

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 AGAPE CHILDRENS MINISTRY, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 P.O. BOX 5062
 City or town, state or province, country, and ZIP or foreign postal code
 MODESTO CA 95352-5062

D Employer identification number
 20-4191319

E Telephone number
 209-543-9255

G Gross receipts \$ 758,005

F Name and address of principal officer:
 WILLIAM BLAKE GIBBS

H(a) is this a group return for subordinates? Yes No
H(b) Are all subordinates 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.AGAPECHILDREN.ORG **H(c) Group exemption number** ▶

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2006 **M State of legal domicile:** CA

Part I Summary

Activities & Governance	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 <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)	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	8
	6	Total number of volunteers (estimate if necessary)	2
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,073,473 Current Year: 755,688
	9	Program service revenue (Part VIII, line 2g)	4,086 1,585
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	195 732
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,036 0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,078,790 758,005
	Expenses	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)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	316,487 304,661
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,532	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	201,623 138,139
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	907,348 750,180
	19	Revenue less expenses. Subtract line 18 from line 12	171,442 7,825
	20	Total assets (Part X, line 16)	Beginning of Current Year: 499,901 End of Year: 513,141
	21	Total liabilities (Part X, line 26)	169 5,584
22	Net assets or fund balances. Subtract line 21 from line 20	499,732 507,557	

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: *William Blake Gibbs*
 Date: _____
 WILLIAM BLAKE GIBBS PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: SUE Y. HUDGENS
 Preparer's signature: SUE Y. HUDGENS
 Date: 06/22/17
 Check if self-employed if PTIN P00226704
 Firm's name: GRIMBLEBY COLEMAN CPAS, INC.
 Firm's EIN: 77-0000018
 Firm's address: 200 W ROSEBURG AVE, MODESTO, CA 95350-5255
 Phone no.: 209-527-4220

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$ 417,259 including grants of \$) (Revenue \$)

24-HOUR PER DAY OPERATION OF A TEMPORARY RESIDENTIAL FACILITY FOR STREET BOYS AND GIRLS, PROVIDING THEM WITH A SAFE PLACE TO LIVE, FOOD, CLOTHING, AND MEDICAL CARE. WHERE, IN A NON-COERCIVE MANNER THEY CAN HEAR THE LIFE-CHANGING MESSAGE OF THE GOSPEL, CAN RECEIVE EXTENSIVE EMOTIONAL AND PSYCHOLOGICAL COUNSELING, AND OBTAIN REMEDIAL ACADEMIC ASSISTANCE.

4b (Code:) (Expenses \$ 154,330 including grants of \$) (Revenue \$)

OPERATION OF A REINTEGRATION PROGRAM AIMED AT RETURNING THE CHILDREN TO THEIR FAMILIES OR EXTENDED FAMILIES. THE PROGRAM INCLUDES EXTENSIVE WORK WITH THE FAMILIES AS WELL AS ON-GOING FOLLOW-UP TO MAKE CERTAIN THE CHILDREN ARE DOING WELL, ARE STAYING AT HOME OFF THE STREETS, AND ARE ATTENDING THEIR LOCAL VILLAGE SCHOOL.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 571,589