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

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

A For the 2012 calendar year, or tax year beginning 1/1/2012, **and ending** 12/31/2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Agape Way
Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 314 Sylvan Way
 City, town or post office, state, and ZIP code
 Chapel Hill NC 27516

D Employer identification number 56-2222794
E Telephone number (919) 636-3447

F Name and address of principal officer
 Wanbing Frank Li 314 Sylvan Way, Chapel Hill, NC 27516

G Gross receipts \$ 178,400

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.agapeway.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2001 **M State of legal domicile** NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities To reach Chinese people with Agape love of Christ through educational assistance, cultural exchanges and life coaching. In 2012, Agape Way supported 615 impoverished Chinese students. 70 Christians from USA and Singapore went to China to lead cultural exchange and life coaching programs.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 8
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 1
	6	Total number of volunteers (estimate if necessary)	6 35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 177,518 Current Year 178,348
	9	Program service revenue (Part VIII, line 2g)	0 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	220 52
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,738 178,400
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	58,859 82,449
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	95,031 89,555
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,860	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,575 11,891
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	168,465 183,895
19	Revenue less expenses Subtract line 18 from line 12	9,273 -5,495	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 94,442 End of Year 88,947
	21	Total liabilities (Part X, line 26)	0 0
	22	Net assets or fund balances Subtract line 21 from line 20	94,442 88,947

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 3/27/2013
 Type or print name and title: Wanbing Frank Li President & CEO

Paid Preparer Use Only
 Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN:
 Firm's name: SELF-PREPARED RETURN Firm's EIN:
 Firm's address: Phone no:

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

JAN 06 2014

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