

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning Jul 1, 2020, and ending Jun 30, 2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization ADAM'S ANGELS MINISTRY
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 P.O. BOX 2573
 City or town, state or province, country, and ZIP or foreign postal code
 BRENHAM, TX 77834-2573

D Employer identification number 26-3415431
E Telephone number (979) 836-0955
G Gross receipts \$ 144,296.

F Name and address of principal officer:
 JAMES FRITZ, 3901 FM 389, BRENHAM, TX 77833

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ ADAMSANGELSMINISTRY.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 2005 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE CARE AND COMFORT TO FAMILIES WHO HAVE CHILDREN DIAGNOSED WITH CANCER, CHILDREN UNDERGOING TREATMENT, AND THOSE WHO HAVE LOST A CHILD BECAUSE OF CHILDHOOD CANCER. WE PROVIDE PHYSICAL, EMOTIONAL, AND PRAYERFUL SUPPORT TO THESE FAMILIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	115,063.	118,848.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,144.	25,448.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,207.	144,296.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	94,328.	70,965.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	94,328.	70,965.	
19	Revenue less expenses. Subtract line 18 from line 12	26,879.	73,331.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	521,056.	594,387.
	22	Net assets or fund balances. Subtract line 21 from line 20	521,056.	594,387.

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: 11/11/2021
 JAMES FRITZ, TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JAMES D. FRITZ	Preparer's signature JAMES D. FRITZ	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00073001
Firm's name ▶ JAMES D. FRITZ, CPA			Firm's EIN ▶	
Firm's address ▶ 3901 FM 389, BRENHAM, TX 77833			Phone no. (979) 551-3522	

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:
OUR MISSION IS TO PROVIDE CARE AND COMFORT TO FAMILIES WHO HAVE CHILDREN DIAGNOSED WITH CANCER, CHILDREN UNDERGOING TREATMENT, AND THOSE WHO HAVE LOST A CHILD BECAUSE OF CHILDHOOD CANCER. WE PROVIDE PHYSICAL, EMOTIONAL, AND PRAYERFUL SUPPORT TO THESE FAMILIES.

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 \$ 61,128. including grants of \$ 0.) (Revenue \$ 118,848.)
DIRECT SUPPORT OF FAMILIES WHO HAVE CHILDREN WITH CANCER.

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 61,128.