1) V. CHANDLER MEANS 50.00 EXECUTIVE DIR. (2) TARA SWAFFORD 4.00 SECRETARY (3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
EXECUTIVE DIR. (2) TARA SWAFFORD		<u>=</u>	=	5	æ	e <u>F</u>	요			
(2) TARA SWAFFORD 4.00 SECRETARY (3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER	-			$_{\rm x}$				150,327.	0.	11,100.
SECRETARY	1	\dashv	\dashv	^	-		-	130,327.	0.	11,100.
(3) STEPHEN BRIDGES 4.00 VICE-CHAIR (4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER		$_{\rm x}$		x				0.	0.	0.
VICE-CHAIR (4) SHOUNIKA NELSON		^	\dashv	^	-		_	0.	0.	0.
(4) SHOUNIKA NELSON 4.00 TREASURER (5) JOHN STALLWORTH 4.00 CHAIR (6) TIM PARTLOW 4.00 BOARD MEMBER (7) NANCY CORNWELL 4.00 BOARD MEMBER		$_{\rm X}$		х				0.	0.	0.
TREASURER									•	
CHAIR (6) TIM PARTLOW BOARD MEMBER (7) NANCY CORNWELL BOARD MEMBER		$_{\rm x}$		$_{\rm X}$				0.	0.	0.
CHAIR (6) TIM PARTLOW BOARD MEMBER (7) NANCY CORNWELL BOARD MEMBER										
BOARD MEMBER (7) NANCY CORNWELL BOARD MEMBER		\mathbf{x}		x				0.	0.	0.
(7) NANCY CORNWELL 4.00 BOARD MEMBER	0	寸								
BOARD MEMBER		хl						0.	0.	0.
	0									
(8) LOGAN HARTLINE 4.0	_	X						0.	0.	0.
	_									
BOARD MEMBER		X						0.	0.	0.
(9) LINDA JOHNSTON 4.0								_	_	
BOARD MEMBER		X	\Box					0.	0.	0.
(10) KEN DURHAM 4.0									_	
BOARD MEMBER		X	\dashv	_				0.	0.	0.
(11) KELLYE RICE 4.0										
BOARD MEMBER		X	_	_				0.	0.	0.
(12) CAMERON HUNT 4.0		τ,						_	0	0
BOARD MEMBER	_	X	\dashv	_				0.	0.	0.
(13) ANN ROBINSON 4.0	_	τ,						_	0	0
BOARD MEMBER	\dashv	X	\dashv	\dashv	-		_	0.	0.	0.
<u> </u>	\dashv									
	+	\dashv	\dashv	\dashv	\dashv					
	\dashv									
	+	+	\dashv	\dashv	\dashv					
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	\dashv	\dashv	\dashv	\dashv	\neg					
	\exists									

AND EMPATHY 62-0760716 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the Highest compensated Imployee related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 150,327. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 150.327. 0. 11.100. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page **9** Form 990 (2020) AND EMP
Part VIII Statement of Revenue AND EMPATHY 62-0760716

		Check if Schedule O contain	ins a response	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			1.1					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
g'a ou		Membership dues		212 121				
s, (An		Fundraising events		310,494.				
F	d	Related organizations	1d					
ini		Government grants (contribution		1,201,260.				
Ρ̈́S	f	All other contributions, gifts, grants	s, and					
the the		similar amounts not included above	e 1f	1,816,855.				
들	g	Noncash contributions included in lines 1a	a-1f 1g \$	490,594.				
a G	h	Total. Add lines 1a-1f			3,328,609.			
				Business Code				
o l	2 a	PROFESSIONAL SERVICES FI	EE	541900	1,217,856.	1,217,856.		
Ş	b	COUNSELING FEES		624100	716,032.	716,032.		
Ser	c	ADOPTION FEES		624110	35,300.	35,300.		
E E	d				,	,		
gra Re	۵							
Program Service Revenue	•	All other program service reven						
	'	Total. Add lines 2a-2f	iue		1,969,188.			
\dashv	<u>9</u> 3	Investment income (including d	lividanda intara	est and	2,505,200.			
	3	· · · · · · · · · · · · · · · · · · ·		· ·	42,522.			42,522.
	4	other similar amounts)			12,522.			12,322.
	4			roceeus				
	5	Royalties	(i) Real	(ii) Personal				
	۰.	Ouesa mente	(i) ricai	(ii) i cisoriai				
		Gross rents 6a 6b						
	b	' · · · · · · · · · · · · · · · · · · ·						
		Net rental income or (loss)	(i) Securities	(ii) Other				
	<i>i</i> a	Gross amount from sales of	.,	(ii) Other				
		assets other than inventory 7a	2,048,190.					
	D	Less: cost or other basis	1 072 220					
ğ		and sales expenses 7b Gain or (loss) 7c	1,872,329. 175,861.					
eve		. ,			175,861.			175,861.
ther Revenue		Net gain or (loss)			175,001.			173,801.
	8 а	Gross income from fundraising eve						
0		including \$ 310,						
		contributions reported on line 1	· .	11 200				
		Part IV, line 18		11,200.				
		Less: direct expenses		69,445.	-58,245.			-58,245.
		Net income or (loss) from fundr			-36,243.			-56,245.
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamir						
	10 a	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold) _				
\rightarrow	С	Net income or (loss) from sales	of inventory	D				
<u>0</u>		OFFICE THRONG		Business Code	5.005			6.000
e e	11 a	OTHER INCOME		900099	6,990.			6,990.
Miscellaneous Revenue	b							
Se Se	С							
Mis		All other revenue						
		Total. Add lines 11a-11d			6,990.	4 6 7 9 1 7 7		4 = 1 = 1
	12	Total revenue . See instructions		🕨	5,464,925.	1,969,188.	0.	167,128.

Form 990 (2020) AND EMPATHY Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	839,859.	839,859.								
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,	161 407	124 066	12 266	14 205						
	trustees, and key employees	161,427.	134,866.	12,266.	14,295.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	2,076,695.	1,734,999.	157,798.	183,898.						
7	Other salaries and wages	4,010,033.	1,1J4,JJJ•	131,130.	103,030.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,712.	63,254.	5,753.	6 705						
•		63,099.	52,717.	4,795.	6,705. 5,587.						
9 10	Other employee benefits	169,135.	141,306.	12,852.	14,977.						
10	Payroll taxes Fees for services (nonemployees):	107,133.		12,032.	<u> </u>						
	-										
	Management Legal	15,724.	15,724.								
	Legal Accounting	13 / / 214	13//210								
	Lobbying										
e	Professional fundraising services. See Part IV, line 17	51,600.			51,600.						
f	Investment management fees	0=70001									
g	Other. (If line 11g amount exceeds 10% of line 25,										
3	column (A) amount, list line 11g expenses on Sch O.)	22,304.	19,199.	3,105.							
12	Advertising and promotion	50,232.	700.		49,532.						
13	Office expenses	55,731.	41,405.	10,170.	4,156.						
14	Information technology										
15	Royalties										
16	Occupancy	35,167.	31,381.	2,568.	1,218.						
17	Travel	50,399.	42,022.	3,962.	4,415.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	8,893.	8,828.	65.							
21	Payments to affiliates	0.4.400	04 450	0.010	2 252						
22	Depreciation, depletion, and amortization	94,400.	81,473.	9,049.	3,878.						
23	Insurance	82,713.	69,822.	8,681.	4,210.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	PSYCHIATRIC AND CLINICA	306,651.	306,651.								
b	MAINTENANCE & EQUIPMENT	150,224.	124,027.	19,597.	6,600.						
С	DUES AND SUBSCRIPTIONS	71,911.	56,743.	6,028.	9,140.						
d	PAYROLL AND BANK FEES	61,002.	45,523.	5,391.	10,088.						
е	All other expenses	44,411.	42,666.	1,635.	110.						
25	Total functional expenses. Add lines 1 through 24e	4,487,289.	3,853,165.	263,715.	370,409.						
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)										
00001	12-23-20				Form 990 (2020)						

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	470,454.	1	279,822.		
	2	Savings and temporary cash investments			209,761.	2	300,199.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			156,912.	4	214,362.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	5			19,294.	9	20,821.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,369,610.			
	b			910,191.	1,503,822.	10c	
	11	Investments - publicly traded securities			1,904,398.	11	2,372,764.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	668,300.		
	16	Total assets. Add lines 1 through 15 (must equa	4,264,641.	16	5,315,687.		
	17	Accounts payable and accrued expenses	199,767.	17	280,435.		
	18	Grants payable				18	
	19	Deferred revenue			352,510.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	1 1 - 1
_	23	Secured mortgages and notes payable to unrela			180,788.	23	175,879.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X	10 504		120 520
					10,794.	25	138,538.
	26			. 🕶	743,859.	26	594,852.
w		Organizations that follow FASB ASC 958, che	ck here				
čě		and complete lines 27, 28, 32, and 33.			0 420 010		2 055 204
alar	27				2,438,910.	27	3,055,324.
Ä	28	Net assets with donor restrictions			1,081,872.	28	1,665,511.
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔲			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 500 700	31	4 720 025
Š	32	Total net assets or fund balances			3,520,782.	32	4,720,835.
	33	Total liabilities and net assets/fund balances		4,264,641.	33	5,315,687.	

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Form 990 (2020) AND EMPATHY 62-0760716 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,464			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,487	7,2	<u>89.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>36.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,520	7, 0	82.	
5	Net unrealized gains (losses) on investments	5	249	9,6	51.	
6	Donated services and use of facilities	6				
7	Investment expenses	7	-25	7,2	34.	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,720	0,8	35.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	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 on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing					
	Act and OMB Circular A-133?	-	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AND EMPATHY 62-0760716 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total**

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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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1286389.	1098880.	2133316.	2412913.	3328609.	10260107.			
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	1286389.	1098880.	2133316.	2412913.	3328609.	10260107.			
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)						194,004.			
6	Public support. Subtract line 5 from line 4.						10066103.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	1286389.	1098880.	2133316.	2412913.	3328609.	10260107.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	43,087.	52,596.	50,349.	46,181.	42,522.	234,735.			
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.)	12,769.	10,574.	27,746.	9,955.	6,990.	68,034.			
11	Total support. Add lines 7 through 10						10562876.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,822,871.			
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop	here								
Sec	tion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.30 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	95.01 %			
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo				
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				> X			
b	33 1/3% support test - 2019. If the o									
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the facts			=	· ·	VI how the organiz	ation			
	meets the facts-and-circumstances te	•	•							
b	10% -facts-and-circumstances test	ū				•	10% or			
	more, and if the organization meets the				-		. —			
	organization meets the facts-and-circu		-	•	• • •		▶∐			
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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	quality under the tests listed be ction A. Public Support	now, please comp	Diete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization'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						
ŀ	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						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business 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 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2020 (lin			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the		-	•			▶ L
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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
1		
2		
За		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0		
9c		
10a		
iva		
10b		
n 990 or 99	0-EZ	2020

		0071	U P	age 5
Pa	rt IV Supporting Organizations (continued)		T.,	Γ
	Hardle and the first of the first of the first of the first of the fill of the first of the fill of the first		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	110		
h	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11a 11b		\vdash
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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	tion 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			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			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			
2	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	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		
Sec	tion 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 year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 line 2a, above, 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. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Schedule A (Form 990 or 990-EZ) 2020 AND EMPATHY

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 0.015 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 0.035.	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 0.85 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-functional	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	<u>ied) </u>	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
<u>d</u>	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
<u>c</u>	Excess from 2018				
<u>d</u>	Excess from 2019				
ее	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Schedule A	(Form 990 or 990-EZ) 2020 AND	EMPATHY	62-0760716 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	Provide the explanations required by Part II, line 10; Part II, I c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lineart V, Section E, lines 2, 5, and 6. Also complete this part for an	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number

OMB No. 1545-0047

62-0760716

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year			
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
ASSOCIATION FOR GUIDANCE, AID, PLACEMENT
AND EMPATHY

Employer identification number

62-0760716

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$90,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$580,421.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$352,510.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 5	Name, address, and ZIP + 4	\$ 124,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name address and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASSOCIATION FOR GUIDANCE, AID, PLACEMENT
AND EMPATHY

Employer identification number

62-0760716

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	TRUST INTEREST	405 262	12/21/20
(a) No. from	(b)	\$ 405,262. (c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 05			000 000 F7 av 000 PF\ (0000\

Part III

(a) No.

Name of organization **Employer identification number** ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

AND EMPATHY 62-0760716 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed.

Part I	(b) Purpose of gift	(c) Use of gir	π	(a) Description of now gift is neid
		(e) Transfe	r of gift	
			i or girt	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ft	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Tuamafawa la manua addusa a			
	Transferee's name, address, a	nd ZIP + 4	ĸ	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
		(e) Transfe	r of aift	
		(e) Transier	r or girt	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ft	(d) Description of how gift is held
				-
		(e) Transfe	r of gift	
	Touristan			
	Transferee's name, address, a	na ZIP + 4	R	elationship of transferor to transferee

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number 62-0760716

Pai	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(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	writing that the assets held in donor advis	ed 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	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring			
	impermissible private benefit? Yes No					
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	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		2a			
b						
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax			
	year ►					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year			
•			-\/4\/D\/;\			
8	Does each conservation easement reported on line 2(d) above					
•		on accompate in its revenue and evenue.				
9	In Part XIII, describe how the organization reports conservation	·				
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's illiancial statement	ents that describes the			
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	f Art. Historical Treasures. or Ot	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works			
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar	•	•			
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:	,	,			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			. .			
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A		· · · · · · · · · · · · · · · · · · ·			
а	Revenue included on Form 990, Part VIII, line 1	_	> \$			
	Assets included in Form 990, Part X					

62-0760716	Page 2
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Par	rt III Organizations Maintaining	Collections of Art	t, Historical Tre	asures, or Othe	er Similaı	^r Assets	(contin	nued)		
3	Using the organization's acquisition, acces						,			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	how they further th	e organization's exe	empt purpos	se in Part I	XIII.			
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	ures, or other simila	ar assets					
	to be sold to raise funds rather than to be						Yes		No	
Par	rt IV Escrow and Custodial Arra		ete if the organization	n answered "Yes" o	n Form 990	, Part IV, I	ine 9, or			
	reported an amount on Form 990, F	art X, line 21.								
1a	Is the organization an agent, trustee, custo					_	-	_	_	
	on Form 990, Part X?					L	Yes		No	
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:							
							Amount	<u>t</u>		
С	0 0									
d	Additions during the year									
е	9 /									
f	f Ending balance									
	· ·	·	*				Yes	닏	_ No	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									
Pai	Tt v Endowment Funds. Complet									
_		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four			
1a								9/1,	092.	
b									070	
С	c Net investment earnings, gains, and losses 224,5822,704. 56,662. 43								078.	
d	1									
е		01 157		E2 0E0		42 700		0.2	070	
_	and programs			53,958.		43,788.		,	078.	
		1 104 517	971,092.	973,796.		71,092.		071	092.	
g				•	9	71,092.		9/1,	092.	
2	Provide the estimated percentage of the cu	•	· · · ·) held as:						
a	3		_%							
b	12 0700	%								
С										
2-	The percentages on lines 2a, 2b, and 2c sh	·	tion that are hold an	d administered for t	·ho oraani=a	tion				
Sa	Are there endowment funds not in the pos	session of the organiza	lion that are neid an	d administered for t	irie organiza	ation	ſ	Voc	No	
	by: (i) Unrelated organizations						3a(i)	Yes	No X	
	(,						3a(ii)	\neg	X	
h	(ii) Related organizations						3b	\neg		
4	Describe in Part XIII the intended uses of the						_ 3 D			
	rt VI Land, Buildings, and Equip		Willett farias.							
	Complete if the organization answe		Part IV. line 11a. S	ee Form 990. Part X	Lline 10.					
	Description of property	(a) Cost or o			Accumulate	ed le	(d) Bool	k valu		
	Description of property	basis (investr	, , ,	' '	epreciation	~	(4) 500	· vaia	Ū	
1a	Land	<u> </u>	,	7,590.			55′	7,59	90.	
b		I		3,454.	525,23	35.		8,2		
c				8,626.	199,9			8,7		
d		I		1,566.	185,04			6,52		
	Other			8,374.	,				74.	
	al. Add lines 1a through 1e. <i>(Column (d) mus</i> i						1,459			
	2 (COMITITION	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·						

(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST - (3) WILLIAMS ESTATE 138, 53 (4) (5) (6) (7) (8)	Part VII Investments - Other Securities.		· -	Tage -
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (3) Other (A) (3) Other (A) (3) Other (A) (4) (4) (4) (5) (5) (6) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. 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 end-	of-year market value
(3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial derivatives			
(A) (B) (C) (C) (D) (E) (E) (F) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely held equity interests			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
(C) (D) (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)			
(D) (E) (E) (F) (G) (G) (H) Total (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII] Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (9) (9) (10) (11) ENEFICIAL INTEREST IN PROPERTY AND TRUST (6) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST (6) (9) (9) (9) (9) (9) (9) (9) (1) (1) ENGRETIC AND TRUST (1) ENGRETIC AND TRUST (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(B)			
(E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(C)			
(f) (G) (H) Total, (Col. (b) must equal form 990, Part X, col. (B) line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (g) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (g) (g) (g) (g) (h) (h) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(D)			
(G) (H) (H) (Fight (GL), (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (e) (e) (f) (e) (f) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)			
Complete if the organization answered "Yes" on Form 990, Part X, line 11d. See Form 990, Part X, line 15d. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) (f)	(F)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.	(G)			
Part VIII Investments - Program Related.	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13: (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Invit 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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST (6) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) LIABILITY FOR LIFE INTEREST — (c) WILLIAMS ESTATE (d) (d) (e) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST 6668, 30 (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST 6668, 30 (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8)	(1)			
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (h) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN PROPERTY AND TRUST (668, 30) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) ▶ 668 , 30 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST — (3) WILLIAMS ESTATE (138, 53) (4) (5) (6) (7) (8)				
(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 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN PROPERTY AND TRUST (668 , 30 (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(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 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN PROPERTY AND TRUST (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST (c) (a) (d) (d) (e) (e) (e) (e) (f) (f) (e) (e) (f) (f) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST 668 , 30 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) ▶ 668 , 30 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST — (3) WILLIAMS ESTATE 138 , 53 (4) (5) (6) (7) (8)				
(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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST 668, 30 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) ▶ 668, 30 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST – (3) WILLIAMS ESTATE 138, 53 (4) (5) (6) (7) (8)				
(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 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN PROPERTY AND TRUST 668, 30 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 668, 30 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 668, 30 (9) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST — (3) WILLIAMS ESTATE 138, 53 (4) (5) (6) (7) (8)				
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX				
(a) Description (b) Book value (1) BENEFICIAL INTEREST IN PROPERTY AND TRUST 668,30 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST – (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)				
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST - (3) WILLIAMS ESTATE 138, 53 (4) (5) (6) (7) (8)	(a)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST — (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)	(1) BENEFICIAL INTEREST IN PRO	PERTY AND TR	UST	668,300.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST — (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)	(2)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST − (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)				
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST − (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)				
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST - (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)	Part X Other Liabilities.	15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST - (3) WILLIAMS ESTATE 138,53 (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
(1) Federal income taxes (2) LIABILITY FOR LIFE INTEREST - (3) WILLIAMS ESTATE (4) (5) (6) (7) (8)	(a) December of Palette			(b) Book value
(2) LIABILITY FOR LIFE INTEREST - (3) WILLIAMS ESTATE (4) (5) (6) (7) (8)				
(3) WILLIAMS ESTATE (4) (5) (6) (7) (8)		ST –		
(4) (5) (6) (7) (8)				138.538.
(5) (6) (7) (8)				130/3301
(6) (7) (8)				
(7) (8)				
(8)				
			+	
	(9)		+	
120 52		. OF \		138,538.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

62-0760716 Page 4

Pai	rt XI Reconciliation of Revenue per Aud	illed i illanciai Statem	OCO 111.C 1		turri.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited f	financial statements			1	5,814,738.
2	Amounts included on line 1 but not on Form 990, Pa	rt VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a	249,651.		
b	Donated services and use of facilities		2b	57,951.		
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d	69,445.		
е	Add lines 2a through 2d				2e	377,047.
3	Subtract line 2e from line 1				3	5,437,691.
4	Amounts included on Form 990, Part VIII, line 12, but					
а	Investment expenses not included on Form 990, Par	t VIII, line 7b	4a	27,234.		
b	Other (Describe in Part XIII.)		4b			
	Add lines 4a and 4b				4c	27,234.
С	Add lines 4a and 4b				$\overline{}$	
5	Total revenue. Add lines 3 and 4c. (This must equal I	Form 990. Part I. line 12.)			5	5,464,925.
5	Total revenue. Add lines 3 and 4c. (This must equal Fart XII Reconciliation of Expenses per Au	Form 990, Part I, line 12.) Idited Financial Staten	nents With			
5	Total revenue. Add lines 3 and 4c. (This must equal I	Form 990, Part I, line 12.) Idited Financial Staten	nents With			n.
5	Total revenue. Add lines 3 and 4c. (This must equal Fart XII Reconciliation of Expenses per Au	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12	nents With	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal hart XII) Reconciliation of Expenses per Au Complete if the organization answered "Yes"	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements	nents With	Expenses per F	Returi	n.
5 Pa :	Total revenue. Add lines 3 and 4c. (This must equal hart XII) Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Pa	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements urt IX, line 25:	nents With	Expenses per F	Returi	n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Fart XII) Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Pa	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	nents With a.	Expenses per F	Returi	n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal for XIII Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Para Donated services and use of facilities Prior year adjustments	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	2a 2b 2c	Expenses per F	Returi	n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal hart XII) Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities Prior year adjustments	Form 990, Part I, line 12) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	2a 2b 2c	Expenses per F	Returi	4,614,685.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal fart XII Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Form 990, Part I, line 12) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	2a 2b 2c 2d	57,951. 69,445.	Returi	127,396.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal for XIII Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Para Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	2a 2b 2c 2d	57,951. 69,445.	Return	4,614,685.
Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal fart XII Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Para Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	2a 2b 2c 2d	57,951. 69,445.	1 2e	127,396.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal in the conciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25:	2a 2b 2c 2d	57,951. 69,445.	1 2e	127,396.
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal in the conciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Para Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but	Form 990. Part I. line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements Irt IX, line 25: not on line 1: t VIII, line 7b	2a 2b 2c 2d 4a	57,951. 69,445.	1 2e	127,396.
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal in the conciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part	Form 990, Part I, line 12.) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25: not on line 1: t VIII, line 7b	2a 2b 2c 2d 4a 4b	57,951. 69,445.	1 2e	127,396. 4,487,289.
1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal for XIII Reconciliation of Expenses per Au Complete if the organization answered "Yes" Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Para Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part IX of ther (Describe in Part XIII.) Add lines 4a and 4b	Form 990, Part I, line 12) Idited Financial Staten on Form 990, Part IV, line 12 ements art IX, line 25: not on line 1: t VIII, line 7b	2a 2b 2c 2d 4a 4b	57,951.	1 2e 3	127,396. 4,487,289.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5 PERCENT OR LESS OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE ORGANIZATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEWGIFTS AND INVESTMENT RETURN. THE ANNUAL DISTRIBUTION CAN BE USED TO SUPPORT OPERATIONS.

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Schedule D (Form 990) 2020 AND EMPATHY Part XIII Supplemental Information (continued)	62-0760716 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	69,445.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CDECTAL EVENT EVENUE	60 445
SPECIAL EVENT EXPENSE	69,445.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

required to complete this part.

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number 62-0760716

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No 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) MCPHERSON ASSOC - 900 19TH Yes No AVE. S, NASHVILLE, TN 37212 Х GRANT/SOLICITATION 467,158 51,600 415,558. 467,158, 51 600 415 558 Total 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.

Schedule G (Form 990 or 990-EZ) 2020 AND EMPATHY 62-0760716 Page 2 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 MSS GOLF (add col. (a) through KIDS CLASSICCLASSIC col. (c)) (event type) (total number) (event type) 255,773. 63,871. 2,050. 321,694. Gross receipts 255,773. 52,671. 2,050. 310,494. 2 Less: Contributions 11,200. **3** Gross income (line 1 minus line 2) 11,200. 4 Cash prizes 19,586. 6,845. 26,431. 5 Noncash prizes Direct Expenses 18,000. 7,504. 25,504. 6 Rent/facility costs 6,449. 8,961. 2,512. 7 Food and beverages 8 Entertainment 6,325. 1,880. 344. 8,549. Other direct expenses 69,445. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -58,245. 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Sche	edule G (Form 990 or 990-EZ) 2020 AND EMPATHY	52-0	760'	716	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No 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?			Yes	No
12			ш		
	Indicate the percentage of gaming activity conducted in:	ļ	ا ءمه		0/
	The organization's facility	ı	13a		<u>%</u>
	An outside facility		13b		<u>%</u>
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	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	,				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П,	Yes	□ No
	retain the state gaming license?			res	□ NO
b	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	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
				_	

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Schedule G	G (Form 990 or 990-EZ) A Supplemental Informa	ND EMPATHY		62-0760716	Page 4
Part IV	Supplemental Informa	tion (continued)			

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Open to Public

ž **Employer identification number** 62 - 0760716(h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ASSOCIATION FOR GUIDANCE, AID, PLACEMENT recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? AND EMPATHY 1 (a) Name and address of organization or government Name of the organization Part I Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

62-0760716

Page 2

Schedule I (Form 990) 2020 AND EMPATHY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

-					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT FOR FOSTER CARE	71	782,862.	32,047.	FMV	FOOD AND CLOTHING
RESIDENT ASSISTANCE	204	•0	24,950.	FMV	FOOD AND TRANSPORTATION
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
POTENTIAL RESOURCE PARENTS MUST MEET	딥	IGIBILITY REQU	REQUIREMENTS T	TO PARTICPATE	
IN THE FOSTER CARE PROGRAM. SOME (OF THE RE	REQUIREMENTS	INCLUDE	MARITAL	
STATUS, AGE, HEALTH REQUIREMENTS, I	FAMILY CO	COMPOSITION,	INCOME AND	Q	
EMPLOYMENT, BACKGROUND CHECKS AND P	AFFIRMATION	OF A	STATEMENT OF	FAITH. EACH	
POTENTIAL RESOURCE PARENT MUST PARTICIP	ATE	IN PRE-SERVICE	VICE TRAINING	ING PROVIDED	
BY THE ORGANIZATION. ONCE A DETERMINATI	NO	IS MADE OF	THE POTENTIAL	IAL RESOURCE	
PARENTS ELIGIBILITY, ADDITIONAL TRA	TRAINING IS	PROVIDED	FOR ORGANIZATION	ZATION	
POLICIES AND PROCEDURES. TRAINING	IS CONTINUED	NUED ANNUALLY	FOR	RESOURCE	

PARENTS TO CONTINUE TO PARTICIPATE. WHILE A CHILD IS PLACED IN THE
RESOURCE HOME, FUNDS ARE AVAILABLE DURING THE TIME THE CHILD IS A PART OF
THE RESOURCE HOME TO ASSIST WITH THE HOUSING, FOOD AND CLOTHING NEEDS OF
THE CHILD. THE ORGANIZATION'S STAFF IS RESPONSIBLE FOR MONITORING THE
RESOURCE HOME PLACEMENT ON A REGULAR BASIS AND THE STAFF IS AVAILABLE TO
THE RESOURCE PARENT 24 HOURS A DAY, 7 DAYS A WEEK IN THE EVENT OF AN
EMERGENCY.

PART III, LINE 2

THE FUNDS GRANTED FOR SPECIFIC ASSISTANCE ARE USED TO PROVIDE FOR THE

PERSONAL NEEDS OF THOSE FLEEING A DOMESTIC VIOLENCE SITUATION. THOSE

SEEKING ASSISTANCE ARE EVALUATED BY AN EXTENSIVE IN-TAKE PROCESS IN

ACCORDANCE WITH TN COALITION TO END DOMESTIC AND SEXUAL VIOLENCE

STANDARDS BEFORE ADMISSION TO OUR PROGRAM. CASE MANAGERS THEN EVALUATE

THE PERSONAL NEEDS OF PROGRAM PARTICIPANTS AND ASSIST IN FULFILLING THE

NEEDS THAT COMPLY WITH GRANT REQUIREMENTS. WHILE PARTICIPATING IN OUR

PROGRAM, ASSISTANCE SUCH AS FOOD, TRANSPORTATION, AND MEDICAL CARE ARE

PROVIDED TO SHELTER RESIDENTS AS NEEDED. FROM JULY 2020 THROUGH JUNE

2021, WE PROVIDED ASSISTANCE TO 204 PERSONS THROUGH OUR DOMESTIC

VIOLENCE SHELTER PROGRAM.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number 62-0760716

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2020

62-0760716 ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

AND EMPATHY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990
ER MEANS	(i)	150,00	327.	0	7,500.	3,600.	161,427.	0
EXECUTIVE DIR.		0	0	0	0	0	0	•0
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Schedule J (Form 990) 2020

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Schedule J (Form 990) 2020

Part III Supplemental Information

62-0760716

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number 62-0760716

Par	rt I Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ts
1	Art - Works of art				-			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		X	3	81,332.	FMV		
10	Securities - Closely held stock				, , , , , , , , , , , , , , , , , , , ,			
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution							
	Historic structures							
14	Qualified conservation contribution							
15								
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BENEFICIA:		X	1	405,262.	FMV		
26	Other (MISCELLAN	EOUS)	X	5	4,000.	FMV		
27	Other)						
28	Other ()						
29	Number of Forms 8283 received by	y the organ	ization during	the tax year for c	ontributions			
	for which the organization complet	ed Form 82	283, Part V, D	onee Acknowledg	ement 29			
						,	Yes	No
30a	During the year, did the organization	on receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years for	rom the dat	e of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire hol	ding period	?				30a	X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptance	policy that re	equires the review	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use t	hird parties	or related or	ganizations to solid	cit, process, or sell noncash			
							32a	X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) foi	r a type of property	for which column (a) is chec	cked,		
	describe in Part II.							

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

Schedule M	(Form 990) 2020 AND EMPATHY	62-0760716	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	id 33, and whether the organiza combination of both. Also com	ation

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number 62-0760716

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AGAPE IS COMMITTED TO PROVIDING PROFESSIONAL CHRISTIAN COUNSELING TO THE COMMUNITY, REGARDLESS OF FINANCIAL RESOURCES. FROM JULY 2020 THROUGH JUNE 2021, AGAPE PROVIDED 12,775 COUNSELING SESSIONS TO 1,400 CLIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FROM JULY 2020 THROUGH JULY 2021, AGAPE PROVIDED 22,966 DAYS OF CARE TO 140 CHILDREN IN FOSTER CARE. 30 FAMILIES COMPLETED PRE-SERVICE TRAINING AND WERE APPROVED AS FOSTER HOMES DURING FY21.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MATERNITY ASSISTANCE AND ADOPTION:

COUNSELING IS OFFERED TO WOMEN WHOSE PREGNANCY HAS BROUGHT ON ADDITIONAL STRESS AND COMPLICATIONS AND WHO WANT TO LOOK AT OPTIONS RATHER THAN ABORTION. SUPPORT, ACCESS TO RESOURCES AND COUNSELING ASSISTS WOMEN IN DEVELOPING AN INFORMED PLAN THAT WILL EITHER ENABLE HER TO PARENT OR TO PLAN FOR ADOPTION. OPENNESS IS ENCOURAGED FOR ADOPTION PLANS. 4 MATERNITY CLIENTS RECEIVED ASSISTANCE FROM AGAPE DURING THE FISCAL YEAR 2021. ADOPTION SERVICES WERE COMPLETED FOR 10 CHILDREN FROM JULY 2020-JUNE 2021. REVENUE \$ 35,300.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BUSINESS

INCLUDING GRANTS OF \$ 0.

OPERATIONS DIRECCTOR AND ACCOUNTANT. THEN IT IS SUBMITTED TO THE FINANCE

EXPENSES \$ 67,502.

Name of the organization ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY

Employer identification number 62-0760716

COMMITTEE OF THE BOD FOR QUESTIONS AND REVIEW. IT IS APPROVED BY THE FINANCE COMMITTE OF THE BOARD OF DIRECTORS AND THEN SUBMITTED TO THE WHOLE BOARD, HOWEVER NO ONE OUTSIDE THE FINANCE COMMITTEE OF THE BOARD IS EXPECTED TO REVIEW AND APPROVE THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS COVERED DURING ORIENTATION TO THE BOARD. EACH BOARD MEMBER IS REQUIRED TO DISCLOSE ANY POTENTIAL ISSUES WITH THE POLICY. EACH BOARD MEMBER MUST SIGN A FORM STATING THEIR UNDERSTANDING AND COMPLIANCE WITH THE POLICY. IF ANY POLICY VIOLATION IS BROUGHT BEFORE THE BOD AND CONFIRMED THE MEMBER WOULD BE ASKED TO RECTIFY HIS/HER COMPLIANCE OR RESIGN THEIR POSITION ON THE BOD. ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE

DIRECTOR'S PERFORMANCE ANNUALLY AND ALSO REVIEWS ALL RAISES FOR THE

ORGANIZATION. THEY ALSO REVIEW A COMPENSATION STUDY PERFORMED BY AN OUTSIDE

ORGANIZATION THAT COMPILES COMPENSATION FOR SIMILAR ORGANIZATIONS. RAISES

ARE NOTED IN BOARD MEETING MINUTES.

THE EXECUTIVE DIRECTOR PERFORMS ANNUAL REVIEWS FOR ALL DIRECTORS, AND ALSO
LOOKS AT COMPARABILITY DATA WHEN DETERMINING COMPENSATION. THE BOARD OF
DIRECTORS APPROVES ANNUAL COMPENSATION FOR THE COMING YEAR AND THIS IS
DOCUMENTED IN BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENT ARE AVAILABLE THROUGH A LINK ON OUR WEBSITE, ON

Schedule O (Form 990 or 9	990-EZ) 20	20										Page 2
Name of the organization	ASSO	CIATION : EMPATHY	FOR G	JIDAI	NCE,	AID, P	LACEM	1ENT		Employer ider	itificatio 50716	on number
GUIDESTAR AND	UPON	REQUEST	FROM	OUR	MAIN	OFFICE	E	OTHER	D	OCUMENTS	ARE	NOT
MADE AVAILABL	Ε.											