

Return of Organization Exempt From Income Tax

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

2022

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

Header section containing organization details: Name (ADAM'S ANGELS MINISTRY), EIN (26-3415431), Address (P.O. BOX 2573, BRENHAM, TX 77834-2573), and Form type (Corporation).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 140,984), expenses (Total: 139,902), and net assets (Total: 666,659).

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.

Signature block for James Fritz, Treasurer, dated 10/29/2023.

Paid Preparer Use Only section for James D. Fritz, CPA, with firm name and address.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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 \$ 89,416. including grants of \$ 0.) (Revenue \$ 111,729.)

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 89,416.