

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
 Internal Revenue Service

**A For the 2022 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**  
**1536 LITTLE MCCALL ROAD**  
**GUYTON GA 31312**

**G** Gross receipts: **1,279,478**

**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**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2006**

**M** State of legal domicile: **CA**

**H(c)** Group exemption number: \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O		
	<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 2022 (Part V, line 2a)	<b>5</b>	5
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,344,949	1,247,089
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,787	13,454
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,161	-88,872
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,425,897	1,171,671
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,048,937	917,924
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	263,247	244,864
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>15,498</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181,713	183,697
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,493,897	1,346,485
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-68,000	-174,814	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,388,374	1,210,532
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,927	899
		1,384,447	1,209,633

**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** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT & CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **DONALD T CAINES** Preparer's signature: *Donald T Caines* Date: **05/11/23** Check  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**

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

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 [X] 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 \$ 1,217,376 including grants of \$ 917,924 ) (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 1,217,376