

# Return of Organization Exempt From Income Tax

# 2017

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_,

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	AGAPE CHILDRENS MINISTRY, INC. P O BOX 5062 MODESTO, CA 95352-5062	20-4191319
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		209-543-9255
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$
<input type="checkbox"/> Amended return		1,274,129.
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: WILLIAM BLAKE GIBBS	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Same As C Above	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	WWW.AGAPECHILDREN.ORG	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 2006 <b>M</b> State of legal domicile: CA

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	5
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	5
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a).....	<b>5</b>	6
	<b>6</b>	Total number of volunteers (estimate if necessary).....	<b>6</b>	2
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	627.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g).....	755,688.	1,254,174.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,585.	627.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	732.	19,328.
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	758,005.	1,274,129.
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	307,380.	343,817.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4).....		
<b>Expenses</b>	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	304,661.	263,198.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e).....		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)▶ 15,342.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	138,139.	144,047.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	750,180.	751,062.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12.....	7,825.	523,067.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16).....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26).....	513,141.	1,030,624.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	5,584.	0.
			507,557.	1,030,624.

**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.

<b>Sign Here</b>	Signature of officer WILLIAM BLAKE GIBBS <small>Type or print name and title</small>	Date President & CEO
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Eileen Pastenicks	Eileen Pastenicks			P00188604
	Firm's name ▶ PASTENIEKS, BUCHELI & FALASCO, LLP	Firm's address ▶ 1301 L ST STE 1 MODESTO, CA 95354-0936		Firm's EIN ▶ 27-2863865	Phone no. (209) 529-5515

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. [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4 a (Code: ) (Expenses \$ 612,829. 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.

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

OPERATION OF A REINTERGRATION 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 HOME OFF THE STREETS, AND ARE ATTENDING THEIR LOCAL VILLAGE SCHOOL.

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

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

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

4 e Total program service expenses 612,829.