

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2021 calendar year, or tax year beginning _____, **and ending** _____

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	C Name of organization <p align="center">AGAPE CHILDREN'S MINISTRY INC</p> 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 G Gross receipts \$ 1,425,897
F Name and address of principal officer: WESLEY M CORBITT 1536 LITTLE MCCALL ROAD GUYTON GA 31312		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I 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		H(c) Group exemption number ▶
J Website: ▶ www.agapechildren.org		L Year of formation: 2006 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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 2021 (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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,355,661	1,344,949
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,377	34,787
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,500	46,161
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,428,538	1,425,897
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	706,815	1,048,937
	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)	242,949	263,247
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,379		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	135,017	181,713
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,084,781	1,493,897
19 Revenue less expenses. Subtract line 18 from line 12	343,757	-68,000	
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)	1,453,715	1,388,374
	22 Net assets or fund balances. Subtract line 21 from line 20	1,268	3,927
		1,452,447	1,384,447

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.

Sign Here	Signature of officer WESLEY M CORBITT Type or print name and title	Date PRESIDENT & CEO
Paid Preparer Use Only	Print/Type preparer's name DONALD T CAINES Preparer's signature <i>Donald T Caines</i> Date 11/09/22 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 \$ 1,364,407 including grants of \$ 1,048,937) (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 1,364,407