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 they may be made public.

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

For the 2013 calendar year, or tax year beginning and ending

AGAPE CHILDREN'S MINISTRY, INC.

Doing Business As

P.O. BOX 5062

MODOESTO, CA 95352-5062

City or town, state or province, country, and ZIP or foreign postal code

W. BLAKE GIBBS

P.O. BOX 5062, MODOESTO, CA 95352

Name and address of principal officer

If "No," attach a list. (see instructions)

2013 Open to Public Inspection

Part I Summary

1. Briefly describe the organization’s mission or significant activities:

TO PROVIDE A CHARITABLE FAMILY ATMOSPHERE FOR STREET CHILDREN IN THIRD WORLDS COUNTRIES, TO BE FULLY

2. Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2013 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

3 5

4 5

5 5

6 30

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-2a)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

840,121. 895,720.

14,625. 3,673.

-9,658. 539.

0. 0.

845,088. 899,932.

0. 422,649.

0. 0.

293,998. 331,860.

0. 0.

24,561.

570,701. 141,962.

864,699. 896,471.

-19,611. 3,461.

372,889. 374,395.

1,955. 0.

370,934. 374,395.

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.

Signature of officer

W. BLAKE GIBBS, PRESIDENT

Date

Print/Type preparer's name

SUSAN Y. HUDGENS

Preparer's signature

Date

Check if self-employed

PTIN

P00226704

Preparer's EIN

Firm's name

GRIMBLEBY COLEMAN CPAS, INC.

Firm's address

200 W. ROSEBURG AVE.

MODESTO, CA 95350

Phone no. (209) 527-4220

May the IRS discuss this return with the preparer shown above? (see instructions)

320201 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2013)
Part 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 PROVIDE A CHARITABLE FAMILY ATMOSPHERE FOR STREET CHILDREN IN THIRD WORLD COUNTRIES, TO BE FULLY SUPPORTED, EDUCATED, TRAINED AND SPIRITUALLY GUIDED, TO REDUCE THE NUMBER OF STREET CHILDREN AND RAISE THEIR QUALITY OF LIFE. THESE PURPOSES SHALL INCLUDE, WITHOUT

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 Yes 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 Yes 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, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 527,542. including grants of $ 297,805.) (Revenue $ 0.)

THE OPERATION OF A RESIDENTIAL FACILITY AND A DROP-IN CENTER FOR HOMELESS BOYS, AS WELL AS A REMEDIAL PRIMARY SCHOOL IN KISUMU KENYA.

4b (Code: ) (Expenses $ 30,800. including grants of $ 30,800.) (Revenue $ 0.)

THE OPERATION OF A RESIDENTIAL FACILITY AND A DROP-IN CENTER FOR HOMELESS GIRLS, AS WELL AS A REMEDIAL PRIMARY SCHOOL IN KISUMU KENYA.

4c (Code: ) (Expenses $ 166,592. including grants of $ 94,044.) (Revenue $ 0.)

OPERATION OF A VOCATIONAL TRAINING CENTER IN MATOSO, KENYA.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ (Revenue $ )

4e Total program service expenses $ 724,934.