

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AGAPE CHILDREN'S MINISTRY INC	<b>D</b> Employer identification number 20-4191319
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 5062	Room/suite E Telephone number 209-543-9255
	City or town, state or province, country, and ZIP or foreign postal code MODESTO CA 95352-5062	
	<b>F</b> Name and address of principal officer WESLEY M CORBITT 1536 LITTLE MCCALL ROAD GUYTON GA 31312	<b>G</b> Gross receipts \$ 1,428,538

**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.  
**H(c)** Group exemption number

**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		Prior Year	Current Year
<b>Activities &amp; Governance</b>	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 2020 (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, Part I, line 11	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	1,050,465	1,355,661
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,956	21,377
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,339	51,500
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,110,760	1,428,538
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	704,794	706,815
	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)	210,590	242,949
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 16,950		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	160,452	135,017
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,075,836	1,084,781
19 Revenue less expenses. Subtract line 18 from line 12	34,924	343,757	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year 1,108,690	End of Year 1,453,715
	21 Total liabilities (Part X, line 26)	0	1,268
	22 Net assets or fund balances. Subtract line 21 from line 20	1,108,690	1,452,447

**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 WESLEY M CORBITT	Date PRESIDENT & CEO
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DONALD T CAINES	Preparer's signature <i>Donald Caines</i>	Date 11/12/21	Check <input type="checkbox"/> if self-employed	PTIN 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			

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 No X

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 X

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 \$ 967,784 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 967,784