Form 990

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.

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

For the 2015 calendar year, or tax year beginning and ending

Name of organization
AGAPE CHILDREN'S MINISTRY, INC.
Doing business as
P.O. BOX 5062
MODesto, CA 95352-5062

Employer identification number
20-4191319

Telephone number
209-543-9255

Gross receipts
$1,078,790

Is this a group return
[X] Yes [ ] No

For subordinates
[ ] Yes [X] No

Are all subordinates included?
[ ] Yes [X] No

Website: www.AGapeChildrens.ORG

Form of organization
[X] Corporation [ ] Trust [ ] Association [ ] Other

Year of formation: 2005
State of legal domicile: CA

Part I: Summary

1. Briefly describe the organization's mission or most significant activities: MEET THE PHYSICAL, EMOTIONAL, EDUCATIONAL, SPIRITUAL NEEDS OF STREET CHILDREN; TO REUNITE FAMILIES.

2. Check this box 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)

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

5. Total number of volunteers (estimate if necessary)

6. Total number of volunteers

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 11a)

16b. Total fundraising expenses (Part IX, column (D), line 25)

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

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

19. Revenue less expenses. Subtract line 12 from line 18

20. Total assets (Part X, line 18)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

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
ERIC KJELDGAARD, CFO

Date
7-9-2016

Preparer's name
SUSAN Y. HUDGENS

Preparer's signature

Date

Check [ ] if self-employed
PTIN
00226704

Preparer's EIN
77-0000018

Firm's name
GRIMELEY COLEMAN CPAS, INC.

Firm's address
200 W. ROSEBURG AVE.
MODesto, CA 95350

Phone no. (209) 527-4220

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)
Part III | Statement of Program Service Accomplishments

1. Briefly describe the organization's mission:
   OUR MAIN PURPOSE IS TO DEMONSTRATE GOD'S LOVE TO STREET CHILDREN BY MEETING THEIR PHYSICAL, EMOTIONAL, EDUCATIONAL, AND ABOVE ALL, SPIRITUAL NEEDS. OUR GOAL IS TO REUNITE CHILDREN WITH THEIR FAMILIES, HELPING THEM MATURE INTO RESPONSIBLE, PRODUCTIVE ADULTS.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
   Yes ☐ No ☑

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
   Yes ☐ No ☑

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 $710,566. including grants of $348,892.) (Revenue $
   THE OPERATION OF A RESIDENTIAL FACILITY FOR HOMELESS BOYS, AS WELL AS A REMEDIAL PRIMARY SCHOOL IN KISUMU KENYA.

   4b (Code: ) (Expenses $2,800. including grants of $2,800.) (Revenue $
   THE OPERATION OF A RESIDENTIAL FACILITY FOR HOMELESS GIRLS, AS WELL AS A REMEDIAL PRIMARY SCHOOL IN KISUMU KENYA.

   4c (Code: ) (Expenses $37,546. including grants of $37,546.) (Revenue $
   OPERATION OF A VOCATIONAL TRAINING CENTER IN MATOSO, KENYA.

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

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<thead>
<tr>
<th>Expenses</th>
<th>Including grants of</th>
<th>Revenue</th>
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<tbody>
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4e Total program service expenses ▶ 750,912.