Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 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): PO BOX 5062

Room/suite:

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 $: 1,512,132

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? ☐ 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

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ☐ 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 2024 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,541,900	1,468,173
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,704	30,948
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,579	13,011
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,659,183	1,512,132
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,165,159	1,161,441
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)	254,140	258,630
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 21,110		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	194,804	207,801
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,614,103	1,627,872
19	Revenue less expenses. Subtract line 18 from line 12	45,080	-115,740

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,255,642	1,200,069
21	Total liabilities (Part X, line 26)	929	0
22	Net assets or fund balances. Subtract line 21 from line 20	1,254,713	1,200,069

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

Preparer's name: DONALD T CAINES	Preparer's signature: Donald Caines	Date: 07/01/25	Check ☐ if self-employed	PTIN: P00743769
Firm's name: Caines, Hodges & Company, P.C.			Firm's EIN:	58-2579944
Firm's address: 340 Eisenhower Dr., Bldg. 1400, Ste. 203 Savannah, GA 31406			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 $ 1,488,896 including grants of $ 1,161,441) (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 1,488,896