

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Camp Agape**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 1484

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Marble Falls**TX 78654****D** Employer identification number**74-2963173****E** Telephone number**512-588-0412****G** Gross receipts \$ **221,602****F** Name and address of principal officer:**Jeanne Burgess****PO Box 1484****Marble Falls****TX 78654****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.campagapetexas.org****H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: **2000****M** State of legal domicile: **TX****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	The Organization is a Christian based support group available to aid children in their bereavement process.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
Revenue	6 Total number of volunteers (estimate if necessary)	6	99
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
Expenses	9 Program service revenue (Part VIII, line 2g)	102,703	204,145
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,844	17,457
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,547	221,602
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	2,295	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	106,083	132,640
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	106,083	132,640
	19 Revenue less expenses. Subtract line 18 from line 12	-1,536	88,962
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	166,931	257,283
	388	1,690	
22 Net assets or fund balances. Subtract line 21 from line 20	166,543	255,593	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Jeanne Burgess TAXPAYER COPY President & Treasure

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

Phyllis M. Burnett

Preparer's signature

Originally Signed by Phyllis M. Burnett

Date

11/08/22Check ☐ if PTIN

self-employed

P00138892Firm's name } **Taber & Burnett, P.C.**Firm's EIN } **27-3726128**Firm's address } **PO Box 1519
Burnet, TX 78611-7519**Phone no. **512-756-4904**

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)