IRS e-file Signature Authorization for an Exempt Organization

endar year 2020, or flacal year beginning	SEP	1	, 2020, and ending	AUG	31	. 20 2

Separtment of the Treasury	▶ Do not send to	the IRS. Keep for your records.		LULU
nternal Revenue Service		rm8879EO for the latest information		
lame of exempt organization	or person subject to tax		Taxpayer	dentification number
BE AN ANGEL F	UND INC		76-0	262730
lame and title of officer or per	son subject to tax			
BOB LEONARD TREASURER				
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, 2 blank, then leave line 1b, 2	ns for which you are using this Form 8879-l ta, 3a, 4a, 5a, 6a, or 7a below, and the am b, 3b, 4b, 5b, 6b, or 7b, whichever is applie a applicable line below. Do not complete m	ount on that line for the return being file cable, blank (do not enter 0-). But, if yo	ed with this form v	was
1a Form 990 check here		990, Part VIII, column (A), fine 12)	1b	1,608,333.
2a Form 980-EZ check h	are 🕨 🔲 b Total revenue, if any (Fr	orm 990-EZ, line 9)	2b	
3a Form 1120-POL chec		20-POL, line 22)		
4a Form 990-PF check h		ent income (Form 990-PF, Part VI, line		
5a Form 8868 check here	b Balance due (Form 886	88, line 3c)	5b	
Ba Form 990-T check her	e b Total tax (Form 990-T, F	Part III, line 4)	6b	
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, P ion and Signature Authorization	art III, line 1)	to Toy	
	I declare that X I am an officer of the al			
		pove organization or Liliam a pers		•
(name of organization)	rn and accompanying schedules and state			-
dentification number (PIN) PIN: check one box only	cessary to answer inquiries and resolve iss as my signature for the electronic return a	ues related to the payment. I have selend, if applicable, the consent to electrons.	onic funds withdra	
X I authorize CR			to enter my	
	ERO firm	name		Enter live numbers, bu do not enter alt zeros
a state agency(ic PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed ret es) regulating charities as part of the IRS Fon's disclosure consent screen. person subject to tax with respect to the or direturn. If I have indicated within this returnes as part of the IRS Fed/State program, I	ed/State program, I also authorize the a ganization, I will enter my PIN as my signs that a copy of the return is being file	aforementioned El gnature on the tax d with a state age	RO to enter my k year 2020 ency(ies)
Signature of officer or person subject	t to tex	401.	Date	► 617/27
	tion and Authentication			1
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification	950-5 WI 550	= 20	
•	your five-digit self-selected PIN.	65796077 Do not enter al		
-	neric entry is my PIN, which is my signatur turn in accordance with the requirements siness Returns.	•		
ERO's signature 🕨 ANGE	LA K ARMSTRONG	Date 🕨	06/01/22	
		This Form - See Instructions of the IRS Unless Requested T	o Do So	
HA For Dananwork Bad	uction Act Notice, see Instructions.	· · · · · · · · · · · · · · · · · · ·		Form 8879-EO (2020)

023051 11-03-20

EXTENDED TO JULY 15, 2022

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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. and ending AUG 31. 2021 Open to Public Inspection

Form 990 (2020)

A	For the	2020 calendar year, or tax year beginning $$ SEP $1,2020$	AUG 31, 2021	
B	Check If applicable:	C Name of organization	D Employer identifi	cation number
	Address change	BE AN ANGEL FUND INC		
	Name change	Doing business as	76-02627	30
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	
Ē	Final	2003 ALDINE BENDER	(281) 21	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,978,035.
Г	Amende		H(a) Is this a group re	
Ē	Applica-		for subordinates	
	pending	SAME AS C ABOVE		ncluded? Yes No
$\overline{\Gamma}$	Tey.ever		W.	list. See instructions
		BEANANGEL.ORG	H(c) Group exemptio	
		· · · · · · · · · · · · · · · · · · ·		A State of legal domicile: TX
		Summary		
		briefly describe the organization's mission or most significant activities: TO SERVE	CHILDREN WIT	H MULTIPLE
Activities & Governance	' ī	DISABILITIES OR PROFOUND DEAFNESS BY PROVIDI	NG WHEELCHAIR	S. HEARING
	_	theck this box if the organization discontinued its operations or disposed of r		
Š		lumber of voting members of the governing body (Part VI, line 1a)		18
පි		lumber of independent voting members of the governing body (Part VI, line 1b)		18
مخ ده		otal number of individuals employed in calendar year 2020 (Part V, line 1a)	111111111111111111111111111111111111111	6
ĝ		otal number of volunteers (estimate if necessary)		572
Ě	" - +	otal unrelated business revenue from Part VIII, column (C), line 12		0.
ĕ		let unrelated business taxable income from Form 990-T, Part I, line 11		0.
_	1 01	let unrelated business taxable income from Form 990-1, Fart I, line 11	Prior Year	Current Year
	ا ، ،	tantifu tions and supply (Doct MIII II.s. 4 lb)	1,359,638.	1,667,722.
2		Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue		Program service revenue (Part VIII, line 2g)	88.	404.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	65,598.	-59,793.
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,425,324.	1,608,333.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Renefits paid to or for members (Part IX, column (A), line 4)	348,445.	345,644.
Expenses	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
듩	10a F	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
굨		and testes and a superior of a second test and and a second testes	980,840.	1,139,790.
		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,329,285.	1,485,434.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	96,039.	122,899.
<u>- 9</u>		levenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Ratanges	- A	intel sensets (Part V. Den d.C.)	Beginning of Current Year 369,426.	End of Year 429, 492.
SS	20 T	otal assets (Part X, line 16)	225,064.	154,506.
ti i	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	144,362.	274,986.
			144,302.	2/4,300.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	temente and to the heet of m	u knowledge and helial it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge alld belief, it is
uuk	s, correct,	and complete, pactaration of property (other than officer) is passed on an intermander of which prop	later has any knowledge.	
e:-		Signature of officer	Date	
Sig		BOB LEONARD, TREASURER		
He	re	Type or print name and title		
_			Date Check	II PTIN
Pai		Print/Type preparer's name ANGELA K ARMSTRONG ANGELA K ARMSTRONG ANGELA K ARMSTRONG	06/01/22 self-employ	
	ļ-		Charle City	35-0921680
		Firm's name CROWE LLP	FOTA'S EIN	23-032T000
UBI	Only	Firm's address NINE GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046	Dha	3-667-9147
_			[Phone no. / 1	3-66/-914/ X Yes No
Ma	v tne IK:	S discuss this return with the preparer shown above? See instructions		IANLIYES LINO

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	_
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		х
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 Revenue Procedure 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,			l
	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?			_v
	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			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1000	Α.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	IIa		
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	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		х
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 167 if "Yes," complete Schedule D, Part IX	11d		Х
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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	445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	-	-
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Į	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	H-		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	İ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	<u> </u>		
**	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	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), tine 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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	<u> </u>	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	l		
	Schedule K. If "No," go to line 25a	24a	⊢	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c	\vdash	
	Did the organization act as an "on behalf of ssuer for bonds outstanding at any time during the year?	24d	\vdash	\vdash
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schodule I Bart 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	200	\vdash	
20	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,		\vdash	
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		100	W=
	instructions, for applicable filing thresholds, conditions, and exceptions):			.40
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
Ь	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 lines 28a or 28b?#			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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		Х
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	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	١		
	sections 301.7701-2 and 301.7701-37 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	١		
	Part V, line 1	34	_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	<u> </u>
D	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		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300	\vdash	\vdash
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	\vdash	
31	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 in Schedule O for Part VI, lines 11b and 19?	<u> </u>	\vdash	
•	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt 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			BI.
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b	100		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			2
	(gambling) winnings to prize winners?	1c	X	
		_	000	(0000)

Form 990 (2020) BE AN ANGEL FUND INC

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

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? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N.				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment that returns? Notes: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If "Yes," has it filed a Form 990-T for this year? If "No" to faile 30, provide an explanation on Schedule O 5c At any time during the calendary year, did the organization have an interest in, or a signature or other authority ower, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," that the iname of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," that the manner of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5s, did the organization that it was or in a party to a prohibited tax shelter transaction? 5d If "Yes," to line 5a or 5s, did the organization that it was or in a party to a prohibited tax wheter transaction? 5d If "Yes," to line 5a or 5s, did the organization that it was or in a party to a prohibited tax wheter transaction? 5d If "Yes," to line 5a or 5s, did the organization that it was or in a party to a prohibited tax wheter transaction? 5d If "Yes," to line 5a or 5s, did the organization that it was or in a party to a prohibited tax wheter transaction? 5d If "Yes," told the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," the fit the organization mount of the dunor of the wake of the goods or services provided? 5d If "Yes," the fit the organization mount of the dunor of the wake of the goods or services provided? 5d If "Yes," the fit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fit organization like a for	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during they sher? 3b If 1'ves, "nat filed a Form 990-If for this year? If "No" to fine 3b, provide an explanation on Schedule O 3c b If "ves," and a filed a Form 990-If for this year? If "No" to fine 3b, provide an explanation on Schedule O 3c b If "ves," that it filed a Form 990-If for this year? If "No" to fine 3b, provide an explanation on Schedule O 3c b If "ves," or the the name of the foreign country Schedule Committed Comm		en aerina ingerina marin			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 11*yes, indicate the name of the 17*v0 to fine 80,000 promise an explanation on Schedule O 3c If 18*v1*v1*v2*v2*v2*v2*v2*v2*v2*v2*v2*v2*v2*v2*v2*	þ		2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No" to fine 35, provide an explanation on Schedule O 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 [who as a bank account, securities account, or other financial accountry over. A financial accounts in a foreign country [who are part of the provided of t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			8
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 accountry? 5 li 1"Yes", enter the name of the foreign country [such as a bank account, securities account, or other financial accountry? 5 li Was the organization aparty to a prohibitod tax shelter transaction at any time during the tax year? 5 li Did any taxable party notify the organization that it was or is a party to a prohibitod the organization solicit any contributions has tween to tax deductible as characteristic contributions? 6 li 1"Yes" to line 5 aor 55, delith organization line Form 88801. 6 li 1"Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization stat may receive deductible contributions? 8 li 1"Yes", did the organization include with every solicitation and surject organization solicity to do one of the value of the goods or services provided to the payor? 8 li 1"Yes", did the organization solicity the donor of the value of the goods or services provided to the payor? 9 li 1"Yes", did the organization solicity the donor of the value of the goods or services provided to the payor? 10 li 1"Yes", did the organization solicity the donor of the value of the goods or services provided to the payor? 11 li 1"Yes" of the organization solicity the donor of the value of the goods or services provided to the payor? 12 li 1"Yes" of the organization solicity the donor of the value of the goods or services provided to the payor? 13 li 1"Yes" of the organization and payor the during the year 14 li 1"Yes" organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 15 li 1"Yes" organization received a contribution of carn, boats, siplanes, or other vehicles, did the organization life a form 10880? 15 sponsoring organization maintaini	3a		3a		X
ti frives,* enter the name of the foreign country ≥ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Did the organization shelt may receive deductible contributions? 10 If Yes,* 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions and party for goods and services provided to the payor? 10 Did the organization notify the donor of the value of the goods or services provided? 11 P'es,* 'did the organization notify the donor of the value of the goods or services provided? 12 Did the organization sell, exchange, or otherwise disposes of tangible personal property for which it was required to the Form 8282? 12 Did the organization for service any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization funds a contribution of cars, boats, arplanes, or other whickes, did the organization file a Form 1988 or equired? 14 Did the organization received a contribution of cars, boats, arplanes, or other whickes, did the organization file a Form 1989 or payor and the property of the organization file a Form 1989 or payor and the property of the organization file a Form 1980 or payor and the property of the organization file a	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		
b If "Yes," enter the name of the foreign country > 6a	4a				
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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.	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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.	ь		14b		
If "Yes," see instructions and file Form 4720, Schedule N.	15				
		excess parachute payment(s) during the year?	15		X
16 is the organization an educational institution subject to the section 4968 excise tax on set investment income?				III.T	
2000000000	16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
if "Yes," complete Form 4720, Schedule O.		if "Yes," complete Form 4720, Schedule O.		000	10.000

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
Sec	tion 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 18 18	W.		
	If there are material differences in voting rights among members of the governing body, or if the governing		18.	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			2.1
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		11111	
	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		х
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		Х
6	Did the exercise have resulted and	6	_	X
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or			
14	Colored sections and the sections and the sections and the sections are sections.	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.0	\vdash	
В	and the state of t	71.		x
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		_
8	- N-		X	
#	The governing body?	8a	$\overline{}$	\vdash
b	Each committee with authority to act on behalf of the governing body?	8b	Х	_
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
Sec	tion 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	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	000	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	L
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12¢	X	١
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?	9==	100	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	00	1000	1100
	exempt status with respect to such arrangements?	16b		-
Sac	tion C. Disclosure	IQU		
$\overline{}$				
17		a. a.a.l	A	- le 4-
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	is only	y avail	aute
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d finai	ncial	
	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			
	MARTHA BOONE - (281) 219-3313			
	2003 ALDINE BENDER, HOUSTON, TX 77032			

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 and/or Box 7 of Form 1099-MISC) 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 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	(do box	not c	Posi heck sa per id a d	ition	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	lestitutional trustee	Officer	Key employee	Highest compansabld emplayee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARTI BOONE	40.00							405 500		
EXECUTIVE DIRECTOR	5 00	Ш		X	Щ		<u> </u>	107,500.	0.	0.
(2) MIKE WILLIAMS	5.00	, ,								_
DIRECTOR	F 00	X					<u> </u>	0.	0.	0.
(3) DAN PASTORINI	5.00	l								
CHAIRNAN	6 00	X		X	<u> </u>		_	0.	0.	0.
(4) BOB LEONARD	5.00									
TREASURER	5.00	X	\vdash	X	_		<u> </u>	0.	0.	0.
(5) JAMES ANDERSON	5.00	ا ا		<u></u>					_	
SECRETARY	F 00	X		X	\vdash		<u> </u>	0.	0.	0.
(6) ROSS ASTRAMECKI	5.00								,	_
DIRECTOR	F 00	X			_		L	0.	0.	0.
(7) DOT CUNNINGHAM	5.00	[]							_	
DIRECTOR		X			\vdash		\vdash	0.	0.	0.
(6) STEVE DRAKE	5.00							_		_
DIRECTOR	- F - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	X	<u> </u>		\vdash		\vdash	0.	0.	0.
(9) JEFF GORSKI	5.00							_		_
DIRECTOR	F 00	X				<u> </u>	<u> </u>	0.	0.	0.
(10) CARY BENSON	5.00							_	ا م	_
DIRECTOR	F 00	X	_	<u> </u>	_	Ļ	_	0.	0.	0.
(11) NED PIEDMONT	5.00	.,						_	_	_
DIRECTOR	F 00	X				<u> </u>	<u> </u>	0.	0.	0.
(12) ROBBIE SCHILHAB	5.00	.,	ŀ	.,		ł		_	_ ر	_
PAST CHAIRMAN	F 00	X	<u> </u>	X			L	0.	0.	0.
(13) RAY SOLCHER	5.00	,						١ ,	_	_
DIRECTOR	F 00	X		<u> </u>		<u> </u>	L	0.	0.	0.
(14) JAN PILKO	5.00							_	_	,
DIRECTOR	F 00	X	H				⊢	0.	0.	0.
(15) DALE COBURN	5.00							0.	0.	
DIRECTOR	E-00	X	\vdash	H	\vdash		\vdash	0.	0.	0.
(16) JESSICA FORSDICK	5.00								0.	_
DIRECTOR	E 00	X	\vdash	_	_	\vdash	⊢	0.	0.	0.
(17) MIKE GORMAN	5.00	x						0.	0.	0.
DIRECTOR		Α			<u> </u>	_			<u> </u>	Form 990 (2020)

032007 12-23-20

Form 990 (2020)

Section A. Officers, Directo	/s, Trustees, Key Em	DIOY	ees	, ani		igne	81 L	T .			(17)	
(A) Name and title	Average			ري Posi		1		(D) Reportable	(E) Reportable	_{E~}	(F) timate	ad
Name and the	hours per		not c	heck	more	than is bot		compensation	compensation		uman 10unt	
	week	-	COT MI	d á d	irecto	or/bus	tee)	from	from related		other	
	(list any hours for	rector						the	organizations		pensa	
	related	5	3			Pates		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om th anizat	
	organizations	Presta	1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P		夏			(** 2 (505 (1),505)		_	relat	
	below line)	ndividual trustae or director	nstitutional trastae	Officer	кву етріоува	Highest compensated employee	Former			orga	nizat	ions
(18) RAY SCHLAFF	5.00	5	을	₹	ğ	玉章	Ē			-		
DIRECTOR	3.00	X						0.	0.			0.
(19) CONSTANCE NIEHAUS	5.00		-	Н		┢	H		•			
DIRECTOR		X						0.	0.			0.
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						1						
1b Subtotal								107,500.	0.	\vdash		0.
c Total from continuation sheets to	Part VII. Section A							0.	0.			0.
d Total (add lines 1b and 1c)								107,500.	0.			0.
2 Total number of individuals (including								eceived more than \$100	,000 of reportable			
compensation from the organization	n 🕨											1
									_	\Box	Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedul												х
4 For any individual listed on line 1a, i		****						har annonantian from		3		A
and related organizations greater th	*		_					•	ine organization	4		x
5 Did any person listed on line 1a rec	•		*					***************************************	dual for services			-
rendered to the organization? # "Ye										5		X
Section B. Independent Contractors												
 Complete this table for your five high 		-								ation f	rom	
the organization. Report compensa		ear e	endi	ng v	<u>vith</u>	or w	ithir		/ear.	- 10		
Name and b	(A) usiness address	NO	ONE	e e				(B) Description of s	ervices ((C omper		Эn
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2 Total number of independent contra	actors (including but n	ot li	mite	d to	tho	se li:	stec	d above) who received m	ore than	Α,,,,		1
\$100,000 of compensation from the	e organization 🕨 📗				(0						
										Form 9)90	(2020)

Form 990 (2020) BE AN A

Total revenue Peter de arrangigns 1 a 5				Check if Schedule O	conta	ains a respo	onse	or note to any li	ne in this Part VIII			
1 1 1 2 2 3 3 3 3 3 3 3 3								•	V 7	Related or exempt	Unrelated	Revenue excluded from tax under
Business Code Business Code Business Code	M W	_	_	Fodousted consists		- Iaal						SECTIONS 512 - 514
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Business Code Total. Add lines 11a-11d												
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e Total. Add lines 11a-11d	ž l	44										
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e Total. Add lines 11a-11d	<u> </u>		ei ei	All other revenue			_					
12 Total revenue, See instructions 11.608.333. 0. 059.389.	3								 			
	_		9						1.608.333.	n.	0.	-59.389.

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 respons			(C) I	X
	t include amounts reported on lines 6b, , 9b, and 10b of Part Vill.	(A) Total expenses	(5) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to domestic organizations				
aı	nd domestic governments. See Part IV, line 21				
2 G	irants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
3 G	irants and other assistance to foreign				
	rganizations, foreign governments, and foreign			IIV. TV JIVI.	
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	Compensation of current officers, directors,	107 500	02 224	24 276	
	ustees, and key employees	107,500.	83,224.	24,276.	
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	220 144	104 267	E2 777	
	ther salaries and wages	238,144.	184,367.	53,777.	
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	thar employee benefits				
	ayroli taxes				
	ees for services (nonemployees):				
	lanagement				
	egal				
c A	ccounting				
	obbying				
	rofessional fundraising services. See Part IV, line 17			N 5 8 1 1 18 1	
	vestment management fees				
_	other. (If line 11g amount exceeds 10% of line 25,	56 060	40 500	4.4.202	
	olumn (A) amount, list line 11g expenses on Sch O.)	56,968.	42,588.	14,380.	
	dvertising and promotion	65,705.	65,705.	2 202	
	office expenses	9,267.	6,064.	3,203.	
	nformation technology				
	loyalties				
	occupancy	10 000	B P44	2 100	
	ravel	10,997.	7,511.	3,486.	
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings				
	nterest				
	ayments to affiliates	E 48A		F 15A	
	epreciation, depletion, and amortization	5,179.	11 001	5,179.	
	nsurance	21,026.	11,081.	9,945.	
ai lii	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	ROGRAM EXP - INDIVIDUA	345,233.	345,233.		
	PROGRAM EXP - TOYS	192,938.	192,938.		
	ROGRAM EXP - PLAYGROUN	93,427.	93,427.		
	ROGRAM EXP - INTERNATI	80,201.	80,201.		
	Il other expenses SEE SCH O	258,849.	218,166.	40,683.	
	otal functional expenses. Add lines 1 through 24e	1,485,434.	1,330,505.	154,929.	0
	oint costs. Complete this line only if the organization	=, =00, =0=0	_,,	-0.12521	
	eparted in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				
	12-23-20				Form 990 (2020

		Check if Schedule O contains a response or no	ote to any lin	ne in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			343,045.	1	345,133.
	2	Savings and temporary cash investments		004044109911000000000000000000000000000	13,554.	2	24,372.
	3	Ptedges and grants receivable, net				3	4,100
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial conf	tributor, or 35%			
		controlled entity or family member of any of the	ese persons			5	
	6	Loans and other receivables from other disqua	lified persor	ns (as defined			
		under section 4958(f)(1)), and persons describ	ed in section	1 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net		***************************************		7	
2000	8	Inventories for sale or use				8	
۱ ۲	9	Description of the second seco		***************************************	3,050.	9	51,289
- -	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	164,693.		110	
	b	Less: accumulated depreciation	10b		9,777.	10c	4,598
- -	11	Investments - publicly traded securities				11	
'	12	Investments - other securities. See Part IV, line				12	
- -	13	Investments - program-related. See Part IV, line			13		
- '	14	Intangible assets			14		
'	15	Other assets. See Part IV, line 11				15	100 100
<u> </u>	16	Total assets. Add lines 1 through 15 (must eq			369,426.	16	429,492
- '	17	Accounts payable and accrued expenses		5,905.	17	8,452	
- '	18	Grants payable			18		
- '	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete				21	
2 2	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		The second state of the se		22	
· 2	23	Secured mortgages and notes payable to unre		To a sea of the control of the contr	010 150	23	146 064
- 1	24	Unsecured notes and loans payable to unrelat			219,159.	24	146,054
- ?	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	98 17-24). Co	omplete Part X			
		of Schedule D			225,064.	25	154,506
	26	Total liabilities. Add lines 17 through 25		V	443,004.	26	124,200
2		Organizations that follow FASB ASC 958, ch	eck here				
		and complete lines 27, 28, 32, and 33.			139,039.	-	269,663
	27	Net assets without donor restrictions	5,323.	27	5,323		
2 7	28	Net assets with donor restrictions	3,323.	28	5,323		
Met Assets of Fund Dalances		Organizations that do not follow FASB ASC					
5		and complete lines 29 through 33.	_			00	
	29	Capital stock or trust principal, or current fund				29	
	30	Paid-in or capital surplus, or land, building, or o				30	
	31	Retained earnings, endowment, accumulated			144,362.	31	274,986.
	32	Total net assets or fund balances			369,426.	32	429,492
	33_	Total liabilities and net assets/fund balances			307,440.	33	Form 990 (2020

Pa	rt XI Reconciliation of Net Assets				255=57
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	1,60 1,48 12 14	5,4 2,8 4,3	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27	4,9	86.
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No X
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	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 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				
C					_
2	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.				X
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igle Addit	За		x
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization BR AN ANGRI, RUND INC Employer identification number 76-0262730

	- H		Charles Status				· · · · · · · · · · · · · · · · · · ·	0 0202730
	rt [Reason for Public						
The	organ	ization is not a private found			_			
1	닏	A church, convention of ch	urches, or association	on of churches described	d in sectio	m 170(b)(()(A)(i).	
2	Ш	A school described in secti	lon 170(b){1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).}		
3	Ш	A hospital or a cooperative	hospital service org	anization described in sc	ection 170)(A)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b){1)(A)(iv). (C		•	•			
6		A federal, state, or local gov		nental unit described in :	section 17	70/b¥18A	(v).	
-	X	An organization that norma	-				• •	nublic described in
•		section 170(b)(1)(A)(vi). (C	_	article point of the outproof		4 111114114	antin de notin and gonoral	
8		A community trust describe	•	(1VA)/vii) (Complete Por	EIIX			
9	Ħ	An agricultural research org	- •		*	od in coni	motion with a land-grant	college
9		*				-	_	_
		or university or a non-land-g	rant college of agric	wittire (see instructions).	Cuter tile	name, cit	y, and state of the colleg	je or
		university:				4 74 11		
10	السيا	An organization that norma		•			·	-
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		Sea section 509(a)(2). (Co						
11	屵	An organization organized a						
12	ш	An organization organized a						
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, and 12g.	
а	\vdash	J Type I. A supporting orga	inization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	ıving
		control or management of	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c		Type (II functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally						zation(s)
		that is not functionally int						
		requirement (see instruct	-	- '	*		•	
		Check this box if the orga						
_		functionally integrated, or						
4	Ente	r the number of supported						
		ride the following information	00000000	ad organization(s)				0
9) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	mization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	•	organization		(described on lines 1-10	Yes	No.	support (see instructions)	support (see instructions)
				above (see Instructions))	144	***		
						-		
					ļ			
		-						
						 		
Tota	alı				4	- // 3		

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.)

Se	ction A. Public Support						
Cale	endar year (or liscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,672,507.	1,505,166.	1,112,956.	1,354,638.	1,667,722.	7,312,989.
2	Tax revenues levied for the organ- ization'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	1,672,507.	1,505,166.	1,112,956.	1,354,638.	1,667,722.	7,312,989.
5	The portion of total contributions						
	by each person (other than a			- V			
	governmental unit or publicly			A		41-7	
	supported organization) included		Section 1			The second	
	on line 1 that exceeds 2% of the	* L **	~ X =				
	amount shown on line 11.						1 040 838
	column (f)						1,042,838. 6,270,151.
	Public support, Subtract line 5 from line 4.						0,270,131.
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,672,507.	1,505,166.	1,112,956.	1,354,630.	1,667,722.	7,312,989.
	Gross income from interest.	-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,		2,111,111	
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	98.	3,142.	435.	5,712.	404.	9,791.
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			1100			7,322,780.
12	101					12	
13	First 5 years. If the Form 990 is for the	*	105	-			
e _a	organization, check this box and stop	here	aantaga		***************************************		
	ction C. Computation of Public			ah (6)		14	85.63 %
	Public support percentage for 2020 (lin					15	97.36 %
	Public support percentage from 2019 a 33 1/3% support test - 2020. If the or						
100	stop here. The organization qualifies a	•					gramma and a
	33 1/3% support test - 2019. If the or						444444
	and stop here. The organization qualit						
178	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pui	blicly supported or	ganization		▶ □
ŧ	10% -facts-and-circumstances test	- 2019. If the orga	nization did not ch	neck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	e facts-and-circum:	stances test, chec	k this box and sto	p here. Explain i	n Part VI how the	20-20
	organization meets the facts-and-circu		• .				
18	Private foundation. If the organization	ndid not check a b	ox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>			11 (VOY 2005 1 TO 2) 10 TO 2005
					Sche	dule A (Form 990	or 990-EZ) 2020

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.)

Se	ction A. Public Support	Diolog Diococo Colli	proto i di città				
Cale	endar year (or fiscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5	-	1				
t	3 received from disqualified persons 3 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						
	Add lines 7a and 7b						
	Public support. (Subtraction 7c from line 6.)	==		44 = -	V - 1 - 1 - 1 - 1		
	ction B. Total Support						
Çale	inder year (or fiscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add tines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizati	ion.
	check this box and stop here	_		•	•	1711 0	>
Se	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), (divided by line 13,	calumn (f))		15	%
	Public support percentage from 2019					16	%
$\overline{}$	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
194	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar			100			
ł	33 1/3% support tests - 2019. If the	•					
00	line 18 is not more than 33 1/3%, che					-	
<u> 20</u>	Private foundation. If the organization	i ala not check a	DOX ON HITE 14, 18	a, or 190, check t	nis DOX and See in	SUMPTIONS	

Part IV Supporting Organizations

(Complete only if you checked a box in 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

- 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.
- 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).
- 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.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12e or 12b in Part I, answer lines 4b and 4c below.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 5D1(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)(8) purposes.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? if "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.
- 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.
 - 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.)

	Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	m B		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	TOU		3
	detail in Part VI.	11c		
Sec	tion 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		100	54
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			Wann,
	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	2. 38		
	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		
Sec	tion 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		100	110
•	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		9 0	
	the supported organization(s).	1		
Sec	tion 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		100	DECEMBER
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100.00		
	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	M		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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		Võ	
	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		
Sec	tion 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 yeatsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	<i>i</i> -		
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 in	netri ictio	nel	
2	Activities Test, Answer lines 2a and 2b below.	1361206101	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1 110	110
8	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 those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
I)	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		00		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	A4-		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a		0.0		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	1	33.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organ	izations		
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.		
Sect	tion 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			
Secti	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	100			
	instructions for short tax year or assets held for part of year):	Ex. (5)			
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):	200			
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			
Sect	tion C - Distributable Amount	b		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	THE REAL PROPERTY.		
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-funct	ionally integrate	d Type III supporting org	anization (see	
	instructions).	- 4			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contini}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
-6	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 ti	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(1)	(ii)		(66)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	R THE THE			
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020			701	
а	From 2015				
b	From 2016				
С	From 2017				74 SV II E
d	From 2018				
e	From 2019			-	
f.	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount	20 20 1		- V(
T	Carryover from 2015 not applied (see instructions)			MIEV:	ave s xxxex
<u> </u>	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,	ALL TAKES LEVEL OF THE ALL		W 1/1	
	line 7: \$				
а	Applied to underdistributions of prior years				
ь	Applied to 2020 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h	N. W. Silver	Maria de la Companya del Companya de la Companya del Companya de la Companya de l	MIL	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.	1000 1000 1000		100	
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
-8	Breakdown of line 7:				
	Excess from 2016	E SELECTION			
	Excess from 2017			150	
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DAN PASTORINI CHARITY	860,668.	714,212
HALLIBURTON	165,000.	18,544
INSPERITY	249,450.	102,994
TOMBALL HEALTH COALITION	225,000.	78,544
WHITE OAK ENERGY	275,000.	128,544
		•
		_
		1,042,838

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

BE AN ANGEL FUND INC

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

76-0262730

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** For an organization described in section 501(c)(3) filling 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 or 990-EZ), 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) filling 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BE AN ANGEL FUND INC

76-0262730

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAN PASTORINI CHARITY 5868 WESTHEIMER #533 HOUSTON, TX 77057	\$ 116,961.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P. O. BOX 770001 CINCINNATI, OH 45277	s87,060.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TOMBALL HEALTH COALITION P.O. BOX 608 TOMBALL, TX 77377	s60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WHITE OAK ENERGY 16945 NORTHCHASE DR. SUITE 1700 HOUSTON, TX 77060	\$60,0 <u>0</u> 00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SCOTTY'S HOUSE 2424 KENT ST. BRYAN, TX 77802	\$ 54,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	INSPERITY 19001 CRESCENT SPRINGS DR. KINGWOOD, TX 77339	\$ 50,000.	Person X Payroti

Name of organization

Employer identification number

BE AN ANGEL FUND INC

76-0262730

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			
7	MEMORIAL DRIVE PRESBYTERIAN CHURCH 11612 MEMORIAL DRIVE HOUSTON, TX 77024	\$ 50,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD., SUITE 1000 HOUSTON, TX 77027	\$ 40,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	U.S. SMALL BUSINESS ADMINISTRATION (PPP LOAN) 409 3RD ST, SW WASHINGTON, DC 20416	\$ 69,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

BE AN ANGEL FUND INC

76-0262730

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	<u></u>
(a) No. from Part i	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization			Employer identification number
BE AN	ANGEL FUND INC			76-0262730
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line of charitable, etc., contributions of \$1,000 c	entry. For amenizations.	or (10) that total more than \$1,000 for the yea
(a) No.	(b) Purpose of gift	(c) Use of gift	td.) Description of how gift is held
Parti	(b) Fulpose of gift	(c) Ose or gin	(0)	p Description of now gire is field
			_ _	
}			— ——	
	•	(e) Transfer of g	ift	
į	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
			• • • •	

(a) No.		<u> </u>		
from Part I	(b) Purpose of gift	(c) Use of gift	(d	Description of how gift is held
			— —	
			= =	
ŀ		(e) Transfer of g	<u> </u>	
	Tennefereele neme address o	-d 7ID + 4	Deletionship	of transferor to transferoe
	Transferee's name, address, a	NU ZIF T 4	Helationality	of transferor to transferee
(-) N-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of g	14+	
		(e) Italiaici oi g		
-	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d	Description of how gift is held
Part I				
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee

SCHEDULE D (Form 990)

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

BE AN ANGEL FUND INC

Employer Identification number 76-0262730

Pai	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o	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 exclus	ve legal control?	Yes No
8	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose con	iferring
	impermissible private benefit?		
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or	. —	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
Ь	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure		2c 2c
d	Number of conservation easements included in (c) acquired after 7/		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released	extinguished, or terminated by the org	ganization during the tax
	year >	to to come about	
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic n	-	☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handli		Anna tha an anna anna anna anna anna anna
6	Stati and volunteer flours devoted to monitoring, inspecting, narroin	ig of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violetions, and enforcing conservation	apparante during the year
•	> \$	violations, and entorcing conservation	leasements during the year
æ	Does each conservation easement reported on line 2(d) above satis	by the requirements of section 170(h)(/	4\CR\(\(\tau\)
·	and section 170(h)(4)(B)(ii)?	•	
•	In Part XIII, describe how the organization reports conservation eas		
•	balance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements.	are arguing the and arguing the	4,121 2334,1333 11,13
Pai	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, F	-	
1a	If the organization elected, as permitted under FASB ASC 958, not		balance sheet works
	of art, historical treasures, or other similar assets held for public ext	-	
	service, provide in Part XIII the text of the footnote to its financial st		
Ь	If the organization elected, as permitted under FASB ASC 958, to n		ance sheet works of
	art, historical treasures, or other similar assets held for public exhib	000	
	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		
	the following amounts required to be reported under FASB ASC 95	_	s ·
a	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

4,598.

81,422.

8,800.

e Other

81.422

8,800.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 BE AN ANGEL	FUND INC	76	-0262730 Pa	age S
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 en	d-of-year market value	е
(1) Financial derivatives	-			
(2) Closely held equity interests				
(3) Other		1		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
		 		
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	Fa 000 Dark IV San	11a Cas Farm 000 Dark V Eng 10		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d African market value	
	(D) DOOK VAIUS	(C) Metriod of Valuation. Cost of earl	D-Oi-year Market Value	=
(2)				
(3)				
(4)				
(5)			<u> </u>	
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		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, col. (B) line	9 15.)			
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	ō.	
1. (a) Description of liability	, ,	•	(b) Book value	
(1) Federal income taxes		· · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
184				

Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 BE AN ANGEL FUND INC 76-0

[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.			4 1411 11	•
1	Total revenue, gains, and other support per audited financial statements	Top Announce	ann a tha ann an ann an an an an an an an an an	1	2,060,661.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			À	
a	Net unrealized gains (losses) on investments	2a	7,726.	1320	
b	Donated services and use of facilities	2b	74,900.		
c	Recoveries of prior year grants	2c		224	
d	Other (Describe in Part XIII.)	2d			
ė	Add lines 2a through 2d			2e	82,626.
3	Subtract line 2e from line 1			3	1,978,035.
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	-369,702.		
c	Add lines 4a and 4b			4c	-369,702.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,608,333.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	h Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		***************************************	1	1,930,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		FOLDSWARD VALUE OF THE MODEL CONTROL		
0	Donated services and use of facilities	2a	74,900.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	369,702.		
e	Add lines 2a through 2d		*********	2 e	444,602.
3	Subtract line 2e from line 1			3	1,485,434.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			- 3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Ь	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,485,434.
_	t XIII Supplemental Information.				
Prov	de 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	l; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal infor	mation.		
			· · · · · · · · · · · · · · · · · · ·		
DAT	RT X, LINE 2:				
FAI	(I A, DINE 2:				
गमा	ORGANIZATION RECORDS CHARGES FOR UNCERTAIN	и тах	POSTTTONS	WHE	N THEY ARE
4444	ORGINITION RECORDS CHEROUS FOR CHCERTILE	1111	1001110110	*****	111 11111 11111
COL	SIDERED PROBABLE. BASED ON THEIR EVALUATION	N. TE	E ORGANIZA	TTO	I HAS
					·
COI	CLUDED THAT THERE ARE NO SIGNIFICANT UNCER	TAIN	TAX POSITI	ONS	REQUIRING
RE	COGNITION IN THE FINANCIAL STATEMENTS.				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
FUI	NDRAISING EXPENSES				369,702.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
FUI	DRAISING EXPENSES				369,702.

Schedule D (Form 990) 2020 BE AN ANGEL FUND INC	76-0262730 Page 5
Schedule D (Form 990) 2020 BE AN ANGEL FUND INC Part XIII Supplemental Information (continued)	
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	-9-30 -33 0

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing 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. 1546-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
BE AN A	NGEL FUND INC					76-0262	730
Part I Fundralsing Activities required to complete this par	Complete if the organization answet.	red "Y	es* o	n Form 990, Part IV, I	line 1	7. Form 990-E2	filers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individendments 	sed funds through any of the following Solicitates. The Solicitates Solicitates. Special Spe	ion of ion of fundra (includerofess	non-g gover ising o ting o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) funds have or or con contribu	rstody trol of	(Iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal			•				
 List all states in which the organization or licensing. 	n is registered or licensed to solicit o	contrib	utions	or has been notified	d it is	exempt from re	egistration
<u> </u>							
277780					_		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

76-0262730 Page 2 Schedule G (Form 990 or 990-EZ) 2020 BE AN ANGEL FUND INC 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 GOLF (add col. (a) through ANGEL AWARDSTOURNAMENT col. (c)) (event type) (total number) (event type) 583,514. 201,006. 108,903. 893,423. 1 Gross receipts 583,514 0 583,514. 2 Less: Contributions 201,006. 108,903. 309,909. 3 Gross income (line 1 minus line 2) 4 Cash prizes 420. 456. 19,933. 20,809. 5 Noncash prizes Direct Expenses 42,939. 18,020. 60,959. Rent/facility costs 33,403. 1,058. 34,461. 7 Food and beverages 17,630. 17,630. 8 Entertainment 235,843. 75,351. 154.072. 9 Other direct expenses 369,702. 10 Direct expense summary. Add lines 4 through 9 in column (d) -59,793. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/propressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," expiain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 BE AN ANGEL FUND INC	76-0262730 Pag
11 Does the organization conduct gaming activities with nonmembers?	Yes L
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	Yes 🗆
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	130
14 Enter the name and address of the person who prepares the organization's gaming/special events books	s and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	venue? Yes Yes
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ ar	nd the amount
of garning revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name 🕨	
Gaming manager compensation > \$	
Description of services provided 🕨	
Description of services provided	
	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
s is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	☐ Yes ☐
b Enter the amount of distributions required under state law to be distributed to other exempt organization	is or spent in the
organization's own exempt activities during the tax year	* 112
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v); and Part III, fines 9, 9b, 16
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
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332083 11-25-20	Schedule G (Form 990 or 990-EZ) 2

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Schedule (3 (Form 990 or 990-EZ)	BE AN	ANGEL	FUND	INC	76-0262730	Page 4
Part IV	3 (Form 990 or 990-EZ) Supplemental Info	rmation (co	ontinued)				
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

BE AN ANGEL FUND INC

Employer identification number 76-0262730

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	Method of a noncash contri			s
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	X	1	3,	000.	FMV			
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	Х	5	6,	900.	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (SUPPLIES)	Х	6		300.				
26	Other (QUILTS)	Х	80	8,	000.	FMV			
27	Other					:			
28	Other (
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part V, (Donee Acknowledg	ement	29				
				Penantistica				Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines	1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't require	d to be u	used for		A W	
	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 r	equires the review	of any nonstandard	contrib	utions?	31		X
32a	a 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.							0	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column	(a) is che	ecked,			
	describe in Part II.						13		
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule	M (For	n 990)	2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 990-EZ.

Open to Public Inspection

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

Name of the organization

BE AN ANGEL FUND INC

Employer identification number 76-0262730

OMB No. 1545-0047

BE AN ANGEL FUND INC	76-0262730
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
AIDS AND OTHER ADAPTIVE EQUIPMENT AND SERVICES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
LINE 11B EXPLANATION - THE ORGANIZATION PROVIDES A COPY O	F THE 990 TO ALL
MEMBERS OF ITS GOVERNING BODY.	_
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND	ENFORCES
COMPLIANCE WITH CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
A COMMITTEE MEETS ANNUALLY TO REVIEW SALARIES, EMPLOYEE P	ERFORMANCE, AND
SUGGEST CHANGES IF NEEDED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	IS:
TELEPHONE AND INTERNET:	
PROGRAM SERVICE EXPENSES	52,148.
MANAGEMENT AND GENERAL EXPENSES	9,260.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,408.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule Q (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization BE AN ANGEL FUND INC	Employer Identification number 76-0262730
PROGRAM EXP - STUDENT ACTIVITIES:	
PROGRAM SERVICE EXPENSES	48,531.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48,531.
IN-KIND EXPENSE - OTHER:	
PROGRAM SERVICE EXPENSES	38,200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,200.
2006	
EQUIPMENT AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	21,301.
MANAGEMENT AND GENERAL EXPENSES	2,812.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,113.
BANK SERVICE CHARGE:	
PROGRAM SERVICE EXPENSES	4,983.
MANAGEMENT AND GENERAL EXPENSES	12,472.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,455.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	17,147.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

STORAGE AND RENT:

PROGRAM SERVICE EXPENSES

2 , 340 . Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Name of the organization BE AN ANGEL FUND INC	Employer identification number 76-0262730
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,340.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 258,849.
LINE 24	
IN RESPONSE TO THE COVID-19 PANDEMIC, THE U.S. SMALL BUSI	NESS
ASSOCIATION (SBA) MADE AVAILABLE LOW-INTEREST RATE LOANS	TO QUALIFIED
SMALL BUSINESSES AND CERTAIN TAX-EXEMPT ENTITIES, INCLUDI	NG UNDER ITS
ECONOMIC INJURY DISASTER LOAN (EIDL). THE ORGANIZATION'S	EDIL
APPLICATION WAS APPROVED FOR \$150,000 AND PROCEEDS IN THE	AMOUNT OF
\$149,900, AFTER A \$100 ADMINISTRATIVE FEE, WERE RECEIVED	IN JULY 2020.
THE EDIL HAS MONTHLY PAYMENTS OF \$641 BEGINNING ON JULY 1	, 2021, AND
INTEREST RATE OF 3.75% PER ANNUM AND MATURES IN JULY 2050	•
THE ORGANIZATION MADE FOUR VOLUNTARY PAYMENTS OF \$641 DUR	ING THE FISCAL
YEAR. AT AUGUST 31, 2021, THE EIDL BALANCE WAS \$146,054.	IT IS THE
ORGANIZATION'S INTENT TO APPLY FOR LOAN FORGIVENESS UNDER	THE
PROVISIONS OF SECTION 1106 OF THE CORONOVIRUS AID, RELIEF	, AND ECONOMIC
SECURITY (CARES) ACT. LOAN FORGIVENESS IS SUBJECT TO THE	SOLE APPROVAL
OF THE SBA.	
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