Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning , and ending

27-0111679

Agape Pregnancy Resource Center

Net Asset / Fund Balance at Beginning of Year			2,050,064
Revenue			
Contributions		1,214,345	
Program service revenue			
Investment income		37,989	
Capital gain / loss		47,628	
Fundraising / Gaming:			
Gross revenue	635,009		
Direct expenses	254,797		
Net income		380,212	
Other income		0	
Total revenue			1,680,174
Expenses			
Program services		971,875	
Management and general		281,930	
Fundraising		48,532	
Total expenses			1,302,337
Excess / (deficit)			377,837
Changes			
Net Asset / Fund Balance at End of Year			2,427,901

Reconciliation of Revenue		**Reconciliation of Expenses**	
Total revenue per financial statements		Total expenses per financial statements	
Less:		Less:	
Unrealized gains		Donated services	
Donated services		Prior year adjustments	
Recoveries		Losses	
Other		Other	
Plus:		Plus:	
Investment expenses		Investment expenses	
Other		Other	
Total revenue per return	1,680,174	**Total expenses per return**	1,302,337

Balance Sheet

	Beginning	Ending	Differences
Assets	2,055,931	3,589,199	
Liabilities	5,867	1,161,298	
Net assets	2,050,064	2,427,901	377,837

Miscellaneous Information

Amended return	
Return / extended due date	11/17/25
Failure to file penalty	

Filing Instructions

Agape Pregnancy Resource Center

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Robnett CPAs
13809 Research Blvd, Ste 900
Austin, TX 78750

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning ..... , 2024, and ending ..... , 20 .....

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Name of filer

Agape Pregnancy Resource Center

EIN or SSN

27-0111679

Name and title of officer or person subject to tax **Susan Dehnel**
Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 1,680,174
2a	**Form 990-EZ** check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize **Robnett CPAs** to enter my PIN **13542** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **10/05/25**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **70217013542**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Nathan M. Robnett, CPA** Date **10/05/25**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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 Pregnancy Resource Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
104 E Main St

City or town, state or province, country, and ZIP or foreign postal code
Round Rock TX 78664

D Employer identification number
27-0111679

E Telephone number
512-248-8200

G Gross receipts $ **1,980,406**

F Name and address of principal officer:
Susan Dehnel
104 E Main St
Round Rock TX 78664

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.agapeprc.org**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: **2004** | **M** State of legal domicile: **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Provide counseling & support services to single mothers and others with unplanned pregnancies in Williamson County, TX and to surrounding communities.

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	88
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)	893,830	1,214,345
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,202	85,617
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,186	380,212
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,127,218	1,680,174
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)	482,085	702,524
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **48,532**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	332,542	599,813
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	814,627	1,302,337
19	Revenue less expenses. Subtract line 18 from line 12	312,591	377,837

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,055,931	3,589,199
21	Total liabilities (Part X, line 26)	5,867	1,161,298
22	Net assets or fund balances. Subtract line 21 from line 20	2,050,064	2,427,901

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 — Date

Susan Dehnel **Treasurer**
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nathan M. Robnett, CPA	Nathan M. Robnett, CPA	11/11/25		P00174208

Firm's name **Robnett CPAs** Firm's EIN **26-3505818**

Firm's address **13809 Research Blvd, Ste 900 Austin, TX 78750** Phone no. **512-258-8584**

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:

Provide counseling & support services to single mothers and others with unplanned pregnancies in the Round Rock area.

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 $ **971,875** including grants of $) (Revenue $)

Provide counseling & support services to single mothers and others with unplanned pregnancies in Williamson County, TX and to surrounding communities.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

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 **971,875**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**24**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Susan Dehnel **104 E Main St**
Round Rock **TX 78664** **512-248-8200**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **Jo Markham**	40.00									
Executive Director	0.00			X				75,000	0	0
(2) **Terri Autry**	0.00									
Director	0.00	X						0	0	0
(3) **Matt Baker**	0.00									
Director	0.00	X						0	0	0
(4) **Buddy Crossley**	0.00									
Director	0.00	X						0	0	0
(5) **Kathy Culpepper**	0.00									
Director	0.00	X						0	0	0
(6) **Susan Dehnel**	0.00									
Treasurer	0.00	X		X				0	0	0
(7) **Teri Gaddy, DDS**	0.00									
President	0.00	X		X				0	0	0
(8) **Ruthie Herber**	0.00									
Vice President	0.00	X		X				0	0	0
(9) **Lance Karm**	0.00									
Director	0.00	X						0	0	0
(10) **Candace Kennedy**	0.00									
Secretary	0.00	X		X				0	0	0
(11) **Wendi Lester-Efflandt**	0.00									
Director	0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Mark McHargue										
(12)	0.00									
Director	0.00	X						0	0	0
(13) Judy McLeod										
(13)	0.00									
Director	0.00	X						0	0	0
(14) Nancy Montgomery										
(14)	0.00									
Director	0.00	X						0	0	0
(15) Alyse Paull										
(15)	0.00									
Director	0.00	X						0	0	0
(16) Barbara Praed										
(16)	0.00									
Director	0.00	X						0	0	0
(17) Vincent Sherman										
(17)	0.00									
Director	0.00	X						0	0	0
(18) John Smith										
(18)	0.00									
Director	0.00	X						0	0	0
(19) Dawn Rust										
(19)	0.00									
Director	0.00	X						0	0	0
1b Subtotal								75,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								75,000		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **0**

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,214,345				
	g Noncash contributions included in lines 1a-1f	1g	$ 193,529				
	h **Total.** Add lines 1a–1f			1,214,345			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			37,989	37,989		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a		93,063				
	b Less: cost or other basis and sales exps. 7b		45,435				
	c Gain or (loss) 7c		47,628				
	d Net gain or (loss)			47,628	47,628		
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a	635,009				
	b Less: direct expenses	8b	254,797				
	c Net income or (loss) from fundraising events			380,212			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			1,680,174	85,617	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	578,291	489,193	65,720	23,378
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	75,414	43,901	31,513	
10 Payroll taxes	48,819	37,867	9,153	1,799
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,000		37,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	67,791	44,436		23,355
13 Office expenses	92,433	28,296	64,137	
14 Information technology	28,283	11,119	17,164	
15 Royalties				
16 Occupancy	47,617	24,105	23,512	
17 Travel	3,104	3,104		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,949		2,949	
20 Interest	35,911	27,651	8,260	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,455	40,667	5,788	
23 Insurance	3,164	2,754	410	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Baby Items Distributed	94,974	94,974		
b Donated Services-Program	46,398	46,398		
c Bibles & Other Materials	31,718	31,718		
d Education Incentives	28,311	28,311		
e All other expenses	33,705	17,381	16,324	
25 **Total functional expenses.** Add lines 1 through 24e	1,302,337	971,875	281,930	48,532
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,273,571	1	1,185,950
	2	Savings and temporary cash investments	200,510	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	60,942
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,679,946			
	b	Less: accumulated depreciation — 10b: 337,639	581,850	10c	2,342,307
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,055,931	16	3,589,199
Liabilities	17	Accounts payable and accrued expenses	5,867	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	1,161,298
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	5,867	26	1,161,298
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,049,937	27	2,427,774
	28	Net assets with donor restrictions	127	28	127
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,050,064	32	2,427,901
	33	Total liabilities and net assets/fund balances	2,055,931	33	3,589,199

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,680,174
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,302,337
3	Revenue less expenses. Subtract line 2 from line 1	3	377,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,050,064
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,427,901

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

Agape Pregnancy Resource Center

Employer identification number

27-0111679

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	721,531	702,266	1,029,487	893,830	1,214,345	4,561,459
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	721,531	702,266	1,029,487	893,830	1,214,345	4,561,459
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						4,561,459

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	721,531	702,266	1,029,487	893,830	1,214,345	4,561,459
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						4,561,459

12 Gross receipts from related activities, etc. (see instructions) — 12: 1,322,940

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) — 14: 100.00 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 — 15: 99.98 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, *how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* **for the latest information.**

OMB No. 1545-0047

Name of the organization

Agape Pregnancy Resource Center

Employer identification number

27-0111679

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Agape Pregnancy Resource Center

Employer identification number
27-0111679

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 85,725	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 82,119	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 60,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 45,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 38,199	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 34,034	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Agape Pregnancy Resource Center

Employer identification number

27-0111679

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		189,500		189,500
b Buildings		2,181,733	239,414	1,942,319
c Leasehold improvements				
d Equipment		308,713	93,523	215,190
e Other			4,702	-4,702
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,342,307

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Agape Pregnancy Resource Center

Employer identification number

27-0111679

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fund-raiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Annual Banquet (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	635,009			635,009
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	635,009			635,009
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	33,076			33,076
	7 Food and beverages	113,165			113,165
	8 Entertainment	54,000			54,000
	9 Other direct expenses	54,556			54,556
	10 Direct expense summary. Add lines 4 through 9 in column (d)				254,797
	11 Net income summary. Subtract line 10 from line 3, column (d)				380,212

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization

Agape Pregnancy Resource Center

Employer identification number

27-0111679

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )	X	2	193,529	
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
Agape Pregnancy Resource Center	27-0111679

Form 990 - Additional Information
The governing documents, conflict of interest policy and financial statements are made available to the public upon request.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
A review was made by the board members serving on the Finance Committee. The return was sent to all of the members of the board before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Members of the Board of Directors and committee members annually review and sign the Conflict of Interest Policy and statement.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors shall at the time of hiring and annually thereafter review and approve its compensation packages for the Executive Director and other top management officials. All compensation packages and levels of compensation shall conform to guidelines issued by the Internal Revenue Service and the Department of Labor.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
No documents available to the public.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return

Agape Pregnancy Resource Center

Identifying number
27-0111679

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	46,450

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	46,450
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

27-0111679

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Office Furniture & Equipment	1/01/04	35,565				35,565	7	MO	S/L	35,565	0
6	Main Street Building	1/31/06	291,493				291,493	39	MO	S/L	133,913	7,474
7	Building Addition	12/29/09	227,818				227,818	39	MO	S/L	82,024	5,842
8	Building Addition	12/10/10	10,218				10,218	39	MO	S/L	3,417	262
10	Air Conditioner Unit	3/10/11	2,620				2,620	7	MO	S/L	2,620	0
19	Office Chair	8/29/14	150				150	7	MO	S/L	150	0
22	Shelving	11/01/14	160				160	7	MO	S/L	160	0
23	Wall Plaque	7/16/13	925				925	7	MO	S/L	925	0
25	Classroom Chairs	11/15/13	988				988	7	MO	S/L	988	0
26	Desk	12/12/13	350				350	7	MO	S/L	350	0
27	2 chairs & 1 Loveseat	3/11/15	1,342				1,342	7	MO	S/L	1,342	0
39	Desk	6/29/15	157				157	7	MO	S/L	157	0
43	Mobile Sonogram RV	4/01/17	140,000				140,000	5	MO	S/L	140,000	0
	Sold/Scrapped: 1/01/24											
48	Exam Table	10/27/17	1,294				1,294	7	MO	S/L	1,140	154
49	Mobile RV Sign	10/27/17	263				263	7	MO	S/L	232	0
	Sold/Scrapped: 1/01/24											
50	Fencing	1/31/18	5,000				5,000	15	MO	S/L	1,972	0
	Sold/Scrapped: 1/01/24											
52	Security Cameras	2/28/18	208				208	7	MO	S/L	173	0
	Sold/Scrapped: 1/01/24											
57	Building Addition	11/21/19	2,000				2,000	39	MO	S/L	205	51
58	Building Addition	12/06/19	1,903				1,903	39	MO	S/L	195	49
59	Laptop	2/27/19	1,888				1,888	5	MO	S/L	1,825	63
60	Tablet	5/31/19	368				368	5	MO	S/L	337	0
	Sold/Scrapped: 1/01/24											
61	Ultrasound	10/18/19	38,000				38,000	7	MO	S/L	22,981	0
	Sold/Scrapped: 1/01/24											
62	Dell Laptop	1/10/20	699				699	5	MO	S/L	551	139
63	Dell Desktop	2/05/20	818				818	5	MO	S/L	641	163
65	TV for Mobile RV	3/05/20	205				205	7	MO	S/L	112	0
	Sold/Scrapped: 1/01/24											
66	Ultrasound Machine-4D	3/25/20	56,500				56,500	7	MO	S/L	30,428	4,709
	Sold/Scrapped: 7/30/24											
67	Front Door Replacement	4/13/20	6,860				6,860	39	MO	S/L	638	176
68	Perez Signs	5/06/20	3,255				3,255	7	MO	S/L	1,666	465
69	Decor for Hallway	10/08/20	238				238	7	MO	S/L	110	34
70	IQAIR	3/02/21	899				899	7	MO	S/L	364	128
71	IQAIR	6/01/21	899				899	7	MO	S/L	332	128
72	IQAIR	6/01/21	899				899	7	MO	S/L	332	128
73	IQAIR	6/01/21	899				899	7	MO	S/L	332	128
74	Table for client room	8/04/21	216				216	5	MO	S/L	105	43
75	Laptop for Mobile	8/04/21	595				595	5	MO	S/L	288	119
76	IQAIR	12/10/21	899				899	7	MO	S/L	268	128
77	Dell Desktop SFF	12/10/21	919				919	5	MO	S/L	383	184
78	Apple IPad for Mobile	12/10/21	356				356	5	MO	S/L	146	71
79	Office chairs	2/02/22	1,000				1,000	7	MO	S/L	274	143
80	Dell Desktop & Monitor	2/22/22	1,489				1,489	5	MO	S/L	553	298
81	Interior Design ann furniture	4/20/22	27,666				27,666	7	MO	S/L	6,724	3,953
82	Security Monitoring Hardware & Installatio	5/09/22	1,560				1,560	7	MO	S/L	368	223
83	IQAIR	5/31/22	899				899	7	MO	S/L	204	129
84	Thermostate Replacements	5/31/22	645				645	7	MO	S/L	146	92
85	Dell Desktop Computer	8/01/22	1,999				1,999	5	MO	S/L	568	400
86	Mobile Internet Router Zoe RV	9/26/22	1,594				1,594	5	MO	S/L	404	0
	Sold/Scrapped: 1/01/24											
87	Office Furnishings and Decor	9/26/22	2,000				2,000	7	MO	S/L	362	285
88	Replacement Dishwasher	9/27/22	515				515	7	MO	S/L	93	73
89	Building remodel project	11/01/22	76,525				76,525	39	MO	S/L	2,290	1,962
90	Dell Desktop Computer	11/01/22	1,098				1,098	5	MO	S/L	257	219
91	Dell Desktop Computer & Monitor	11/01/22	1,333				1,333	5	MO	S/L	312	266
92	Costco TV	11/01/22	844				844	7	MO	S/L	141	120
93	Office Furnishing and Decor	12/08/22	1,848				1,848	7	MO	S/L	281	264
94	Mindray DC-70 4D	12/21/22	33,000				33,000	7	MO	S/L	4,856	4,715
95	2nd Floor Renovation	7/11/23	57,987				57,987	39	MO	S/L	743	1,487
96	Sono Room Exam Table	4/18/23	1,246				1,246	7	MO	S/L	134	178
97	Room Number Signs	4/18/23	257				257	7	MO	S/L	28	37
98	Dell Computer	4/21/23	1,012				1,012	5	MO	S/L	152	202
99	Dell Computer	4/21/23	1,039				1,039	5	MO	S/L	156	208
100	Nurse Mgr Office Furnishings	5/22/23	464				464	7	MO	S/L	44	66
101	Client Room Furniture	5/22/23	1,310				1,310	7	MO	S/L	99	187

27-0111679

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
102	Men's Ministry Furniture	5/22/23	1,632			1,632	7	MO	S/L	155	233
103	Men's Ministry Fridge	5/22/23	675			675	7	MO	S/L	64	96
104	Roller Shade Blinds	6/06/23	793			793	7	MO	S/L	66	113
105	Office Chairs	6/14/23	755			755	7	MO	S/L	63	108
106	Client Room Furniture	6/14/23	716			716	7	MO	S/L	60	102
107	Mens Ministry Room Dcor	6/14/23	325			325	7	MO	S/L	27	46
108	Dell Laptop	6/21/23	1,256			1,256	5	MO	S/L	147	251
109	Dell Desktop	6/21/23	870			870	5	MO	S/L	101	174
110	IQ Air Filter	6/21/23	518			518	7	MO	S/L	43	74
111	Finance Office Desk	6/21/23	950			950	7	MO	S/L	79	136
112	Office Decor	6/21/23	237			237	7	MO	S/L	20	34
113	Men's Ministry Furniture	6/21/23	1,247			1,247	7	MO	S/L	104	178
114	Office Furniture	7/18/23	507			507	7	MO	S/L	36	72
115	Dell Computer	7/27/23	1,099			1,099	5	MO	S/L	110	220
116	Client Room Chair	7/27/23	290			290	7	MO	S/L	21	41
117	Dell Computer	7/27/23	1,256			1,256	5	MO	S/L	126	251
118	Office Chairs	7/27/23	520			520	7	MO	S/L	37	74
119	Office Phone	9/26/23	215			215	7	MO	S/L	10	31
120	Security Cameras	12/21/23	625			625	7	MO	S/L	7	89
121	Dell XPS	2/27/24	1,101			1,101	5	MO	S/L	0	184
122	New Server built By Go Kall IT	3/26/24	3,000			3,000	5	MO	S/L	0	450
123	Dell Latitude 3550 laptop for Katie	6/16/24	1,030			1,030	5	MO	S/L	0	103
124	RR Ultrasound Machine-Mindray Imagyni9	7/30/24	55,039			55,039	7	MO	S/L	0	3,276
125	CP Ultrasound Machine-Mindray Imagyni9	7/30/24	55,039			55,039	7	MO	S/L	0	3,276
126	New AC Unit-RR	10/08/24	11,200			11,200	7	MO	S/L	0	400
127	Exam Table	10/21/24	1,491			1,491	7	MO	S/L	0	36
128	New Security System	11/15/24	10,809			10,809	7	MO	S/L	0	257
129	CP Bookshelves for Layette Room	12/17/24	6,500			6,500	39	MO	S/L	0	0
130	Oakmont Office Park Bldg 5, Cedar Park	12/17/24	1,268,192			1,268,192	39	MO	S/L	0	0
131	Oakmont Office Park Land, Cedar Park	12/17/24	189,500			189,500	0	--	Land	0	0
132	Building Remodel-Cedar Park	12/17/24	249,500			249,500	39	MO	S/L	0	0
	Total Other Depreciation		2,922,083			2,922,083				487,832	46,450
	Total ACRS and Other Depreciation		2,922,083			2,922,083				487,832	46,450
	Grand Totals		2,922,083			2,922,083				487,832	46,450
	Less: Dispositions and Transfers		242,138			242,138				196,639	4,709
	Less: Start-up/Org Expense		0			0				0	0
	Net Grand Totals		2,679,945			2,679,945				291,193	41,741

27-0111679

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
43	Mobile Sonogram RV	4/01/17	140,000			X	70,000	5	HY	200DB	140,000	0
	Sold/Scrapped: 1/01/24											
48	Exam Table	10/27/17	1,294			X	0	7	HY	200DB	1,294	0
49	Mobile RV Sign	10/27/17	263			X	0	7	HY	200DB	263	0
	Sold/Scrapped: 1/01/24											
			141,557				70,000				141,557	0
Other Depreciation:												
1	Office Furniture & Equipment	1/01/04	0				0	0	HY		0	0
6	Main Street Building	1/31/06	0				0	0	HY		0	0
7	Building Addition	12/29/09	0				0	0	HY		0	0
8	Building Addition	12/10/10	0				0	0	HY		0	0
10	Air Conditioner Unit	3/10/11	0				0	0	HY		0	0
19	Office Chair	8/29/14	0				0	0	HY		0	0
22	Shelving	11/01/14	0				0	0	HY		0	0
23	Wall Plaque	7/16/13	0				0	0	HY		0	0
25	Classroom Chairs	11/15/13	0				0	0	HY		0	0
26	Desk	12/12/13	0				0	0	HY		0	0
27	2 chairs & 1 Loveseat	3/11/15	0				0	0	HY		0	0
39	Desk	6/29/15	0				0	0	HY		0	0
50	Fencing	1/31/18	5,000				5,000	15	MO	S/L	1,972	0
	Sold/Scrapped: 1/01/24											
52	Security Cameras	2/28/18	208				208	7	MO	S/L	173	0
	Sold/Scrapped: 1/01/24											
57	Building Addition	11/21/19	2,000				2,000	39	MO	S/L	205	51
58	Building Addition	12/06/19	1,903				1,903	39	MO	S/L	195	49
59	Laptop	2/27/19	1,888				1,888	5	MO	S/L	1,825	63
60	Tablet	5/31/19	368				368	5	MO	S/L	337	0
	Sold/Scrapped: 1/01/24											
61	Ultrasound	10/18/19	38,000				38,000	7	MO	S/L	22,981	0
	Sold/Scrapped: 1/01/24											
62	Dell Laptop	1/10/20	699				699	5	MO	S/L	551	139
63	Dell Desktop	2/05/20	0				0	0	HY		0	0
65	TV for Mobile RV	3/05/20	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/24											
66	Ultrasound Machine-4D	3/25/20	0				0	0	HY		0	0
	Sold/Scrapped: 7/30/24											
67	Front Door Replacement	4/13/20	0				0	0	HY		0	0
68	Perez Signs	5/06/20	0				0	0	HY		0	0
69	Decor for Hallway	10/08/20	0				0	0	HY		0	0
70	IQAIR	3/02/21	0				0	0	HY		0	0
71	IQAIR	6/01/21	0				0	0	HY		0	0
72	IQAIR	6/01/21	0				0	0	HY		0	0
73	IQAIR	6/01/21	0				0	0	HY		0	0
74	Table for client room	8/04/21	0				0	0	HY		0	0
75	Laptop for Mobile	8/04/21	0				0	0	HY		0	0
76	IQAIR	12/10/21	0				0	0	HY		0	0
77	Dell Desktop SFF	12/10/21	0				0	0	HY		0	0
78	Apple IPad for Mobile	12/10/21	0				0	0	HY		0	0
79	Office chairs	2/02/22	1,000				1,000	7	MO	S/L	274	143
80	Dell Desktop & Monitor	2/22/22	0				0	0	HY		0	0
81	Interior Design ann furniture	4/20/22	0				0	0	HY		0	0
82	Security Monitoring Hardware & Installatio	5/09/22	0				0	0	HY		0	0
83	IQAIR	5/31/22	0				0	0	HY		0	0
84	Thermostate Replacements	5/31/22	0				0	0	HY		0	0
85	Dell Desktop Computer	8/01/22	0				0	0	HY		0	0
86	Mobile Internet Router Zoe RV	9/26/22	0				0	0	HY		0	0
	Sold/Scrapped: 1/01/24											
87	Office Furnishings and Decor	9/26/22	0				0	0	HY		0	0
88	Replacement Dishwasher	9/27/22	0				0	0	HY		0	0
89	Building remodel project	11/01/22	0				0	0	HY		0	0
90	Dell Desktop Computer	11/01/22	0				0	0	HY		0	0
91	Dell Desktop Computer & Monitor	11/01/22	0				0	0	HY		0	0
92	Costco TV	11/01/22	0				0	0	HY		0	0
93	Office Furnishing and Decor	12/08/22	0				0	0	HY		0	0
94	Mindray DC-70 4D	12/21/22	0				0	0	HY		0	0
95	2nd Floor Renovation	7/11/23	0				0	0	HY		0	0
96	Sono Room Exam Table	4/18/23	0				0	0	HY		0	0

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
97	Room Number Signs	4/18/23	0				0	0	HY		0	0
98	Dell Computer	4/21/23	0				0	0	HY		0	0
99	Dell Computer	4/21/23	0				0	0	HY		0	0
100	Nurse Mgr Office Furnishings	5/22/23	0				0	0	HY		0	0
101	Client Room Furniture	5/22/23	0				0	0	HY		0	0
102	Men's Ministry Furniture	5/22/23	0				0	0	HY		0	0
103	Men's Ministry Fridge	5/22/23	0				0	0	HY		0	0
104	Roller Shade Blinds	6/06/23	0				0	0	HY		0	0
105	Office Chairs	6/14/23	0				0	0	HY		0	0
106	Client Room Furniture	6/14/23	0				0	0	HY		0	0
107	Mens Ministry Room Dcor	6/14/23	0				0	0	HY		0	0
108	Dell Laptop	6/21/23	0				0	0	HY		0	0
109	Dell Desktop	6/21/23	0				0	0	HY		0	0
110	IQ Air Filter	6/21/23	0				0	0	HY		0	0
111	Finance Office Desk	6/21/23	0				0	0	HY		0	0
112	Office Decor	6/21/23	0				0	0	HY		0	0
113	Men's Ministry Furniture	6/21/23	0				0	0	HY		0	0
114	Office Furniture	7/18/23	0				0	0	HY		0	0
115	Dell Computer	7/27/23	0				0	0	HY		0	0
116	Client Room Chair	7/27/23	0				0	0	HY		0	0
117	Dell Computer	7/27/23	0				0	0	HY		0	0
118	Office Chairs	7/27/23	0				0	0	HY		0	0
119	Office Phone	9/26/23	0				0	0	HY		0	0
120	Security Cameras	12/21/23	0				0	0	HY		0	0
121	Dell XPS	2/27/24	0				0	0	HY		0	0
122	New Server built By Go Kall IT	3/26/24	0				0	0	HY		0	0
123	Dell Latitude 3550 laptop for Katie	6/16/24	0				0	0	HY		0	0
124	RR Ultrasound Machine-Mindray Imagyni9	7/30/24	0				0	0	HY		0	0
125	CP Ultrasound Machine-Mindray Imagyni9	7/30/24	0				0	0	HY		0	0
126	New AC Unit-RR	10/08/24	0				0	0	HY		0	0
127	Exam Table	10/21/24	0				0	0	HY		0	0
128	New Security System	11/15/24	0				0	0	HY		0	0
129	CP Bookshelves for Layette Room	12/17/24	0				0	0	HY		0	0
130	Oakmont Office Park Bldg 5, Cedar Park	12/17/24	0				0	0	HY		0	0
131	Oakmont Office Park Land, Cedar Park	12/17/24	0				0	0	HY		0	0
132	Building Remodel-Cedar Park	12/17/24	0				0	0	HY		0	0
	Total Other Depreciation		51,066				51,066				28,513	445
	Total ACRS and Other Depreciation		51,066				51,066				28,513	445
	Grand Totals		192,623				121,066				170,070	445
	Less: Dispositions and Transfers		183,839				113,576				165,726	0
	Net Grand Totals		8,784				7,490				4,344	445

27-0111679

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

27-0111679

Future Depreciation Report FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Office Furniture & Equipment	1/01/04	35,565	0	0
6	Main Street Building	1/31/06	291,493	7,474	0
7	Building Addition	12/29/09	227,818	5,841	0
8	Building Addition	12/10/10	10,218	262	0
10	Air Conditioner Unit	3/10/11	2,620	0	0
19	Office Chair	8/29/14	150	0	0
22	Shelving	11/01/14	160	0	0
23	Wall Plaque	7/16/13	925	0	0
25	Classroom Chairs	11/15/13	988	0	0
26	Desk	12/12/13	350	0	0
27	2 chairs & 1 Loveseat	3/11/15	1,342	0	0
39	Desk	6/29/15	157	0	0
48	Exam Table	10/27/17	1,294	0	0
57	Building Addition	11/21/19	2,000	52	52
58	Building Addition	12/06/19	1,903	49	49
59	Laptop	2/27/19	1,888	0	0
62	Dell Laptop	1/10/20	699	9	9
63	Dell Desktop	2/05/20	818	14	0
67	Front Door Replacement	4/13/20	6,860	176	0
68	Perez Signs	5/06/20	3,255	465	0
69	Decor for Hallway	10/08/20	238	34	0
70	IQAIR	3/02/21	899	129	0
71	IQAIR	6/01/21	899	129	0
72	IQAIR	6/01/21	899	129	0
73	IQAIR	6/01/21	899	129	0
74	Table for client room	8/04/21	216	43	0
75	Laptop for Mobile	8/04/21	595	119	0
76	IQAIR	12/10/21	899	128	0
77	Dell Desktop SFF	12/10/21	919	184	0
78	Apple IPad for Mobile	12/10/21	356	72	0
79	Office chairs	2/02/22	1,000	143	143
80	Dell Desktop & Monitor	2/22/22	1,489	297	0
81	Interior Design ann furniture	4/20/22	27,666	3,952	0
82	Security Monitoring Hardware & Installation	5/09/22	1,560	223	0
83	IQAIR	5/31/22	899	128	0
84	Thermostate Replacements	5/31/22	645	93	0
85	Dell Desktop Computer	8/01/22	1,999	400	0
87	Office Furnishings and Decor	9/26/22	2,000	286	0
88	Replacement Dishwasher	9/27/22	515	74	0
89	Building remodel project	11/01/22	76,525	1,963	0
90	Dell Desktop Computer	11/01/22	1,098	220	0
91	Dell Desktop Computer & Monitor	11/01/22	1,333	267	0
92	Costco TV	11/01/22	844	121	0
93	Office Furnishing and Decor	12/08/22	1,848	264	0
94	Mindray DC-70 4D	12/21/22	33,000	4,714	0
95	2nd Floor Renovation	7/11/23	57,987	1,487	0
96	Sono Room Exam Table	4/18/23	1,246	178	0
97	Room Number Signs	4/18/23	257	36	0
98	Dell Computer	4/21/23	1,012	203	0
99	Dell Computer	4/21/23	1,039	208	0
100	Nurse Mgr Office Furnishings	5/22/23	464	67	0
101	Client Room Furniture	5/22/23	1,310	187	0
102	Men's Ministry Furniture	5/22/23	1,632	233	0
103	Men's Ministry Fridge	5/22/23	675	97	0
104	Roller Shade Blinds	6/06/23	793	114	0
105	Office Chairs	6/14/23	755	108	0
106	Client Room Furniture	6/14/23	716	103	0
107	Mens Ministry Room Dcor	6/14/23	325	47	0
108	Dell Laptop	6/21/23	1,256	251	0
109	Dell Desktop	6/21/23	870	174	0
110	IQ Air Filter	6/21/23	518	74	0
111	Finance Office Desk	6/21/23	950	135	0
112	Office Decor	6/21/23	237	34	0
113	Men's Ministry Furniture	6/21/23	1,247	178	0
114	Office Furniture	7/18/23	507	73	0
115	Dell Computer	7/27/23	1,099	220	0
116	Client Room Chair	7/27/23	290	42	0
117	Dell Computer	7/27/23	1,256	251	0

27-0111679

Future Depreciation Report FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
118	Office Chairs	7/27/23	520	74	0
119	Office Phone	9/26/23	215	30	0
120	Security Cameras	12/21/23	625	90	0
121	Dell XPS	2/27/24	1,101	220	0
122	New Server built By Go Kall IT	3/26/24	3,000	600	0
123	Dell Latitude 3550 laptop for Katie	6/16/24	1,030	206	0
124	RR Ultrasound Machine-Mindray Imagyni9	7/30/24	55,039	7,863	0
125	CP Ultrasound Machine-Mindray Imagyni9 (3D/	7/30/24	55,039	7,863	0
126	New AC Unit-RR	10/08/24	11,200	1,600	0
127	Exam Table	10/21/24	1,491	213	0
128	New Security System	11/15/24	10,809	1,545	0
129	CP Bookshelves for Layette Room	12/17/24	6,500	167	0
130	Oakmont Office Park Bldg 5, Cedar Park	12/17/24	1,268,192	32,518	0
131	Oakmont Office Park Land, Cedar Park	12/17/24	189,500	0	0
132	Building Remodel-Cedar Park	12/17/24	249,500	6,397	0
	Total Other Depreciation		2,679,945	92,469	253
	Total ACRS and Other Depreciation		2,679,945	92,469	253
	Grand Totals		2,679,945	92,469	253

Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

Agape Pregnancy Resource Center

Taxpayer Identification Number

27-0111679

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	893,830	1,214,345	320,515
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	28,949	37,989	9,040
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-747	47,628	48,375
	8. Net income or (loss) from fundraising events	8.	205,400	380,212	174,812
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	-214		214
	12. **Total revenue.** Add lines 1 through 11	12.	1,127,218	1,680,174	552,956
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	482,085	702,524	220,439
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	13,775	37,000	23,225
	19. Occupancy, rent, utilities, and maintenance	19.	37,795	47,617	9,822
	20. Depreciation and Depletion	20.	46,446	46,455	9
	21. Other expenses	21.	234,526	468,741	234,215
	22. **Total expenses.** Add lines 13 through 21	22.	814,627	1,302,337	487,710
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	312,591	377,837	65,246
Other Information	24. Total exempt revenue	24.	1,127,218	1,680,174	552,956
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	27,988	85,617	57,629
	27. Total assets	27.	2,055,931	3,589,199	1,533,268
	28. Total liabilities	28.	5,867	1,161,298	1,155,431
	29. Retained earnings	29.	2,050,064	2,427,901	377,837
	30. Number of voting members of governing body	30.	17	17	
	31. Number of independent voting members of governing body	31.	17	17	
	32. Number of employees	32.	17	24	
	33. Number of volunteers	33.	41	88	

Form **990**

Tax Return History

2024

Name

Agape Pregnancy Resource Center

Employer Identification Number

27-0111679

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	721,531	702,266	1,029,487	893,830	1,214,345	
Membership dues						
Program service revenue						
Capital gain or loss	-7,117			-747	47,628	
Investment income	1,045	1,273	931	28,949	37,989	
Fundraising revenue (income/loss)	20,249	57,045	70,939	205,400	380,212	
Gaming revenue (income/loss)						
Other revenue				-214		
Total revenue	735,708	760,584	1,101,357	1,127,218	1,680,174	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	259,398	250,169	391,063	482,085	702,524	
Professional fees	14,125	21,650	12,450	13,775	37,000	
Occupancy costs	13,705	15,345	17,933	37,795	47,617	
Depreciation and depletion	60,862	59,936	42,789	46,446	46,455	
Other expenses	154,183	150,411	242,829	234,526	468,741	
Total expenses	502,273	497,511	707,064	814,627	1,302,337	
Excess or (Deficit)	233,435	263,073	394,293	312,591	377,837	
Total exempt revenue	735,708	760,584	1,101,357	1,127,218	1,680,174	
Total unrelated revenue						
Total excludable revenue	-6,072	1,273	931	27,988	85,617	
Total Assets	1,080,125	1,343,208	1,737,523	2,055,931	3,589,199	
Total Liabilities	18	28	50	5,867	1,161,298	
Net Fund Balances	1,080,107	1,343,180	1,737,473	2,050,064	2,427,901	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest Income	$ 37,989					
Total	$ 37,989					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Credit Card Discounts	$ 11,867	$	$ 11,867	$
Pregnancy Tests	7,187	7,187		
Equipment Rental	4,845	4,845		
Professional Dues	4,200		4,200	
STI Testing	3,175	3,175		
Baby Bottles Expense	1,386	1,386		
Men's Ministry	731	731		
Bank Service Charges	257		257	
Fixed Asset True Up	57	57		
Total	$ 33,705	$ 17,381	$ 16,324	$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Various-Services	$
Various	
Various-Supplies	
Cash Contributions	362,590
Bibles Contributions	1,488
Church Contributions	99,822
Charitable Contributions	4,841
Administrative Fees	
Misc Contributions	45,000
Grant Income - Cash	156,844
Baby Bottles Contribution	25,531
Contributions-Monthly	254,026
Gifts in kind - goods	
Other income	
Business Contributions	
Income Educational Incentives	
Other Support-Non Cash	147,131
Donated Services	46,398
Gross Rent Revenue	13,200
Adopt A Room	57,474
Total	$ 1,214,345

Schedule A, Part II, Line 12 - Current year

Description	Amount
Interest Income	$ 37,989
Annual Banquet Fundraiser	635,009
Total	$ 672,998

Annual Banquet Fundraiser

Other Direct Fundraising or Gaming Expenses

Description	Amount
Other	$ 54,556
Auction	
Miscellaneous	
Banquet Expenses Net	
Total	$ 54,556