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## **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2011

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

Department of the Treasury Internal Revenue Survice

► Attach to Form 900 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection Employer identification number

Name (	of the organization						1	Employer i	dentilication	
UNIVE	RSAL AGAPE FO								80-048	
Part	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	n.) See	Instruction	ns
The o	rganization is not	a private founds	ation because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)		
			hes, or association of			od in soc	rtion 170	(b)(1)(A)(	(1).	
2	[]] A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3										
	hospital's nam	al research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 's name, city, and state.								
	section 170(b	ation operated for the benofit of a college or university owned or operated by a governmental unit described in 0(b)(1)(A)(iv). (Complete Part II.)								
6 7	An organization	ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). organization that normally receives a substantial part of its support from a governmental unit or from the general public scribed in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community	trust described (	n section 170(b)(1)(A	)(vi). (Cor	nplate Pa	rt II.)				
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.)									
10	An organization	n organized and	d operated exclusively	to test fo	x public s	safety, Si	ee sectio	n 509(a)	(4).	
11	purposes of c	ine or more put	nd operated exclusive plicity supported organ describes the type of	nizations	described	d in sect	lon 509(a	3)(1) or s	ection 509	(a)(2) See section
	a [] Typol				III-Functi					Type III-Other
G	By checking to other than four or section 509	ındatlon managı	that the organization ars and other than one	is not co e or more	ntrolled d publicly	irectly of support	r Indirecti ed organ	y by one izations	or more d described	lisqualified persons in section 509(a)(1)
ſ			a written detorminatio	on from	the IRS t	hat it is	а Туро	I, Type	II, or Type	a III supporting
		check this box								
g			he organization acce	pted any	gift or co	ontributio	on from a	iny of th	0	
•	following pers		•		-					
	(I) A person	who directly or	indirectly controls, elthody of the supported	her alone organizat	or toget	her with	persons	describe	ed In (II) an 	d Yes No
			on described in (i) abo					119(11)		
			a person described in							11g(III)
h			ion about the support							
(4)	Vame of supported organization	(II) FIN	(III) FIN (III) Type of organization (discribed on lines 1-9 above or IRC section	(v) Is the organization n coi (i) listed in your governing document? (v) Did your notify the organization coi (i) of your support?		nization en of your	(vi) is the organization in col. (i) organization in the US.7		(vil) Amount of support	
			(see Instructions))	Yes	No	Yes	No	Yes	No	
(A)	- III AR ANI ARING AR ARING THE RESIDENCE OF									
(B)				1		·				
				<b>∤</b>			<del></del>	<del> </del>	╂	
(C)			,	ļ. <u> </u>				ļ		
(D)										
(E)										0143444HBBW 10000 4000
		1 1 1 1 1 1 1	's -	1			1 :-			

loss from the sale of capital assets Total support. Add lines 7 through 10

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Version A, cycle 1

Schodule A (Form 990 or 990-EZ) 2011 Page 2 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 falled to qualify under Part III, If the organization falls to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (f) Fotal Calendar year (or fiscal year beginning in) Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants") . levied 2 revenues the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total, Add lines 1 through 3 . . . The portion of total contributions by (other each person than publicly governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2009 (d) 2010 (f) Total Calendar year (or fiscal year beginning in) (e) 2007 (b) 2008 (e) 2011 Amounts from line 4 . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or

12	Gross receipts from related activities, etc. (see instructions)	12	l			
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here	oar as	a section 501(c)(3	) 		
Sect	on C. Computation of Public Support Percentage					
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)	14		%		
15	Public support percentage from 2010 Schedule A, Part II, line 14	15		%,		
16a	33½% support test—2011. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization					
ь	331%% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					
178	10%-facts-and-circumstances test—2011, if the organization did not check a box on line 13, 18a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.					
ь	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 10 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization.	nis bo	x and stop here	Ü		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedul	8 A (Form 990 or 990 EZ) 2011						Page 3
Part	III Support Schedule for Organiza	itions Descr	ibed in Sect	ion 509(a)(2)			<b>6</b>
	(Complete only if you checked the	ne box on line	9 of Part I o	r if the organiz	cation failed to	o quality unde	ar Part II.
	If the organization fails to qualify	under the te	sts listed beli	ow, please co	npiete Part II	1	
	on A. Public Support			(1) 0000	(4) 2010	(0) 3011	(O Total
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(0) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			30,562	39,696	37.582	107,309
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose						<b></b>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Fax revenues leviod 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			30,582	39,695	37,582	107,389
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	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						
<b>6</b> 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support	• = =		gas ( /			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		ļ	30,562	39,695	37,682	107,389
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						•
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
Ç	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whother or not the business is regularly carried on						
12	Other income. Do not include gain or		1	1			
	lose from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)				- m. m. ga 19 200		
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			or fifth tax ye	ar as a section	501(c)(3) <b>&gt;</b> 🔽
Secti	on C. Computation of Public Suppo	rt Percentag	<del> </del>				
15	Public support percentage for 2011 (line					15	%
16	Public support percentage from 2010 Sc				<u>- · · · · · · · · · · · · · · · · · · ·</u>	16	%
~~~ ~~~ ~~	on D. Computation of Investment In			u fina 12 agus		1 47 1	
17							<u>%</u> -
18	331/5% support tests—2011. If the organ	u ocnedule A, lization did not	carrin, iine 17 Check the bo	x on line 14 an	d line 15 is mo		
19a	17 Is not more than 331/2%, check this box	and stop here	. The organizati	ion qualifies as a	publicly suppo	rted organizatio	n 🟲 🗍
b		zation did not o	heck a box on	line 14 or line 1	9a, and line 16	is more than 33	Bla%, and
•	line 18 is not more than 331/2%, check this	box and stop I	nere. The organ	Ization qualifies	as a publicly su	pported organia	ration 🕨 📋
20	Private foundation. If the organization d						

Schedule A (Form 990 or 990-6Z) 2011

0425830663 July 09, 2012 LTR 2695C 0 R 80-0484026 201112 67 00027384

UNIVERSAL AGAPE FOUNDATION 33 W MONROE ST STE 1540 CHICAGO IL 60603



## **DECLARATION**

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Date

President

Title