

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 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 CHILDREN'S MINISTRY INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 PO 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

F Name and address of principal officer:
 WESLEY M. CORBITT

G Gross receipts \$ 1,110,760

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: See Schedule O		
	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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	4
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	976,249	1,050,465
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	470	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,836	21,956
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	989,555	1,110,760
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	525,375	704,794
	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)	273,838	210,590
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 18,312		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	121,024	160,452
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	920,237	1,075,836
19 Revenue less expenses. Subtract line 18 from line 12	69,318	34,924	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,073,839	1,108,690
	22 Net assets or fund balances. Subtract line 21 from line 20	73	0
		1,073,766	1,108,690

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.

CLIENT COPY

Sign Here
 Signature of officer: _____ Date: _____
 WESLEY M. CORBITT PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: DONALD T CAINES Preparer's signature: *Donald T Caines* Date: 10/30/20
 Check if PTIN self-employed P00743769
 Firm's name: Caines, Hodges & Company, P.C. Firm's EIN: 58-2579944
 Firm's address: 5302 Frederick St Ste 203 Savannah, GA 31405-4823 Phone no.: 912-233-6383

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 \$ 954,025 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 \$ including grants of \$) (Revenue \$)

Operation of 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 home off the streets, and are attending their local village school.

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

N/A

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

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

4e Total program service expenses 954,025